



Characteristics of Patients Involved in Psychotherapy in Bosnia and Herzegovina

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ABSTRACT

Introduction: The aim of this study was to determine the demographic and clinical characteristics of Bosnian and Herzegovinian patients involved in psychotherapeutic treatments in order to explore the current situation of psychotherapy in Bosnia and Herzegovina.

Methods: The study included 213 patients (154 women and 47 men) undergoing diverse psychotherapeutic treatments. Data about demographic and clinical characteristics were collected by questionnaire. Following characteristics were documented: age, sex, education, employment status, marital status, specific problem that got the client involved in psychotherapy, type of psychotherapy, and use of psychopharmacology.

Results: Majority of the patients undergoing psychotherapy are age up to 40 and female. They are by vast majority holding a university degree and are employed. Nearly equal number of patients is living in partnership or marriage compared to single or never been married. Most frequent reasons for getting involved in the psychotherapy treatment are of the intrapersonal nature (depression, anxiety and panic attacks). Majority of the patients were involved in gestalt and cognitive behavioral psychotherapy, and at the same time majority of those were not prescribed medicaments.

Conclusions: We point out and overview some of the most prominent socio-demographic traits of patients undergoing psychotherapy, the ones that could be important in the future research with the higher degree of control. In the terms of personal initiative, psychotherapy stops being a taboo in Bosnia and Herzegovina. However, there is still a long path until it reaches integration in daily life of the people.

Keywords: psychotherapy, Bosnia and Herzegovina.

INTRODUCTION

Due to the evident increase of number of patients undergoing different psychotherapy treatments, various research were conducted in the past years questioning the factors associated with the application of psychotherapy and improvement of the status of

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patients with regards to the various emotional and cognitive disorders (1-8). Importance of exploring the trend of using the psychotherapy also lies in the fact that this describes the modalities of use of the medical insurance of the citizens. A recent study explored demographic, sex, ethnic and cultural traits of psychotherapy patients and found that women and white race in general are more frequent users of psychotherapy (9-11). For this reason the cultural context within which psychotherapeutic treatments were conducted came out as significant. In Europe and USA the patients are more prone to undergo psychotherapy than psychopharmacological treatment and it is also registered that information and options about the psychotherapeutic treatments are quite available.

Until recent times, in non Western societies psychological difficulties were treated by the means of traditional cultural customs. However, increased urbanization and globalization of non Western societies led towards development of the interest for Western psychotherapies and their practical application (12). This increased the consciousness about the benefits of psychotherapy and its outcomes (13). However, there is still a lack of data with regards to the development and application of psychotherapy in non Western societies (14). According to some indicators, socio-cultural forms over generations had significant impact on the attitudes about the protection of mental health and the therapeutic and economic worth of psychotherapeutic services.

Although it has a long history psychotherapy in Bosnia and Herzegovina (BIH) is still not sufficiently developed. It does not have a defined status which indeed belongs to it due to the efficacy as well as the width of psychopathology it addresses. During the last couple of years education in different psychotherapeutic modalities in BIH begun (gestalt, cognitive-behavioral, reality oriented, family psychotherapy, transactional therapy, psychodynamic psychotherapy and psychodrama). This is the reason why there are more and more licensed psychotherapists in the country. Although it is in the stage of development, currently there is a lack of research projects exploring the status of psychotherapy in BIH, as well as the issues addressing the patients.

The aim of this research was to explore demographic

and clinical traits of patients undergoing psychotherapy (different therapeutic approaches) and by those means gather data about the actual status of psychotherapy in BIH.

METHODS

Participants

The study included 213 patients (154 women and 47 men), with mean age $M = 34$ ($SD = 16.1$). Participants were patients involved in different psychotherapies (gestalt, cognitive-behavioural, systemic-family and psychodynamic therapy), who were included in the psychotherapeutic treatment, regardless of the type of their problem. Data were collected from patients in five cities in BIH: Sarajevo, Mostar, Prijedor, Banja Luka and Tuzla. The study involved patients who meet the following criteria: older than 18 years, currently not psychotic, and don't have recorded cognitive impairments and associated intellectual disability.

Instruments

Questionnaire of demographic and clinical traits was designed and included the following traits of the patients: age, sex, place of residence, education level, employment status, marriage status, financial status, type of the problem that led the client towards psychotherapeutic treatment, psychotherapeutic modality, and whether pharmacotherapy was included in the treatment or not.

Procedure

Data were collected by individual work method. The authors of the study first contacted psychotherapists from several cities in BIH, who asked their current patients to complete a Demographic and clinical client characteristics questionnaire, which required an average of 5 minutes of time.

Data collection was carried out in the central phase of psychotherapy. All participants got general instruction in which authors explained the goal of research. Participants completed the questionnaire in the waiting room after psychotherapy sessions, not to interrupt the time of therapeutic work. The completed questionnaires were returned back to therapist in sealed envelopes. Participation in the survey

was anonymous and voluntary. All phases of the research process were carried out in accordance with the ethical principles of scientific research.

RESULTS

Majority of patients involved in psychotherapy are women (75%). Also, the majority of our sample consists of patients of age range between 18 and 40 (73%) (Table 1).

Majority of the patients undergoing psychotherapy hold a university degree (53%) and are employed (61%). Speaking of their marriage status it is interesting to note that there is approximately similar number of those that are in marriage or partnership relations (42%) and the ones that were never married (41%) (Table 1).

Patients got involved in psychotherapy for a variety of reasons. Majority of patients, however, suffered from depression, anxiety and panic attacks (43%). Interpersonal problems (family hardships, difficulties in marriage, with other people and problems at working place) were ranked second frequent reason (31%) for undergoing this kind of treatment. Certain number of patients got involved in psychotherapy because of other various difficulties we categorized in a different group (other), such as various losses, substance abuse, mobbing, different type of phobias, personality disorders, etc (Table 2).

Majority of the sample consists of the patients involved in gestalt and cognitive-behavioural psychotherapy (73%) and majority of them were not using any medications (68%) (Table 2).

DISCUSSION

According to the results of the research most frequent patients involved in psychotherapy in BIH are adults (18 to 40 years old). This data is not a surprise if we consider the fact that young adults in today's society face issues and challenges that did not exist, or were unacknowledged, in previous generations. In recent decades, important demographic, social and cultural changes have affected the lives and needs of young adults in many countries around the world.

Choices for both genders are more numerous for young adults than they were several decades ago. Ex-

TABLE 1. Demographic traits of patients involved in psychotherapy in Bosnia and Herzegovina

Variables	% (N=213)
Sex	
Males	25
Females	75
Age	
18-29	37
30-39	36
40-49	19
50-59	7
60-69	1
Education level	
elementary	0.5
high school	41
higher expertise	6
university degree	52.5
Employment status	
Employed	61
Not employed	36
Retired	3
Marriage status	
Married/living with partner	43
Never married	41
Divorced	12
Widow	4

TABLE 2. Clinical traits of patients involved in psychotherapy in Bosnia and Herzegovina

Reason for undergoing psychotherapy	% (N=213)
Depression	20
Anxiety	13
Marriage problems	13
Panic attacks	10
Hardships with other people	8
Family problems	7
Problems at working place	3
Other	26
Psychotherapy type	
Gestalt	37
Cognitive-behavioural	36
Systemic family psychotherapy	13
Psychodynamic	7
Use of medicaments	
YES	32
NO	68

pectations are less clear about what a person's next step should be after completing elementary school education (whether it be high school, college, or graduate school). In most countries, young adults are now taking longer time to finish their education, assume full time employment and undertake personal financial responsibility. At the same time, young adults are coping with marked levels of mental health issues (14).

Kessler et al. (15) summarized the World Health Organization's (WHO) World Mental Health Survey data on the incidence and prevalence of major mental health disorders (anxiety, mood, impulse control and substance use) across 17 countries. Examined by age group (18 to 34, 35 to 49, 50 to 64, 65+), the WHO data showed high rates of multiple types of mental disorders for 18 to 34 year olds, indicating significant levels of distress for this age group in many countries around the world.

Vast majority of patients in psychotherapy are females, the result of the research in accordance with results of other researches (6, 7). This could signify that women are more prone to search psychotherapeutic help. Additional explanation is that women are exposed to a higher number of socio – cultural stressors (such as problems in marriage, family and financial difficulties) when compared with men, and that are for this reason more vulnerable and susceptible to emergence of psychological difficulties. According to the results of recent research (16), women, in general, are more susceptible to explore their emotional as well as to speak of their problems while undergoing psychotherapy. The mentioned research confirmed that women use more metaphor in speech, identify childhood trauma as reasons for their hardships, and also more frequently verbalize their anger when compared to men. It is also possible that specific actual cultural context in BIH and male identity (characterized by strength, dominance, authority) makes men less prone to search for psychological help.

According to our results patients involved in psychotherapy are by majority holding a university degree. The results are not consistent when addressing educational status of patients in psychotherapy. According to some research (6, 7, 17) persons with lower educational level are more rare users of

psychotherapeutic services when compared with persons with a higher level of education. However, results of research of more current date point that users of psychotherapy are not only more educated and more successful patients (18). According to previous research it could be concluded that, most probably, subjects with higher educational level possess a more developed consciousness of importance and the usefulness of psychotherapy. Together with higher economic status this makes the psychotherapeutic treatment more available to them.

Our research brought up the result about the majority of patients being employed. However, a significant number of patients involved in psychotherapy are also unemployed. Those results are in accordance with majority of research studies (6, 7). Research studies did not identify a consistent link among the use of psychotherapy, employment status and financial income (6, 7).

According to results of our research the most frequent reasons for getting involved in psychotherapy are of intrapersonal nature (depression, anxiety and panic attacks) what matches the prevalence of the mentioned disorders in general population. The prevalence of panic disorder across the life span, as noted in epidemiological studies, is between 1.5 and 3%. For the generalized anxiety it amounts to approximately 5%. Majority of anxiety disorders appears in comorbidity with other psychological disorders depression being common by far (19).

Results of the research show that majority of patients got involved in gestalt and cognitive behavioral psychotherapy, as well as that most of them do not use medication. One of the possible explanations of those findings is the fact that the noted psychotherapeutic modalities are the most available in the country (according to data available to us the majority of psychotherapists in BIH are of gestalt and cognitive behavioral orientation).

Addressing the use of medication it is known that patients involved in psychotherapy may and may not use it. There are mostly two combinations that exist: first, when one expert prescribes medicaments and at the same time conducts psychotherapy, and the second where client sees two persons, and each of the experts leads his own part of the job.

The research is marked by at least two limitations. The first one relates to the sample: patients are inhabitants of several cities in BIH what makes the sample not possible to be generalized to wide, general population. Future research should involve participants from smaller social habitats. Second limitation is that psychotherapists who took part in the research come from the private practice. For this reason future research should include patients from the public spectrum (e.g. medical health centers). It would be also interesting to explore whether the distribution of reasons for searching psychotherapy matches the general epidemiologic frame of psychological disorders in BIH.

This research could be used as a foundation for future research studies about the users of psychotherapeutic services in BIH. It is important that experts from the field of mental health explore the need for psychotherapeutic services in the country in which concepts, methods and outcomes of various psychotherapeutic modalities are becoming more and more appreciated. It is obvious that in the terms of one's own initiative psychotherapy ceases to be a taboo. Yet, there is still a long path until it gets integrated in the daily lives of the citizens.

CONCLUSIONS

Results of this research point out at the most important demographic traits of patients involved in psychotherapy which might be of importance for future research with a higher degree of control. Besides, a review is performed addressing the most frequent difficulties of patients who take initiative to search for psychotherapy.

COMPETING INTERESTS

The authors declare that they have no conflict of interest.

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