

Clinical Psychological Interventions in Populations with Socioeconomic Vulnerability¹

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Abstract

New scenarios regarding vulnerable populations bring about new questions for mental health and, consequently, major challenges for their clinical approach. Faced with these needs, the present study aims at evaluating the efficacy of focused psychotherapy, where Viktor Frankl's and Héctor Fiorini's theoretical frameworks are integrated. The research is based on a sample that consists of some 330 clinical records of patients who underwent treatment between 2014 and 2019, at a Psychological Orientation Center located in a shanty town in Buenos Aires. The issues to be addressed (foci) were identified at the beginning of each individual treatment. Participants were assessed before and after treatment with the House-Tree-Person (H-T-P) graphic projective technique and, in addition, a few case studies were analyzed by interviewing the patients and therapists to make a qualitative outcome assessment. The results, measured using the Wilcoxon test, revealed that there were significant improvements in various issues raised throughout the treatments. The revision of the H-T-P technique revealed that patients presented favorable changes in issues such as interpersonal relationships, self-esteem and ego strength. The case studies reinforced these outcomes. The findings of this research suggest that the integration of Logotherapy and Psychoanalytic Psychotherapy could be an effective and an innovative approach to address the current issues affecting socio-economically vulnerable populations.

Keywords: Logotherapy, focused psychotherapies, vulnerability

Introduction

Background

According to Tuñón & Poy (2019) a human in a vulnerable situation is a person prone to suffer from an injury or harm and, for that reason, the concept of vulnerability is closely related to poverty as deprivation of rights. These authors also indicate that 6 out of 10 children and adolescents in Argentina are affected by multidimensional poverty since they are deprived of, at least, one right. Some of the criteria used by these authors to measure poverty are: food, hygiene, housing, healthcare and education. Tuñón's (2018) perspective of

multidimensional poverty also suggests that the right to play, the right not to be mistreated, the right to be emotionally and intellectually stimulated in early childhood, among others, are also hidden dimensions in the household environment and that they need to be taken into account when making reference to a multidimensional poverty approach. Children who live in shanty towns have more chances of being deprived of these rights.

Maria Madre del Pueblo Parish is located in the neighborhood called Padre Ricciardelli, it is also known as Villa 1-11-14. Its population, of more than 40,000 people, is made up of individuals coming from other provinces of Argentina and from neighboring countries. The lack of opportunities in this particular area is noticeable compared with other neighborhoods.

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Orientation Center (MMPPOC) was created in 2011. Its aim is to offer professional assistance for people to be able to deal with their daily needs and conflicts, by providing psychological support to the inhabitants of villa 1-11-14 with a focus on prevention. The main activity is to meet the needs of children and adolescents who have social, cognitive and emotional difficulties. Their families are also assisted with support and guidance related to healthcare and schooling issues. MMPPOC applies an original model that integrates Logotherapy and Psychoanalytic Psychotherapies (PP), this is an approach based on Viktor Frankl's idea of man and the clinical contributions of Fiorini's focused PP.

Frankl (2000) considers the individual a tridimensional being and he focuses on the spiritual dimension from which it is possible to query the meaning of life. He poses questions to those suffering, appealing to their sense of freedom and will to find meaning in their lives. Logotherapy proposes that a personalized treatment should consider and integrate different theoretical frameworks to approach the patient in each of his/her dimensions according to his/her own singularity. While Fiorini's (2008) theory could be illustrated as a tripod: 1) ego activation as the stimulation of the patient's personal resources, 2) foci elaboration as the central hypothesis on which the patient works and 3) therapeutic relationship as the "encounter" around a positive transference. The design of these psychotherapies considers individuals in their own unique and singular dynamic reality which has been shaped by the experiences lived throughout their own existence. On the basis of creativity, flexibility and focus intervention, the PP seek to motivate the patient to make the necessary adjustments to build a meaningful life.

The theoretical framework of PP and the contribution of Logotherapy adapt to the complex emerging reality of the population of the neighborhood where this research was conducted. The combination of both schools also allows for an interdisciplinary approach and networking with community healthcare agents, thus integrating contributions from different psychological schools and disciplines like medicine, psychiatry and philosophy.

In summary, the first and general objective of this study is to evaluate the benefits of applying a combination of Frankl's and Fiorini's psychotherapies in a socioeconomically vulnerable context. The hypothesis is that the use of focused psychotherapies could be beneficial for patients

from vulnerable populations. The second objective of our research is to explore changes in patients undergoing psychotherapy by using the House-Tree-Person (H-T-P) projective technique. Finally, this study aims at illustrating the benefits of focused psychotherapy through a qualitative analysis of case studies of patients at different developmental stages.

According to ECLAC (2019), since 2015 there has been an upward trend in poverty in Latin America: 30.1% of the region's population was below the poverty line in 2018, while 10.7% lived in extreme poverty, this rates increased to 30.8% and 11.5%, respectively, in 2019. Along this lines, a UNICEF' report (2019), issued during Argentina's presidential election, confirmed that almost half of the 13.102.717 children in the country lived in poverty as a result of the economic and political crisis of recent years. This is the context within which this research takes place.

To further describe this scenario, a study conducted by the Observatorio de la Deuda Social Argentina (UCA 2020) indicates that, in the past decades, structural poverty and social inequality are characteristics of the Argentine social structure. This report argues that, beyond income level, poverty can be addressed in a multidimensional manner by analyzing and taking into account variables such as: access to food, healthcare, safe and decent housing and, fundamentally, access to employment and education. In regard to these last two variables, the positive impact of the work carried out to undertake this research can be appreciated, since there was improvement in both these aspects.

Method

Participants

Figure 1 shows that the sample consisted of MMPPOC clinical records from 2014 to 2019. From a total of approximately 330 clinical records, 186 participants who underwent treatment and worked on improving their personal difficulties were selected. In order to better understand the particular situation of these 186 patients and the various aspects that influence their problems, this study was divided into 4 age groups of different characteristics: early childhood (37 patients between 3 and 7 years old), middle childhood (50 patients between 8 and 11 years old), adolescents (46 patients between 12 and 20 years old) and adults (53 patients over 21 years old).

Design and measures

The 186 patients' records were reviewed and

the foci raised during their treatment were identified. Then, these foci were coded as "achieved" and "not achieved" at the end of treatment by using the SPSS statistics program and the Wilcoxon test. In accordance with the standardization, 13 foci were identified, as follows: substance abuse (A), gender violence (B1), intrafamily violence (B2), abuse (C), conflicts in family/partner relationships (D1), conflicts in parent/children relationships (D2), school learning problems (E1), school behavioral problems (E2), bereavement (F), symptoms associated with regression (G1), symptoms associated with emotions (G2), parenting guidance (H), others (I) (issues that do not fit in any of the above categories, and that refer to specific situations of each patient). Each of these foci were analyzed according to patient's self-report and therapist's review of the clinical records.

To explore the most unconscious self, self-image changes and family relation changes in patients undergoing psychotherapy, 57 clinical records that were tested with the H-T-P before and after treatment were selected. The subsample comprised 20 cases of children between 3 and 6 years old, 16 children between 7 and 12 years old, 9 adolescents and 12 adults. Nineteen indicators of the integrated H-T-P projective drawing test were selected, as follows: roof, window, door, walls, house's size and strength of the pencil stroke; trunk, branches, fruits, floor line, tree's size and strength of the pencil stroke; and posture, eyes, neck, hands, feet, person's size and strength of the pencil stroke. Then, an external collaborator with expertise in projective techniques compared the test and the follow up test in each case, indicating progress, permanence or regression in the drawings.

Finally, to illustrate the benefits of focused psychotherapy through a qualitative analysis, 4 patients were selected and an exhaustive revision of their clinical records was done. This work was carried out through semi-structured interviews with the patients and their therapists.

Results

Objective 1: General results of treatment efficacy by foci

Table 1 shows recurrent foci by age range and Table 2 shows foci significant improvement distribution for each age range according to Wilcoxon test. As observed, the most recurrent foci for children are: emotional conflicts, school behavioral problems, difficult mother-children relationship, issues related to parenting guidance

and patients' specific issues manifested in "others" focus. Regarding adolescents and adults, the foci are: couple problems, conflicts in parent/children relationship, parenting guidance, symptoms associated with emotions, gender violence and bereavement, among the most common.

Objective 2: General results of changes assessed by the HTP Test

Children between 3 and 7 years old showed positive changes in measurements related to the roof, size of the house, the person's posture, eyes, neck, hands, feet, the tree's trunk, size and line of the ground. There were no significant changes in indicators such as the window, door, walls, strength in the pencil stroke of the house, strength in the pencil stroke of the person, branches, fruits and strength in the pencil stroke of the tree. Children between 8 and 12 years old revealed major achievements in relation to the illustrations of the window, door, the tree's trunk and size and the posture of the person. It is worth mentioning that no setbacks were detected in this age group. Improvements in the adolescent group were found in variables associated with the roof, window and walls of the house. In addition, more significant changes were described in the person's posture variable. Other measurements did not show changes, such as the size of the house drawing; the trunk, branches, fruits, ground line and strength in the pencil stroke of the tree drawing; and the neck, presence of hands, presence of feet, size and strength in the pencil stroke of the person drawing. Lastly, a minimal deterioration in the house's and tree's strength in the pencil stroke was found. Regarding the adult group, most of the measurements did not change. However, improvements related to size and strength in the pencil stroke were observed. In the case of the tree drawing, there were improvements related to the trunk, strength in the pencil stroke and branches. Finally, in the person's figure, positive changes related to the eyes, the presence of hands and strength in the pencil stroke were found too.

Objective 3: General benefits of treatment observed in the case studies: qualitative analysis

In the 4 case studies analyzed, the patients' and the professionals' experiences of treatment at COMMDP was described as a process of important accomplishments. These experiences are illustrated in the following extracts:

S is a 7-year-old patient who started treatment in October 2015. Foci addressed during treatment: possibility of sexual abuse (C) enuresis (G1)

encopresis (G1) and relationship with her mother (D2). "I am proud because I could be brave" (...) "I learned that it is good to express sadness, say what I felt and that" (...) "It was hard for me to understand that he (father) had hurt me" (...) "My mom treats me well, she takes care of me" (...) she tried so hard to get me out of home, she is my hero"

X is a 15-year-old boy who began treatment at the age of 8. Foci addressed during treatment: gender violence at home (B2), relationship with his mother (D2) and relationship with his father (D2). The focus of gender violence was achieved, since the mother filed a complaint at the Domestic Violence Office and the father was separated from X's home. "With my mother I get along well. If I misbehave, she corrects me."

C began treatment at COMMDP when she was 12 years old. Foci addressed during treatment: relationship with her mother (D2) and her partner (D1), she put into words how she feels and what happened to her (I) relationship with her brothers (I) living her adolescent stage (I) relationship with her boyfriend (I). "It really helped me a lot" (...) "before I couldn't even speak about it. I just cried. Now, luckily, I can talk about it. (...) "But thanks to all that I went through, I am what I am. I am 20 years old; I have a job and a beautiful 4-year-old son"

N is 26 years old and she was pregnant when she arrived in Argentina with her mother. Foci addressed during treatment: relationship with her child (D2) difficulties with high school studies (I), relationship with her mother (D2) and relationship with her partner (D1). "... In many things I have changed. Before I was the mother of, or the wife of, or the daughter of" (...) "I was afraid of my mother" (...) "Now, it is I and my children. And then, it's about the others"

Discussion

The interpretation of the results demonstrates that focused psychotherapy is an effective approach to address the issues raised by people living in vulnerable contexts.

The integrated HTP projective assessment technique enables to see changes in patients of all ages. The results show that psychotherapy can elicit changes in the way people relate to others, in their self-esteem, in their personality strengthening and in determining the remission of a particular psychopathology. When observing the pre and post-treatment differences in each group of patients, the HTP test shows very specific therapeutic effects. Some of the interpretations could be the following:

In children between 3 and 7 years old, in 11 out

of 19 variables there was progress. The participants demonstrated significant changes related to the size of the three elements drawn. This convergence of results would indicate that, at the end of the therapy, the children –according to Rocher's interpretation (2009) – feel more self-confident. Another variable which shows significant changes in the follow-up test is the roof, which represents fantasy, mental and intellectual abilities (Rocher, 2009). It should be noted that these changes may be due to the cognitive development of children who, at this age, approach to concrete operational thinking (Piaget, 1991). Posture also shows relevant results, indicating that after therapy, the patients feel more capable to face the environment's demands. Changes in the trunk reveal a stronger ego perception, and the ground line indicates, therapeutically, that patients feel more stable (Rocher, 2009). This coincides with changes in size mentioned above, which suggests that therapy has a direct impact on patients' self-confidence. Since changes in the drawing's variables, especially the person's eyes, neck, hands and feet, could correspond to the normal developmental stage of the child and not necessarily to the effect of therapy (Almonte, 2012), the concerns and conflicts taken into consideration were those due to emotional disturbance and not to normal development (Koppitz, 2015). The significant results in the decrease of emotional indicators would explain that the progress is due to the intervention (Rivera Medina, 2008) since, by mere age development, emotional issues do not disappear, but remain or mutate.

The most relevant improvements in the drawings of children between 8 and 12 years old occurred in the indicators of the house's door and window, the tree's trunk and the size, and the person's posture. The presence of doors and windows is associated with the interaction with the environment (Rocher, 2009); this reflects improvements in the patients' interaction with other individuals. Changes in the tree's trunk are associated with improvement in ego strength (Rocher, 2009). This is relevant within this context of practice since, as Fiorini (2008) states, the therapist is constantly working on the patient's ego. Size reveals information on the person's self-esteem (Rocher, 2009; Hammer, 2016); so improvements in the tree's size indicate adequate self-esteem. This is in line with Braier's thinking (1984); he states that therapeutic outcome can be reflected in self-esteem improvement. As for the drawing of the person, improvements in the posture were observed; this suggests changes in

the person's flexibility and vitality (Rocher, 2009) as a result of a therapeutic intervention.

In regard to adolescents, focused therapeutic changes were observed in more than 50% of the total population with respect to the house's roof, window and walls variables. The descriptive analysis indicated that one of the variables showing better psychotherapeutic progress is the roof of the house, which symbolizes the area of fantasy (Hammer, 2016). This area is expected to undergo changes during adolescence, since in this stage of development; fantasy and intellectual thinking are needs to be fulfilled (Aberastury, 2004). In this respect, the tiles on the roof represent control over fantasy, and an excessive number of tiles suggests some repression and control (Rocher, 2009). This variable showed descriptively more advances than other variables of the HTP test, this suggests that adolescents, after focused psychotherapy, improved their interaction with the environment (Rocher, 2009). The drawing of the walls of the house was another variable which showed progress, it is associated with the degree of ego strength and personality support. In addition, changes were also described in the person's posture variable. No changes were observed in the size of the house variable, and in the trunk, branches, fruits, ground line and strength of the pencil stroke variables of the tree drawing. No major modifications were observed in the person's neck, hands, feet, size and strength of the pencil stroke. Finally, there were not setbacks at a percentage greater than 50% between the initial HTP drawing test and the follow-up test. However, in the strength of the pencil stroke variable of each of the drawings, minimal deteriorations were perceived.

As regards to the results of the projective technique in adults, it was found that there is a higher prevalence of cases in the permanence variable, that is, without significant changes. This could be related to the fact that personality formation is a process that starts early in life and it stabilizes in adolescence, therefore, in adulthood the individual has already formed his personality. Although a short psychotherapeutic intervention can modify certain aspects of the individual, it is difficult to reshape the structure of the personality which tends to remain stable over time. Even though most of the cases are framed within permanence, significant changes were observed in the strength of the pencil stroke in the drawings of the house, the tree and the person. This indicator is used to assess the individual's vitality, assuming that a normal pencil stroke refers to a self-confident

individual. The fact that this indicator has demonstrated advances is relevant since one of the objectives of psychotherapy is to get the patient to display better coping strategies in order to develop a more resistant ego (Rocher, 2009; Braier, 1984; Fiorini, 2008). All the above is also reflected by the improvements in the drawing of the tree's trunk, since this indicator refers to the personality stability which is associated with a strengthened ego, that allows the individual to cope with eventual adversities. The size of the house drawing also showed progress. This indicator is associated with the individual's self-esteem, and the results demonstrate that, with psychotherapy, the person better adjust to his/her own reality, strengthens his/her self-esteem and becomes more resilient. Since another way to assess the outcomes was to measure improvement in the patient's self-esteem, the above illustrates the effectiveness of the intervention in that respect (Hammer, 2016; Braier, 1984). It is possible to affirm that the progress observed during the initial HTP test and the follow-up test is due to psychotherapy, since adults reach this stage of their life at a mature state of their development (Koppitz, 2015).

Taking a critical perspective, the analysis of unresolved foci reveals that the institutional framework that involves other agents or institutions poses also a challenge. For example, the intrafamily violence focus may have not been affected due to complex issues that exceed the individual therapy. This is also the case of the abuse focus, in this instance, the time taken by the judicial system and the need for interdisciplinary work add up to the complexity of this issue. As regards to the substance abuse focus, MMPPOC does not operate as a rehabilitation center where there would be an interdisciplinary team suited to deal with this complex task. Finally, the lack of significant improvements in the area of school learning problems could be related to the high repetition and drop-out rates in the City.

Lastly, the case studies helped to reinforce previous results and to illustrate how MMPPOC operates, not only through the methodological approach but also through the interdisciplinary work with other institutions which contribute to therapeutic goal achievements.

Implications and change evaluation

Therapeutic change is considered to be all those observations showing that the patient began therapy presenting certain characteristics or symptoms and he/she finishes the process with different characteristics (Rivera Medina & Bernal,

2008). The change is often based on the transformations that the patients –and those around them– perceive of themselves, their symptoms and relationships. In line with this, the findings of this study suggest that the integration of Logotherapy and PP is effective not only in improving the patients' emotions, interpersonal relationships and ego strength, but it specially contributes, in the case of many patients, to their overall behavior, performance at school and reinsertion at the work place.

Limitations

The findings of this study reveal some limitations which could be transformed into learning. The analysis of the drawing techniques together with the clinical records requires research in itself for various reasons. First, in occasions, the general interpretation does not apply to a particular case. Second, because the population of this study presents characteristics hardly comparable to other populations, not only because of their particular experiences but also because of the environmental context. These have an impact on the drawing process, for this reason the analysis of recurrent indicators of this population could be valuable data to get a better understanding of living experiences in highly vulnerable contexts. Occasionally, and specifically in the case of children, some modifications in the drawings could be interpreted as therapeutic change when they actually are due to the child's developmental process and vice versa (Koppitz, 2015). Nevertheless, it can be noted that the changes reflected in the drawings are associated with psychotherapy since, by the integration of these theories, the therapist seeks to accompany the patient to move forward from traumatic living experiences (Ovejas, 2011); in these instances, many drawings reflected patient's traits not observed before starting the psychotherapy. Drawings also showed remission of symptoms which becomes important due to the psychotherapeutic context in which this occurred. The fact of having assessed psychotherapeutic changes by means of only one projective technique is also considered a limitation in itself. As a result, future line of research could focus on examining convergence of these outcomes by using other testing techniques.

All the limitations mentioned in this particular study could be considered topics for further research. Specifically, relevant topics that could be studied in the near future are:

- The role of men and women within this population

and their exercise of parental functions.

- The influence of immigrants' cultures of origin.
- Deficiencies in public services related to the judicial system, healthcare and education.
- Particular living conditions and family experiences.
- Search of convergence of personality traits evaluated by the HTP compared with other assessment tools.
- Comparative effects of the integration technique of Logotherapy and Psychoanalytic Psychotherapies versus other psychotherapeutic approaches presently used in vulnerable populations.

Conclusion

To conclude, this study suggests that the integration of Logotherapy and Psychoanalytic Psychotherapies conform a suitable approach to address the issues presented by people living in vulnerable contexts. This particular approach seeks "to look further" and identify the capacities of those who ask for help and take responsibility of their own existence. The experiences this population go through are considered conditioning but not determining factors. As Fiorini (2008) states, by minimizing time and focusing on therapeutic issues, early therapeutic effects could be accomplished and a wider population could be attended to, attaining as a result a mentally healthier society. However, given the magnitude of the transformations aimed at, it will be necessary to embark on the transformation, doubtlessly complex, of the structural bases of vulnerability. This study indicates that, over time, the effects of this project could have an indirect impact on professionals working in other related community institutions, such as health centers, hospitals, clubs, schools, universities, foundations, state organisms and mass media too. For all these reasons, we strongly believe that clinical interventions carried out within vulnerable contexts open a window of unique opportunities for psychotherapy to increasingly reach more people around the world.

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Figure and Tables

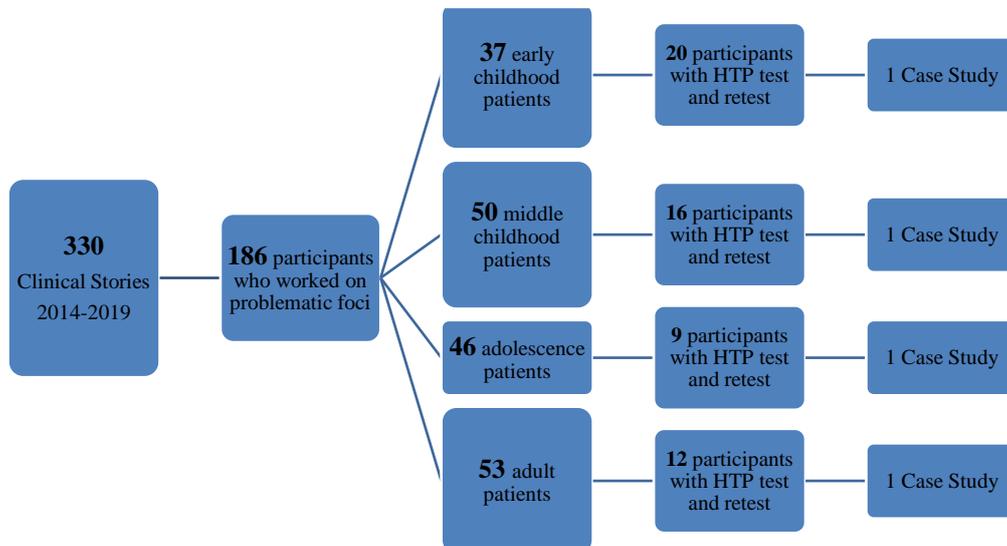


Figure 1. Analysis of the distribution of clinical records of patients who underwent therapy at the MMPPOC, in the 2014-2019 period.

Table 1. Results of recurrent foci by age range according to Wilcoxon Test

Age range	Early childhood	Middle childhood	Adolescence	Adulthood
3 more recurrent foci	Others (I)	Others (I)	Others (I)	Others (I)
	Conflicts in parent/children relationship (D2)	Parenting guidance (H)	Conflicts in parent/children relationship (D2)	Conflicts in parent/children relationship (D2)
	School behavioral problems (E2)	Symptoms associated with emotions (G2)	Symptoms associated with emotions (G2)	Conflicts family/partner relationship (D1)

Table 2. Significant improvements on foci according to Wilcoxon test.

Age Range	Significant improvements
Early childhood Children between 3 and 7 years old	Conflicts in parent/children relationships (D2) (z = -3.0, p < .05, r = -0.57), school learning problems (E1) (z = -2.0, p < .05, r = -0.53), school behavioral problems (E2) (z = -2.0, p < .05, r = -0.35), parenting guidance (H) (z = -2.45, p < .05, r = -0.58) and others (I) (z = -3.6, p < .05, r = -0.5), the ability to express emotions, mutism, family or peer relationships and fears prevail among these.
Middle Childhood Children between 8 and 12 years old	Conflicts in mother/children relationships (Z= -2.236, p <0.5, r = -0.476), school behavioral problems (Z= -2.236, p<0.5, r = -0,476), symptoms associated with emotions (Z= -3.000, p<0.5, r = -0.547), parenting guidance (Z= -3.000, p<0.5, r = -0.5) and others (Z= -3.317, p<0.5, r = -0.451).
Adolescents Patients between 12 and 20 years old	Others" foci (z = -5.0, p < 0.5, r = -0.43), conflicts in parent/children relationships (z = -3.3, p < 0.5, r = -0.43), symptoms associated with emotions (z = -2.8, p < 0.5, r = -0.5) and parenting guidance (z = -2.0, p < 0.5, r = -0.44), when comparing the beginning and the end of treatment.
Adults Patients over 21 years old	Conflicts in family/partner relationships (z = -3,317, p < 0.05, r = -0,52), conflicts in parent/children relationships (z = -3,000, p < 0.05, r = -0,43) , symptoms associated with emotions (z = -3,000, p < 0.05, r = -0,53), gender violence (z = -2,000, p < 0,05, r = -0,53), bereavement (z = -2,449, p <0,05, r = -0,65) and others (z = -4,359, p <0.05, r = -0,53).