7. Psychotherapy
### Differences between psychological support and psychotherapy

<table>
<thead>
<tr>
<th>Psychological support</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be done by any well-intentioned person</td>
<td>Is performed by a competent person</td>
</tr>
<tr>
<td>Is not associated with a regular meeting schedule</td>
<td>Implies a regularity in meetings</td>
</tr>
<tr>
<td>Offers momentary relief, with short-term efficacy</td>
<td>Implies the existence of a dual responsibility (therapist, patient)</td>
</tr>
<tr>
<td>Is not associated with a therapeutic plan</td>
<td>Can be combined with other forms of therapy</td>
</tr>
<tr>
<td>Can lead to addiction and asymmetry</td>
<td>It aims towards the autonomy of the patient (to cope better with the challenges of reality)</td>
</tr>
</tbody>
</table>
Preconditions

- competence of the therapist (+ patient's perception about it);
- regular meetings;
- agreement over purpose;
- dual responsibility (verbal / written contract);
- purpose: well-being, autonomy.
Keywords

Active listening
Empathy
Suffering
Respect
Patience
Learning
Awareness
Personal development
Change
Autonomy
Favorable circumstances vs. limits

1. The true need for a change

**Inner motivation** > external motivation

The therapist should pay attention to inner, but **dysfunctional motivation** (e.g., secondary benefits from symptoms).
Favorable circumstances vs. limits

2. Insight
  (e.g., in psychoanalysis, CBT)

vs.

Suggestibility
  (e.g., in hypnosis).
Favorable circumstances vs. limits

3. Integrity of one's personality
(symbols are perceived as undesirable, other areas of personal and social functioning are conserved)

vs.

Higher destructuration of one's personality
(symbols are part of a serious psychiatric illness or a personality disorder)
Favorable circumstances vs. limits

4. Short duration of symptoms = more favorable prognosis, as:

- the therapy may have more radical objectives;
- patient's trust is higher;
- symptoms' tolerance is lower;
- compliance, both for medication and psychotherapy, is higher;
- secondary benefits and the sick role are less probable.
Challenges

1. Necessity of a *combined approach*

(e.g. relaxation, art-therapy, group therapy, ...)

+ collaboration to other specialists

+ case manager
2. **Costs-benefits**, from the perspective of the patient vs. the perspective of the therapist (HBM).

The imbalance between costs and benefits may have consequences on addressability and compliance.
Challenges

3. Resistance

e.g. 1: stemmed from suffering itself;

e.g. 2: stemmed from the patient's incapacity to analyze/understand.
4. Congruence / discrepancy between the abilities developed within psychotherapy and the particularities of the social environment (e.g., pressures to remain in the "sick role").
Challenges

5. **Control** within therapy – how directive is the approach

**Dependence on the therapist** - dual effect (accelerates building of trust / creates problems in building autonomy) (Freud: "transference neurosis")

**Codependence**
Challenges

6. **Attachment to the old routines**, even if this is self-destructive / painful:

- the tendency to keep intact thoughts, behaviors, routines, memories, even if they are associated with suffering („postpone cleaning“).
Psychotherapies
1. **Psychoanalysis** *(psychosdynamic) (Freud, Adler, Jung, …)*

- 3 compartments of Psyche *(Self, Ego and Superego)*;
- **Self**: pleasure, instincts, basic needs;
- **Superego**: rules, norms, values;
- **Ego**: adjustment to reality;
- symptoms stem from their imbalance;
- recommended in conditions with a long history and multiple causes;
- long-term, profound therapy;
- keywords: transference, countertransference, resistance, insight, awareness.
2. Relaxation / Hypnosis
(Mesmer, Erickson, Ferenczi, ...)

- easy access to the Self;
- more directive and radical, when compared to psychoanalysis;
- based on creating a modified state of conscience = trance and on administration of therapeutic suggestions;
- not based on critical insight;
- hipnotizability = dependent on suggestive predispositions;
- therapist needs to be specialized;
- short duration;
- disadvantages: can not be applied in certain conditions (psychoses, personality disorders, epilepsy, ...).
3. Behavioral / Cognitive-behavioral (CBT)  
(Watson, Skinner, Pavlov, Ellis, Beck, Festinger,...)

- behavior is learned and can be modeled;  
- a symptom serves to a purpose and can be created / strengthened through conditioning;  
- therapy is equivalent to deconditioning;  
- patient's balance gains - losses should be always considered, when doing CBT;  
- theoretical bases: the ABC model (Ellis), the theory of cognitive dissonance (Festinger);  
- "here and now" kind of therapy;  
- useful in the management of psychosomatic disorders and diseases.

"If people are good only because they fear punishment, and hope for reward, then we are a sorry lot indeed."

Albert Einstein
### Symptom-cognition-emotion-behaviour links for common presentations

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cognition</th>
<th>Emotion</th>
<th>Physical</th>
<th>Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Effort will make fatigue worse</td>
<td>Depression</td>
<td>Physically unfit</td>
<td>Avoids activity</td>
</tr>
<tr>
<td></td>
<td>Tumour, stroke I won’t cope</td>
<td>Anxiety</td>
<td>Muscular tension</td>
<td>Focus attention</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Anxiety</td>
<td></td>
<td>Avoidance</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Worries about consequences of insomnia</td>
<td>Anxiety</td>
<td>Arousal</td>
<td>Focus attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Analgesics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Focus attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Avoidance ++</td>
</tr>
<tr>
<td>Breathlessness</td>
<td>Suffocate</td>
<td>Anxiety</td>
<td>Hyperventilation</td>
<td>Avoidance ++</td>
</tr>
<tr>
<td></td>
<td>Asthma attack</td>
<td></td>
<td></td>
<td>Focus attention</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Damage</td>
<td>Depression</td>
<td>Physical basis of varying</td>
<td>Seeks reassurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Helplessness</td>
<td>significance</td>
<td></td>
</tr>
<tr>
<td>Atypical chest pain</td>
<td>Heart attack</td>
<td>Anxiety</td>
<td>Hyperventilation</td>
<td>Avoids exertion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Musculoskeletal</td>
<td>Attention reassurance</td>
</tr>
</tbody>
</table>
4. **Biofeedback (Shearn, Schultz, Sargent, ...)**
(the direct influence on symptoms, with the help of a direct real-time, technology-mediated feedback received by the patient)

- success is more probable if the patient is motivated and perseverent;
- body functions, which are normally unconscious, can be controlled (e.g., muscle tone, temperature);
- thereby, this technique has utility in certain PS disorders (e.g. migraine);
- is a superficial kind of therapy;
- still, it can be learned and it could offer a certain autonomy and better quality of life, in the case of chronic symptoms.
5. Humanistic
(Fromm, Frankl, Rogers, Maslow, Perls,....)

- Ideal Self vs. Real Self;
- human beings are capable of choices and responsibilities;
- an essential contribution to one's happiness is brought by looking and finding a sense of life;
- suffering is a good opportunity for reflection;
- suffering belongs to the whole body and is not restrained to a single organ;
- aims the increase of personal awareness and of creativity/willingness for a change.

If you plan on being anything less than you are capable of being, you will probably be unhappy all the days of your life.

(Abraham Maslow)