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## PSYCHOTHERAPY OF PSYCHOSOMATIC DISORDERS – A CHALLENGE FOR THE PSYCHOTHERAPIST

**Lubomira Dimitrova**

SWU “N. Rilski”, Blagoevgrad, Bulgaria, [lubomira16@abv.bg](mailto:lubomira16@abv.bg)

**Abstract:** Psychotherapy is very "rewarding" for the client, but you need to know well what it means for the psychotherapist. Otherwise, there is a danger of "substituting the focus" and changing the original request. The competencies of the therapist about the considered issues are of key importance for the positive outcome of the therapeutic situation. Psychotherapy of psychosomatic disorders should be considered by the specialist as reaching the client to his maximum potential, and not as entering a certain statistical norm. Distinguishing the client's goals from those of the therapist determines the effectiveness of the therapy. One of the main abilities that a therapist should have is the ability to lead by following the person who has sought his help. The self-regulation, the subsequent "ventilation" after the interaction, as well as the model "Six thinking hats", applied in the supervisory analysis of the work, to increase the qualification qualities of the psychotherapist, are considered. The tasks of the therapist, those of the client, and in particular: follow-up techniques for dealing with the psychosomatic disorder are indicated. They shared personal therapeutic experience, described in detail in the sequence of sessions, as well as the intervention methods used, followed by a qualitative analysis of what was done. Every specialist has existential questions about the effectiveness of therapy. Test and retest of the client's anxiety give a clear assessment of the results of therapeutic intervention. Projective methods are extremely useful and applicable to children and adolescents. These methods work when performed by parents of children with psychosomatic disorders. The comparison between the answers and drawings of adolescents and those of their parents is a key point in the therapist's decision which additional tasks to include in the three interaction stages - the stage of connection, the stage of identification, and the stage of separation. The blurring of the individual three stages returns the client to the starting position, so it is very important to establish a limited space of activities in the intervention with psychosomatic complaints. The completion of each of the three stages gives room for the beginning of the next, and this favors the mutual work of the therapist and client. Restructuring of the therapeutic process is possible in the case of such a transition from one stage to another. We need to know that there is a passage through several basic steps that are repeated at each stage. Connecting with the therapist is the most important link in the therapy chain. Without the connection, there is no trusted connection and clear identification. This also determines a difficult stage of separation, which makes the work of expanding the goals impossible. The challenge for the psychotherapist is to identify the three stages and guide the client, who is left with the impression that he is the leader.

**Keywords:** psychotherapy, psychosomatic disorders, key competencies of the psychotherapist, methods of work

### 1. PURPOSE

Today, there are thousands of different areas of psychotherapy, united in six major areas: humanistic therapies, psychodynamic therapies, cognitive-behavioral therapies, psychoanalytic therapies, relaxation therapies, hypnosis, and interpersonal therapies – the thinking hats. On the one hand, this diversity gives the therapist a horizon to choose the most appropriate method of work for a person, but on the other hand, it is a prerequisite for confusion and difficulty in orienting the suffering person to clarify what he needs in the process of his suffering. The purpose of my report is to show how to combine different methods of intervention in the process of psychotherapy of psychosomatic disorders.

### 2. METHODOLOGY

Methods of art therapy, positive psychotherapy, behavioral techniques are used in the psychotherapy process. The competencies of the psychotherapist are a major factor for a stronger impact in the psychotherapeutic process, and the following factors and mechanisms should be taken into account:

- The predispositions of the client (diagnosis, interpersonal problems, specific conditions of the life context);
- The context of the therapy (setting-outpatient or inpatient, modality-group or individual therapy, duration of the psychotherapeutic process, frequency of meetings);
- The relationship between the client and the therapist (adjustment between therapist and client, therapeutic relationship);
- Therapeutic strategies and techniques.

Universal psychotherapy should be understood as a model for orientation, not as a new type of psychotherapy. Its main goal is to transcend the boundaries of individual therapeutic areas and to implement in practice the established scientific findings to achieve the best results in psychotherapy (Beutler, 2015).

At the present stage, the overall effectiveness of all psychotherapeutic methods, including the placebo effect, has been demonstrated with an effect size of  $d = 1.2$  (Reimer, 2017).

The ability of the psychotherapist to establish a unique working contact with the client, in which he feels calm, accepted, and active. The goal is to provide a safe place for the client to be himself, as well as to be willing to share intimate details of his life that he is afraid to confide in his immediate environment for fear of condemnation and rejection. Opening a space for the client to speak without defending or justifying requires the psychotherapist to adjust himself to the client's temperament and character by discovering the unique language spoken by the sufferer.

The therapist's ability to withstand the suffering is supportive of the process, as the presence of two sufferers and the helpless does not make the meeting effective and efficient. Here comes the challenge for the therapist: to surrender or resist the human impulse to help in a non-therapeutic way, namely through advice, suggestion, guidance, or even personal experience. Blocking this desire is a rational, correct way out of the situation (Creswell, 2017).

In the process of therapy, the question arises about the tasks of both the psychotherapist and the client. Based on these tasks, a specific individual holistic methodology of work is developed.

The presence of knowledge and skills to distinguish the actual emotion from the fixing emotion and the emotion in-depth; contents of the transmission and the countertransference field; the psychological "filling" of the interaction with the client in the three interaction stages: connection, differentiation, and separation; the psychodynamics of the creation of the problem and that of the manifestation of the problem, gives a positive effect on psychotherapy.

Psychosomatic disorders require the possession of additional competencies. For the psychotherapist to feel calm in the depths of psychosomatic pathology, it is extremely important to know the subtle mechanisms of formation and interaction between the main systems in the body. Neurophysiological studies have shown that affective experiences, impulses, and behavioral responses are controlled by different brain structures. The establishment of the physiological mechanisms through which socio-psychological factors are realized in the pathology of the visceral systems has always been a priority of psychosomatics (Reimer, 2018).

In the structure of the central nervous system, the limbic system plays a leading role in the regulation of affect and behavior, the function of the autonomic nervous system, sexual processes, and learning processes.

The limbic system is a functional unity to which "activating" and "modulating" functions are ascribed. The anatomical organization of the limbic system is bilateral and diffuse. This allows both phylogenetically old and relatively rigid structures as well as phylogenetically newer ones, subject to mutual interference, to be covered.

**Table 1. Tasks of the client and psychotherapist. Methods of intervention.**

Customer tasks	Tasks of the psychotherapist	Methodology
<ul style="list-style-type: none"> <li>• • Share their story;</li> <li>• • To study the crisis;</li> <li>• • Recognize the presence of negative emotions;</li> <li>• • To "release" emotions;</li> <li>• • Follow the instructions of the therapist;</li> <li>• • Adhere to the conditions of therapy;</li> <li>• • To actively participate in the negotiation process;</li> <li>• • To assist in finding one's own positive experience and resource;</li> <li>• • To look at their history from the side (dissociation)</li> </ul>	<ul style="list-style-type: none"> <li>• • To provoke and encourage the conversation;</li> <li>• • To make a dynamic assessment;</li> <li>• • To stimulate the creation of a trusting relationship and synchronicity in the relationship;</li> <li>• • To negotiate the boundaries of therapy;</li> <li>• • To raise the topic of confidentiality;</li> <li>• • To talk about the general conditions of psychotherapy;</li> <li>• • To pay attention to the spatial location in the consultation;</li> <li>• • To introduce appropriate work techniques;</li> <li>• • In case of need to seek supervision</li> </ul>	<ul style="list-style-type: none"> <li>• • Careful attitude;</li> <li>• • Expression of interest in the case;</li> <li>• • Active listening;</li> <li>• • Asking mostly open questions;</li> <li>• • Periphrasis;</li> <li>• • Reflection of the client's feelings;</li> <li>• • Techniques for "working with silence";</li> <li>• • Focusing on priorities;</li> <li>• • Focusing techniques;</li> <li>• • Body language;</li> <li>• • Relaxing and expressive techniques;</li> <li>• • Dealing with customer resistance;</li> <li>• • Positive acceptance, empathy and congruence</li> </ul>

Thus, an anatomical and physiological explanation can be given for the fact that most psychosomatic theories refer to resomatization and desomatization, or in other words, to the interaction of ontogenetically or phylogenetically early behavioral structures that elicit persistent responses to fear, anger, and defense. The limbic system should be considered as a body that controls the bodily expression of emotions and their regulation. This control extends to the action of the endocrine system, autonomic, and sensory-motor systems. It is carried out through the pituitary gland, the upper part of the brainstem, and is regulated on the principle of feedback (From, 2018). This means that somatically manifested emotions change the initial state and reach a certain expression, and the leading role in this process is played by the connection between the neocortex and the limbic system, through which external events receive evaluation and emotional coloring. All this is emphasized emphatically by McLean.

### 3. RESULTS

Debunking the myths about the traditional notions of a healthy personality is in favor of the therapeutic process and expands the client's worldview. The shocking truth about each sufferer's individual health beliefs can be brought to the surface after active intervention by the psychotherapist, who uses his entire arsenal of knowledge and skills to encourage the client to discover and realize their resource.

In my psychotherapeutic practice, the opening of free space to the person of therapy gives quick positive results in the desired direction. This method of work, inspired by the psychoanalytic teachings of the French psychoanalyst Jean Lacan, is combined with the basic principles of work, namely the following of the individual and the foreground of the value and meaning he attaches to his problem. In practice, it is about the awareness of unconscious psychic material arising from spontaneous expression through the relationship between therapist and client, which is indicated as a basic model in art therapy, for example (Edwards, 2014).

### 4. CONCLUSIONS

The presented work is based on the understanding of the relationship of transfer between psychotherapists and clients, as a major factor in the therapeutic process. Through various forms of self-expression, the psychotherapist should encourage those that lead to a positive effect on the healing process of the sufferer. Providing such a free space in which the client is not subject to evaluation and criticism is also part of the important competencies that the therapist should have.

### 5. RECOMMENDATIONS

Values in psychotherapy are a fundamental element in the progress of the intervention. Cecil Patterson reminds us of the democratic principles that psychotherapists have adopted. Although Patterson spoke of these values nearly 30 years ago, it seems appropriate to remind them periodically of the psychotherapeutic community:

- Understanding that human life, happiness, and well-being are more valuable than anything else;
- The belief that a person depends on what happens in his life and has the right to control it in his way, according to his interests;
- The steadfastness of the fact that the dignity and worth of every person must be respected at all times and under all conditions;
- The acceptance of the right to personal freedom; recognizing the right of everyone to think their thoughts and to express their thoughts aloud (Patterson, 1989).

To meet the new challenges, the therapeutic community must pay special attention to the framework of psychotherapy, built on ethical principles, morals, and values, as well as review the adequacy of the standards and requirements regarding the competencies of the therapist.

The spiritual intelligence of the psychotherapist in modern psychotherapy gives a positive start to any therapeutic process, regardless of the methodology used or the chosen direction (Dimitrova, 2019). In the interactive process, the client introduces learned and permanently fixed patterns of behavior, but also impulsive reactive behavior, depending on the way of his psychological reading of the professional behavior of the psychotherapist. This complex dynamic imposes the need for the therapist to be able to deal simultaneously with the conscious control of both levels of his behavior, as well as the two levels of the client's behavior. The psychotherapist should not forget that there is a third plane in the client's behavior that needs to be considered. This is the plane of the patient's behavioral behavior. On the one hand, this behavior could be a sign of psychological protection, and on the other hand, it could be already learned behavior, a result of the duration of suffering: a secondary psychological benefit. The therapist should "translate" the function of the symptom into the language of awareness, and it is this competence that leads to the key outcome of therapy (Murdin, 2018).

## 6. ADDITIONAL DATA

The idea of the end of the psychotherapeutic process as an open space requires the psychotherapist to find the right words to verbalize the situation of his client. The door to psychotherapeutic help must remain open for the client. Each client has the right to decide whether to continue their life with the acquired new skills and plans to expand future goals, or to remain at the level of emotional development at which the therapeutic process began, despite the desire to change and achieved in the process (Freud, 2019).

The only thing that the psychotherapist owes to the client, if there is room here to talk about debt, it is a space for free choice and feedback in the form of professional opinion. Creating a feeling in the client that the therapist is always available, but at the moment the client is his own "first aid kit", gives peace of mind and creates motivation to consolidate the change in the desired direction. Of all the key competencies of a psychotherapist, this requires both maximum effort and time.

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