

Specificity in Psychotherapy of Psychosomatic Disorders

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Received: 25 March 2020 ▪ Accepted: 30 May 2020 ▪ Published Online: 10 July 2020

Abstract

The psychotherapy of psychosomatic disorders is distinguished by the special insight that the therapist must possess in order to conduct it. The different therapeutic modalities emphasize their individual methods of intervention. The peculiarities of working with psychosomatics are locked in creating an emotional connection with the mental world and the ability to express each emotion in its “healthy” form. The permission that people give themselves to be as they are is the purpose of the whole psychotherapeutic process. Each setting is based on self-acceptance and in most cases the need to increase the client's self-esteem.

Keywords: psychotherapy, psychosomatics, self-esteem, self-acceptance, emotions.

1. Introduction

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2. Method

The principles of treatment of somatic and mental illness at different times have been closely linked to the relevant conception of the human being. Emerging medicine in the west is disease medicine: it studies the conditions for the development of a given disease, the patterns of the disease, and the possibilities for intervention. They are generally considered abstract, i.e. regardless of the individual and the specific disease pattern.

The spread of the disease changes over time. Diseases such as plague, cholera, and measles have been replaced by cardiovascular disease, bronchial disease, depression, fears, internal anxiety, helplessness. From a medical development perspective, this is understandable (Alexander, 1971).

After the great advances of the natural sciences about internal diseases and surgery, an idea has emerged that can be generally described as follows: Man is a machine that must be repaired by lubricating or replacing damaged parts. The mental area is not treated or treated superficially. Today, however, we cannot overlook the fact that about 60-80% of illnesses are psychologically conditioned or at least conditioned (Jores, 1981).

Headaches, complaints of the stomach and intestines, insomnia, rheumatic complications, pain, asthma, heart complaints, sexual disorders, fears, depression, persistence, etc. are increasingly viewed from the possibility of processing the experience itself, as well as the ability to resolve mental and psychosocial conflicts.

Changing the direction of psycho-prophylactic thinking is a credit not only to medicine and psychology but also to the institutions that have to “manage” diseases and their consequences – hospitals, social security, political and religious institutions. This makes it clear that the disease is not only the case of the individual, that it is not only the responsibility of highly qualified scientists or those responsible for healthcare. Every single person is affected, directly or indirectly. In any case, we may find psychic or psychosomatic features in these relationships when we look into more than one line of disease development in the carrier of the symptom (Langen, 1968).

The question arises: Who is ill and who is being treated: The person who appears to us as a patient, his family, his partner, his colleagues or bosses, society and his organizations, the politicians who represent him in his public functions, or those that his therapists offer him? This also raises questions about the usual approach to the psyche. The areas of mental health services are also questioned. It is not a question of how mental or psychosomatic illness will be treated. First of all, the focus is on the importance of a therapeutic approach for the patient and his family and how it affects the course of the disease (Bleuler, 1954).

According to the concept of Positive Psychotherapy, we have just four domains that can describe the whole human life. Each of these domains covers a large part of our lives, albeit in very different ways. We attach different importance to these domains and dispose of them unequally also.

3. Results

The current situation in psychosomatic medicine and psychotherapy prompts the development of such methods that are as economical and effective. In addition to technical questions about the therapeutic process, questions are also asked about the content of the criteria by which conflict will be described and processed (Battegay, 1981).

The aim, along with psychoanalysis as a standard methodology for psychotherapy, is to find a shorter path to psychotherapy qualification that, through a conflict-oriented method, will allow easier access to the mental dimensions of illness. This shorter path must be able to be completed not only with psychoanalysis but also with other psychotherapeutic methods. Only in this way can the unity requirement of psychotherapy itself be fulfilled. This implies the willingness of different specialists to use other thought models; to put a different emphasis on understanding the disease and with its alternative treatment strategies. It is irrelevant or of secondary importance whether the disease is mental, somatic or psychosomatic. Positive psychotherapy, as a “synthesis that respects both psychodynamic and behavioral therapeutic elements,” fully meets these requirements.

Psychotherapy and psychosomatics, which have evolved with the impulse of Freud’s great discoveries, have learned to problematize and highlight the problem, to revive repressed or unconscious aggressions, to make them accessible to the mind and to discover their differences

(Wirsching, 1984). Potentially, the overall picture of psychoanalysis goes in the direction of conflicts and their carriers.

However, before proceeding to psychotherapy, questions such as: What still holds a person despite the disease? What are his hidden inner capabilities? What resource does this person have to deal with? are critical to a successful result. This means that the therapist would not be able to stay alone in describing the pathological conditions. Instead of the psychopathology of everyday life, as Freud calls it, the therapist turns it into psychotherapy of everyday life, where psychopathology becomes the starting point for finding a solution. The keynote of each set is the available internal resource for coping (Peseschkian, 1977).

Disease pictures due to psychosomatics are listed below:

- Obesity;
- Fear and depression;
- Bronchial asthma;
- Disc herniation;
- Headache and migraine;
- Diabetes;
- Sleep disorders;
- Sexual offenses;
- Hypertension;
- Hypotension;
- Hair loss;
- Skin diseases and allergies;
- Heart attack;
- Substance abuse, etc.

This list indicates the most common causes of my practice and can certainly be continued since behind almost every illness is a mental cause of its occurrence.

4. Discussion

In the course of psychotherapy intervention, the disturbed balance of the love-contact-sex axis turns out to be a key triad in the treatment of psychosomatic disorders. “Love carries the soul as legs bear the body” (Catherine of Sienna), with a sense of security being the most stable basis for the phenomenon called love. Love is an emotional connection that can be directed at several objects with different power. In this way, love becomes a multi-faceted capacity, involving several different aspects. Parents are often surprised that their child has a psychosomatic disorder even though they have given him so much love.

But a closer look shows that their love has not been sufficiently differentiated. Fundamental trust develops based on mother-child love (Ringel, 1978). When it comes to psychotherapy for psychosomatics in children, it is precisely this aspect that is being worked on (Freud, 1956). When working with adults, the idea of the therapist is to, through retrospective analysis, return to childhood-like situations of mother-child love relationships. In the absence of

harmony in the relationship, the child develops a sense of distrust and the adult person puts everything and everyone in doubt.

Emotional attention is synonymous with love and it does not exist in a vacuum. It is always linked to different areas of behavior and to several qualities that are brought to the fore in the process of therapy – usually after a 5-8 meeting of therapist and client when a trusting relationship is already in place. It is important to make it clear that the ability to love is not identical and tantamount to the ability to allow one to be loved (Dunbar et al., 1936).

At the same time, in the process of psychotherapy of psychosomatic disorders, the applications of love and hate in the life of the sick person are explored:

- Love as a “hot weapon” – is accomplished through word, gesture, facial expressions, and usually one praises or shows gratitude at every opportunity or performs any task that the other has assigned to him. Thus, the personality develops a complex of gratitude, difficulty in tearing away, too strong identification, problems with the new environment.
- Love as a “cold weapon” – it works by withdrawing love, threats, warnings, punishments. People treated in this way manifest themselves as well-mannered, restrained in aggressive behavior, or excessively oriented toward achievement and success. Emotional spheres are underdeveloped.

Anxiety, insecurity, exaggerated expectations, scarce feelings are just a small part of the disorders that go along with the manifestation of psychosomatics listed above.

Escape from the disease is a key form of “self-healing” in prismatic cases. For example, a child who needs attention and care often reports abdominal pain. The learned behavior that it receives the attention of its parents when it is ill causes the child to “become ill” and use the disease to obtain the initial need for attention and love.

Another key point in psychotherapy for psychosomatic disorders is the ability to deal with aggressive and anxious behaviors rather than completely relegating them to a person’s behavioral repertoire.

5. Conclusion

Perception of one's body refers to the identity of a person, with studies showing that body symmetry is one of the strongest prognostic factors for an individual's health. The self-esteem of emotional expressiveness concerning the perception of one's own body could make one person ill or heal. In the course of psychotherapy, the psychosomatic patient self-assessed his / her abilities through various self-assessment scales.

Regardless of the psychosomatic disorder considered, the common between them all is the repressed internally dissatisfied mental desire, which gives expression in the physical world. The therapist’s job is to remove the cause, not just the symptom. Only this sequence of work will prevent the onset of the symptom again. Otherwise, it will manifest itself in an analogous situation to the cause of the disease.

Acknowledgements

This research did not receive any specific grant from funding agencies in the public commercial, or not-for-profit sectors.

The author declares no competing interests.

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