

The Role of the Psychotherapist in the Application of the Five Steps of Individual Psychosomatic Psychotherapy in the Context of the Three Integration Stages

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Abstract

The process of psychotherapy of psychosomatic disorders requires key intervention skills from the psychotherapist. The transition through the five steps of therapy occurs against the background of the three integration stages in the communication on the axis "client-therapist" and respectively "therapist-client". It is possible for the process of going through the five steps to be repeated for each of the three integration stages, and it is also permissible for it to go smoothly in parallel with the client reaching "separation" from the therapeutic environment. The psychotherapist's ability to observe these mental phenomena that occur during therapy gives the client security. The goal is to "eradicate" the cause of the symptom, not just cure it.

Keywords: psychotherapy, symptom, psychosomatic disorders, psychoanalysis, psychotherapist's skills, five steps, interaction steps.

1. Introduction

The five-step process Positive Psychotherapy is a therapeutic strategy whose main points such as family therapy and self-help are meaningfully related to each other. The patient is guided within the individual family or group psychotherapy step by step.

Five-stage framework model that allows for eight places vane of different psychotherapeutic methods as the role of the psychotherapist is of great importance. In the process there are used gestalt therapeutic behavioral, deep psychological, psycho energetic, hypnotic, drug and physiological inventories.

The five stages are:

- (1) observation/*distancing;
- (2) inventory;
- (3) situational encouragement;
- (4) situational encouragement;
- (5) extension of goals.

They contain each interpersonal interaction in itself so the ability to listen is realized and it follows that the five stages are important in the first place for the therapist their help he orients the stranger a world of the patient's feelings and experiences and thoughts.

2. Methods

The methods of therapy are an overview of the possibilities for application of the tool, they are flexibly adapted to the specific requirements of the situation in which the patient finds himself or his family. According to the principle that the change of one element of the system affects the whole system the patient receives within the therapy the task to abandon the role of patient and to perform the role of therapist of his own situation. Experience shows that the change of role from the patient scales therapist causes a change in position. In severe family problems it is important to activate initially the basic abilities of the patient and partner in case of danger of separation of the couple does not focus on existing conflicts but speaks of active self-help. The extended core of the family is important for the psycho-somatic elements of therapy.

Indicative of many patients with psychosomatic symptoms and the denial of conflict that occurs by the way, ignoring family conflicts, the three interaction stages are:

- (1) Linking;
- (2) Identification;
- (3) Separation.

They are key in the treatment process according to the methodology used. From the various forms of conflict processing to microtraumas these are the current abilities only then we talk about the basic conflict in the context of the four role models. A key role is played by the positive interpretation of the symptom which is best done by the patient who knows the meaning of the disease in his life and according to the specific situation. The role of the therapist can be extremely important to make the patient activate the method of self-help.

3. Results

Communication difficulties most often lead to a narrowing of the contact. The partner is punished by forbidding something or by withdrawing from it. The result is an encouraging indication which in diseases whose etiology is considered to be strongly somatic is aimed at including the Model of Positive Psychotherapy and the role of the therapist. Changes in the psychological sphere correspond and changes in somatic data recognized by the patient. Positive interpretation and the resulting therapy had as a result after another month a significant unloading of the conflict.

Behavioral outcomes and regulators of overall therapy pass the five steps through the three interactional stages are gratitude and independent work. One learns to perfection certain activities and others to neglect reliability and accuracy that are manifested only temporarily. This is the result of inconsistent behavior.

As a result of the symptoms in the field of the senses, sleep disturbances, physical pain and rapid fatigue, as well as various visual and auditory hallucinations can be understood.

The result in the realm of the mind is impaired thinking and intelligence poor concentration as well as poor memory and indecision.

The area of contact includes rigidity stereotypes and lack of self-judgment as well as hatred guilt and fear of the truth.

The result in the field of fantasy is the attribution of unbridled fantasy, suicidal fantasies, obsessive ideas, fears and sexual perceptions.

4. Discussion

The proven correlations between emotional arousal and endocrine reactions have been studied mainly in the study of stress. The main hypothesis is that they could be important in the pathogenesis of the disease.

Current qualities and abilities characterize the individual in his daily life, they are understood as models for explaining why he once developed specific symptoms. These are the emotional life situations that the patient categorizes as an integral part of his personality. With regard to the rules for conducting a conversation, the participants have the obligation to keep the conversation a secret, as a harsh remark is much more harmful than an open conversation at an appropriate time should not be criticized. All family members meet regularly at the agreed time this can be done once a week and can be held on exceptional occasions patient stories are psycho serum and most of the concepts and their opposites are reflected in proverbs and stories.

At the beginning of the conversation the partner expresses his problems and wishes. The requirement is for the therapist to focus on listening carefully and politeness. The role of the psychotherapy and the psychotherapist are connected to passing through the interactional stages and the whole process keeps in touch with the family members. Often the emphasis is only on rational upbringing, but the emotional sphere must also be emphasized on the emotional sphere. The child needs an emotional basis to master and distinguish this education and improvement as a result of disorders and conflicts. The child's somatic experiences are blocked by the emotions and feelings of conflict areas.

This is the touch or rational choice of teaching experience. The therapist needs to know more about emotional support that could be necessary for the child's psychic. Otherwise the process will be done slowly and the three interaction stages will not be passed.

5. Conclusion

There is no area that is as emotionally saturated as the relationship between a man and a woman in the family there is no other area as burdened with prejudice. My personal observation as a psychotherapist is that the more the emphasis on conflict, the more the patient becomes ill thematically. So we have to be careful in the way we present information.

Other things being equal, the condition of conflict gives rise to additional conflicts. And this causes the extended family to re-enter the original dispute.

Conclusions and confirmation of all the above: it is written that the psychotherapist goes through the five steps and the three stages helping his patient to reach conclusions on his own.

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