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**PSYCHOSOMATIC DISORDERS.
PSYCHOTHERAPY. PSYCHOHYGIENE.
PSYCHOPROPHYLAXIS.**

Definitions

- **Psychosomatic Medicine**: *an area of scientific investigations concerned with the relation between psychological factors and physiological phenomena in general and disease pathogenesis in particular (mind-body connections).*
- **Psychosomatic Disorders**: *condition in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress.*

Etiology

Specific stress factors:

- Certain personality are specific for a specific psychosomatic disorder.
- eg: **Type A personality**

Non-specific stress factors:

- Any prolonged stress can cause physiological changes that result in a physical disorder.
- eg: **Chronic depression**

Etiology



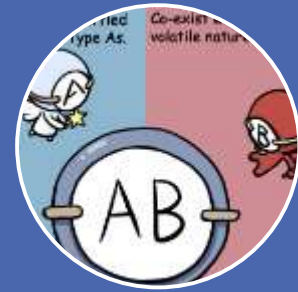
Conditioned
Reflexes



Sociocultural
Determinants



Parents-
children
Relationships



Personality
Types



Clinical Presentations

Gastrointestinal Diseases

- Anorexia Nervosa, Bulimia
- Gastrointestinal Ulcers
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Diarrhea, Constipation
- Obesity

Cardiovascular Diseases

- Coronary Heart Disease
- Essential Hypertension
- Paroxysmal Tachycardia
- Migraine
- Mitral Valve Prolapse

Clinical Presentations

Skin Diseases

- Allergies, Eczema, Urticaria
- Dermatitis, Neurodermatitis
- Pruritus Anogenitalis
- Acne
- Hyperhidrosis
- Alopecia Areata

Musculoskeletal Problems

- Muscular tensions
- Backache
- Osteoarthritis
- Rheumatoid Arthritis
- Tension headaches

Clinical Presentations

Endocrinal Problems

- Diabetes Mellitus
- Thyrotoxicosis, Myxedema

Respiratory Problems

- Bronchial asthma
- Hiccough
- Colds, flu

Clinical Presentations

Genitourinary Problems

- Dyspareunia
- Micturition disturbances
- Impotence
- Menstruation

Others

- Impaired immune system: prone to infections
- Mental affections: anxiety, depression, etc.
- Cancer



What is the evidence that psychotherapy works?

In one study, 90% of the 2900 *Consumer Reports* readers who related their experiences with mental health professionals were at least “fairly well satisfied.”

(1995; Kotkin et al., 1996; Seligman, 1995)

Among those who recalled feeling *fair* or *very poor* when beginning therapy, 9 in 10 now were feeling “*very good, good, or at least so-so.*”

Do clinicians (psychologists) believe psychotherapy works?

There are many case studies of successful psychotherapy.

However; therapists, like all humans, are prone to the cognitive errors such as confirmation bias and thus may only perceive the positive client comments that support what the therapist already believes about the therapy.

So, like client testimonials, psychotherapist claims may also be subject to human bias. As with other enduring questions, psychologists turn to research.

Which disorders respond favorably to therapy?

The more specific the problem, the greater the hope that psychotherapy might solve it.

(Singer, 1981; Westen & Morrison, 2001)

Those who experience phobias or panic or who are unassertive, can hope for improvement.

Those with less-focused problems, such as depression and anxiety, usually benefit in the short term but often relapse later.

Which therapies seem most effective with which disorders?

Cognitive, cognitive-behavioral therapies, acceptance & commitment therapy—anxiety, posttraumatic stress disorder, insomnia, and depression.

(Qaseem et al., 2016; Scaini et al., 2016; Tolin, 2010)

*Behavioral conditioning therapies—
specific behavior problems, such as bed-wetting, phobias,
compulsions, marital problems, and sexual dysfunctions.*

*(Baker et al., 2008; Hunsley & DiGiulio, 2002;
Shadish & Baldwin, 2005)*

Which additional therapies seem most effective with which disorders?

Psychodynamic therapy—

depression and anxiety

(Driessen et al., 2010; Leichsenring & Rabung, 2008; Shedler, 2010b).

Nondirective (client-centered) counseling—

mild to moderate depression

(Cuijpers et al., 2012).

What is *evidence-based practice*?

clinical decision making that integrates the best available
research with clinical expertise
and patient characteristics and preferences

Endorsed by the American Psychological Association and
others, therapists using this approach integrate the best
available research with clinical expertise and
with patient preferences and characteristics.

After rigorous evaluation, clinicians apply therapies suited to
their own skills and their patients' unique situations.

What is a *therapeutic alliance*?

a bond of trust and mutual understanding
between a therapist and client,
who work together constructively
to overcome the
client's problem



David Bullington/Getty Images

What should a person look for when selecting a therapist?

A person seeking therapy may want to ask about the therapist's treatment approach.

A person seeking therapy may want also want to ask about the therapist's values.

It is also important to ask about the therapist's credentials and how much the therapist charges.

How does culture impact the client-therapist relationship?

In North America, Europe, and Australia, for example, most psychotherapists reflect their culture's *individualism*, which often gives priority to personal desires and identity.

Clients with a *collectivist* perspective, as with many from Asian cultures, may assume people will be more mindful of social and family responsibilities, harmony, and group goals.

These clients may have trouble relating to therapies that require them to think only of their own well-being.

(Markus & Kitayama, 1991)

Why might clients not seek therapy?

People living in “cultures of honor” prize being strong and tough. They may feel that seeking mental health care is an admission of weakness rather than an opportunity for growth.

(Brown et al., 2014)

Some minority groups tend to be both reluctant to seek therapy and quick to leave it.

(Chen et al., 2009; Sue et al., 2009)

Why might the therapist and the client be mismatched?

- Client-psychotherapist mismatches may also stem from religious values.
- Highly religious people may prefer and benefit from religiously similar therapists, and may have trouble forming an emotional bond with one who does not share their values.
- (*Masters, 2010; Pearce et al., 2015*)

What training do various therapists undergo?

Type	Therapy Description
<i>Clinical psychologists</i>	Most are psychologists with a Ph.D. (includes research training) or Psy.D. (focuses on therapy) supplemented by a supervised internship and, often, post-doctoral training. About half work in agencies and institutions, half in private practice.
<i>Psychiatrists</i>	Psychiatrists are physicians who specialize in the treatment of psychological disorders. Not all psychiatrists have had extensive training in psychotherapy, but as M.D.s or D.O.s they can prescribe medications. Thus, they tend to see those with the most serious problems. Many have their own private practice.
<i>Clinical or psychiatric social workers</i>	A two-year master of social work graduate program plus postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems. About half have earned the National Association of Social Workers' designation of clinical social worker.
<i>Counselors</i>	Marriage and family counselors specialize in problems arising from family relations. Clergy provide counseling to countless people. Abuse counselors work with substance abusers and with spouse and child abusers and their victims. Mental health and other counselors may be required to have a two-year master's degree.

What is psychotherapy?

- Interpersonal, relational intervention by trained therapists to aid in life problems
- Goal: increase sense of well-being, reduce discomfort
- Employs range of techniques based on relationship building, dialogue, communication and behavior change designed to improve the mental of individual patient or group

What is psychotherapy?

- Some therapies focus on changing current behavior patterns
- Others emphasize understanding past issues
- Some therapies combine changing behaviors with understanding motivation
- Can be short-term with few meetings, or with many sessions over years

What is psychotherapy?

- Can be conducted with individual, couple, family or group of unrelated members who share common issues
- Also known as talk therapy, counseling, psychosocial therapy or, simply, therapy
- Can be combined with other types of treatment, such as medications

Cognitive behavioral therapy

- Derives from cognitive and behavioral psychological models of human behavior including theories of normal and abnormal development and theories of emotion and psychopathology.
- Utilizes the cognitive model, operant conditioning and classical conditioning to conceptualize and treat a patient's problems.

Cognitive/behavioral therapies

General features

- Are manualized
- Are time limited
- The therapist is more directive sometimes “coach like”
- Client often is given homework

Examples

- Interpersonal psychotherapy (IPT)
- Cognitive behavior therapy (CBT)
- Dialectical behavior therapy (DBT)
- Behavioral therapy

Cognitive behavioral therapy

- Approach focuses on problems in the here and now
- Treatment is empowering: focus on gaining psychological and practical skills
- Patient puts what they've learned into practice between sessions by doing “homework”
- Techniques: identify cognitive distortions, test automatic thoughts, identify maladaptive assumptions
- The therapist takes an active, problem oriented, directive stance.

Cognitive behavioral therapy

- Used in wide range mental health problems: depression, anxiety disorders, bulimia, anger management, adjustment to physical health problems, phobias, chronic pain.

Psychoanalysis

- Focus on unconscious as it emerges in treatment relationship
- Insight by interpretation of unconscious conflict
- Most rigorous: 3-5 times/week, lasts years, expensive

Psychoanalysis

- Analyst neutral
- Goal: structural reorganization of personality
- Techniques: interpretation, clarification, working through, dream interpretation

Psychoanalysis: Terms

- **Transference:** unconscious redirection of feelings for one person to another (including the therapist)
- **Countertransference:** redirection of therapist's feelings for the patient
- **Therapeutic alliance:** therapist and patient trust
- **Resistance:** ideas unacceptable to conscious; prevents therapy from proceeding
- **Free association:** patient says what comes to mind uncensored. Clues to unconscious

Psychodynamic psychotherapy

- Also called “expressive” and “insight-oriented”
- Based on modified psychoanalytic formulations
- Couch not used
- Less focus on transference and dynamics
- Interpretation, encouragement to elaborate, affirmation and empathy important
- 1 – 2 sessions/week; open-ended duration
- Limited goals

Supportive psychotherapy

- Offers support of authority figure during period of illness, turmoil, temporary decompensation
- Warm, friendly, non-judgmental, strong leadership
- Supports ultimate development independence
- Expression emotion encouraged

Interpersonal psychotherapy

- Time-limited treatment for major depressive disorder
- Developed in 1970's
- Assumes connection between onset mood disorder and interpersonal context in which they occur
- Used for variety depressed populations: geriatric, adolescent, HIV-infected, marital discord
- Can be combined with medication
- Duration: 12 – 16 weeks
- Efficacy demonstrated in randomized trials

Group psychotherapy

- Carefully selected participants meet in group guided by trained leader
- Leader directs members' interactions to bring about changes
- Participants get immediate feedback
- Patients may also have outside individual therapy
- Self-help groups enable members to give up patterns unwanted behavior; therapy groups help patients understand why

Family therapy

- Intervention to alter interactions among family members and improve function
- Interrupt rigid patterns that cause distress
- Family systems theory: family units act as though their homeostasis must be maintained
- Therapy: discover hidden patterns and help family members understand behaviors
- Many models treatment exist
- Schedule and duration treatment flexible

Psychohygiene

- It, presenting a part of general hygiene, is an interdisciplinary field of scientific knowledge referred to general and social hygiene, social and medical psychology, and psychiatry also. It deals with the influence of various environmental factors and labor activity on the mental health of a person, as well as the development and implementation of measures to preserve people's mental health at the public, group and individual levels.
- The main subject of psycho-hygiene is mentally healthy people, and the most important task is the creation and provision of conditions for the formation of a harmoniously developed personality.
- In psycho-hygiene, like any other science, there are several areas of activity. These are: fundamental, applied and practical. In the form of the implementation of measures, it is divided into preventive, restorative and curative.

Psychohygiene

The psychohygiene should not be strictly separated from the care of the physical health. The human being is unique: physical and mental functions are only different forms that show the activity of the same organism. But, psychohygiene is mostly concerned with the functions of the brain:

- How do we respond to the events
- What attitude do we take towards the environment in which we live
- How we react when we come into contact with things
- How do we influence environment
- In short, the content of our mental – social life.

Psychoprophylaxis

- It is a system of state, social, psychological, hygienic and medical measures aimed at ensuring a high level of mental health and preventing the occurrence of mental disorders.
- Psycho-prophylaxis has such main subject as subclinical, painful manifestations in the psyche of people, in the conditions of occurrence and impact of unfavorable and stressful factors on the person. It develops and implements measures to prevent the occurrence of mental illness, and also facilitates the rehabilitation of people with mental disorders.

Primary psychoprophylaxis

a set of measures to prevent harmful effects on the human psyche. At this level psychoprophylaxis system is to examine the mental stamina to harmful environmental agents and possible ways of increasing stamina and prevention of psychogenic illness. Primary psychoprophylaxis closely related to the overall prevention and provides comprehensive participation of the large range of professionals: sociologists, psychologists, physiologists, hygienists, doctors. I

Secondary psychoprophylaxis

a maximum early detection of the initial phases of neuropsychiatric disorders and their timely (early) active treatment. According to WHO recommendations, in secondary prevention refers to the treatment itself. Poor, delayed treatment of neuropsychiatric diseases contributes to their protracted, chronic course

Tertiary psychoprophylaxis

is prevention of relapses of neuropsychiatric diseases and rehabilitation of a man who suffered the disease. Tertiary psychoprophylaxis aimed at preventing disability in the presence of human nervous and mental diseases. In many cases, to prevent recurrence of mental illness patient requires the use of maintenance psychopharmatherapy.