

WORKING WITH RESISTANCE IN THE PROCESS OF PSYCHOTHERAPY OF PSYCHOSOMATIC DISORDERS: INDIVIDUAL APPROACH OF THE PSYCHOTHERAPIST

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Abstract: In the process of psychotherapy of psychosomatic disorders requires adjustment of already known methods of intervention of clients with a similar picture. Given the fact that the spread of diseases changes over time, the field of mental health should, as a rule, be treated in depth: with a focus on the experience and the possibility of its processing. The initial shock of contacting a psychotherapist is often the cause of a client's resistance reaction. The report examines typical resistances used by clients with psychosomatic symptoms and proposes a model for working with the resistance reactions themselves, instead of "fighting" to remove them from the process. Anyone who has decided to accept the help of a psychotherapist has started from the presumption that he can no longer cope with his experiences in a given life situation. In the mind of the seeker in most cases, "to cope" means the disappearance of unbearable illness or unwanted emotional states. Formally, the client wants relief from the symptom of suffering, ie. from outwardly apparent disease or maladaptive behavior. With the natural need of a socially functioning individual, the client carries in his imagination the picture "no symptom - no suffering - there is coping and successful social functioning". Psychotherapy considers another dynamic for achieving successful social adaptation. It is based on the statement: For the symptom to disappear, it is necessary to activate the individual's resources. Activation of these resources, which for one reason or another the individual has not been able to move on their own, are a guarantee for change, for a new successful adaptation. Achieving this requires a long way of accompanying the client in his independent study of their psychological issues and in building possible for the individual ways to deal with the problem. The chance for change occurs when a client and a therapist can see the whole psychological issue in the same way. Recognizing the client's internal resources and finding their place in his new behavior becomes possible only when leaving the picture of the facts of events and moving to the picture of experiences. This path is traced by many moments of psychological resistance, by conflicting feelings, desires, and intentions of the client, which the psychotherapist must deal with if the intervention is to be successful. At this time, the psychotherapist carries the psychological, mainly emotional "burdens" of the client, along with his own. This reason, as well as the fact that only systematic and long-term contact guarantees success, requires the psychotherapist to take the long way of building his professional competence accompanied by an already established specialist.

Keywords: psychotherapy, psychosomatic disorders, resistance, individual approach, methods of working

1. PURPOSE

In practice, the therapist's interaction with the other person is a key factor in dealing with conflicting feelings that have subsequently become resistant (Klussman, 2018). At first glance, the easy to describe the psychological nature of man is associated with an in-depth analysis of the behavioral characteristics of the individual. By definition, the behavior is "a set of motor reactions of the body and mental acts through which the individual realizes his adaptation or adapts reality to his own needs" (Margraf, 2015). The purpose of the psychotherapist is to have individual approach in the process of working with the client.

2. METHODOLOGY

The client's behavior is the category in whose parameters the client shows, and the therapist discovers the disease manifestation (symptom) and the possibilities for the desired change (adaptation). Through it, the client presents his mental characteristics and the attitude with which he sought contact with the psychotherapist. It is an external expression of the experience of dissatisfaction or dissatisfaction, as well as a non-verbal expression of the deep issues. Last but not least, the client's behavior illustrates his expectations about the type of behavior that the therapist would exhibit toward the client. The picture of the client's behavior is on the one hand specifically refracted through the prism of the particular individual, according to his characteristics; character; temperament; values, and on the other hand - is consistent with the typical manifestations of his psychological issues. In the course of the therapy, there is an atmosphere of the intertwining of the behavioral features of the therapist and the client, as the client comes to therapy with an already established behavioral model, which undergoes a reactive change caused by the behavioral manifestations of the psychotherapist, ie. the client's behavior changes his communication with the therapist.

The goal of psychotherapy is changing (Rogers, 2016). The client himself wants to achieve his mental balance, so in his conscious statements, he is ready to take the path of this desired change. Reaching the desired change is associated with additional stresses; going through painful memories and findings, as well as enduring a lot of mental "pain". Each person has an individual threshold of emotional and mental "pain." "One is ready not only to make an effort and strive for achievement, but sometimes one wants to be left alone. If irritants appear to him that are embarrassing and testing him, he is ready to drive them away or turn his back on them" (Battegay, 2016). This linguistic picture, introduced by Battegay, is a good approach to understanding the human condition that psychology and psychotherapy call resistance.

Resistance, in general, is a phenomenon that is present in the daily life of each of us. In the ordinary use of the term, people introduce an understanding of "I don't want" and "I won't do" behavior. Psychotherapy assumes that resistance is the moment of emergence of negative emotions in contact with stimuli from reality, which comes as information to the individual that change is needed. Professionally, resistance carries emotional and motivational elements. Conscious or unconscious, as well as unconscious emotions in the negative spectrum feed the motivation to stop, block, or not accept a certain behavior or thought act. They, in turn, instill in man the desire to emphasize the old, pushing out the unwanted or looking for new adaptive options. A man more or less consciously opposes one or another psychological content, which brings him an unsatisfied or unsatisfactory experience. In psychoanalysis, and hence in other psychotherapeutic schools, the understanding of resistance as an unconscious process has been introduced - the inclusion of psychological protection to avoid psychological "pain". Since the conscious and the unconscious are two levels of mental activity, it is indisputable that in the same situation one could include one or even a combination of the two types of resistance. The function of the resistance introduced by the client is to achieve or reduce the mental and emotional "pain" of unconscious resistance or to give himself time to develop successful behavior. Resistance is a motive inherent in a person in any situation, especially necessarily present in the client, seeking help from the therapist on the path of change.

Different psychotherapeutic schools look at the client's resistance in the course of the interaction in different ways. The understanding of psychoanalysis is that any resistance that arises in the course of psychotherapeutic contact must be reworked. The theoretical platform states that it - whether it is an expression of the unconscious psychological content of the client or his emotional attitude to the therapist, is an expression of the client's issues and deserves consideration. The acceptance of resistance in its two dimensions: as a seemingly undesirable manifestation of the client - a manifestation that complicates therapeutic contact and as an expression of the good abilities of the seeker to give external expression to his attitude to the content of what is happening. In differential terms, resistance is seen as an expression of past emotional attitudes to respond, the adaptive ability for an adequate emotional response in reality, and as an external manifestation that shows the content of psychological issues. Individual approach is the most appropriate method of working with psychosomatic disorders.

3. RESULTS

The requirement to reveal certain aspects of the human being makes one "take off one's social mask" and be oneself. This self-disclosure is at the root of the emergence of resistance. It is frustrating for the sufferer to appear weak, tormented, helpless, and desperate in front of another person. The reluctance to see this other distorted and unknown image of the person is completely understandable. Deep or superficial, resistances always carry information to the therapist, and we should not fight them, but work in parallel with their appearance, given that:

- Deep resistance arises from the main existential fears: fear of the unknown; fear of rejection and misunderstanding; fear of losing internal or external control; fear of death, etc. Recognizing the deep resistance and working with them is a prerequisite for the successful course of therapy.

- Surface resistances are recognized by signs of customer discomfort. They can be demonstrated on a verbal, non-verbal, or mixed level. Pulling the chair back, indecent gesture, irritation in the voice, silence, speaking outside the topic are typical examples of superficial resistance. Sometimes the signs of resistance can be barely affected and missed by the therapist if he does not monitor the process of adjustment with the client. The psychotherapist may encounter superficial resistance, assuming that if it then reappears, or another similar superficial resistance appears, it is a signal that something deeper is lurking behind it (Krumboltz, 2019).

1. Content-level response: the psychotherapist responds directly to the content of the client's statement, ie. to the question asked. Strictly avoiding content-level responses is also a disadvantage. Sometimes it signals the need for overcontrol by the therapist and this can increase the client's resistance.

2. Process-level answer: this answer refers to the process of interaction between the client and the therapist and aims to clarify what motivates the client to ask exactly this question, ie. gives additional information about it. The psychotherapist does not answer the question directly but emphasizes what happens in the process itself, how the interaction goes, what are the generated thoughts, feelings, and emotions. The focus on the process is as follows:

- The behavior or the change in the client's behavior is commented;
- The immediate impact of the therapist's behavior on the client is commented;
- The feelings and emotions themselves are commented;
- Ask the client a question about the expected answer;
- The psychotherapist shares his feelings.

Meeting resistance at the process level has several advantages:

- Pushes the client himself to self-reflection, self-report and reflection on what is said;
- Gives more time to the therapist to consider and assess the situation, "returning the ball" to the client;
- Gives a better opportunity to the psychotherapist to understand what protective mechanisms the client uses, as well as what is his style of communication;
- The therapist is less likely to go against the resistance;
- This type of answer also has a drawback, especially questions such as: "Why do you ask me?".

3. Bypassing resistance is the third way for the psychotherapist to meet it. In other words, the resistance is ignored and the conversation deviates in another direction, setting a new topic by the therapist. The new topic is usually not so emotionally charged and so in practice, the resistance is overcome. If the technique is successful, the topic submitted by the psychotherapist will easily follow. If the client returns to the original question, then an answer is required at the procedural or substantive level, otherwise, the attempt to deviate again may rightly infuriate him.

4. CONCLUSIONS

When working with resistance, the psychotherapist uses all three techniques, combining them depending on the goals he sets. And they are different, according to the stage of interaction, for example:

- Ease of resistance to achieve a better relationship with the client;
- Extracting more information about the specific protections and communication style of the client;
- Work with resistance to achieve insight into the client.

The important thing, in this case, is to respect the attitudes, protections, and resistances of a person and to be welcomed in the psychotherapist's office as he is. Association and dissociation go hand in hand with this process and move along the axis "here and now" and "I see myself in my imagination" (Malkina, 2010).

The question of why the client resists is also of interest to the psychotherapeutic community. Several factors can influence the client's persistence to move along the axis of therapy. The function of the psychotherapist here is to lead the process by following the client. Most of the clients have learned oppositional behavior and put their therapist to a kind of test, especially in the stages of connection and identification. People who come to therapy, who see themselves as a "scapegoat" and often ask themselves, "Why me?", are often prone to resistance reactions that seek regret.

- Resistance as a result of restraint and repression: the client feels the need to protect himself from certain memories and feelings that could cause mental "pain". The closer the repressed material is to his consciousness, the greater the intensity of the resistance.

- Resistance caused by transmission: this resistance is generated in people in the relationship "psychotherapist - client". It is most often expressed in a reluctance to be aware of one's reactions to the therapist.

- Resistance is caused by a secondary psychological benefit that makes the client stand in his problem.

- Resistance as a result of complicated relationships with relatives.

- Resistance caused by shame

- Resistance type of control: this resistance could have a style of manifestation through silence or remarks such as "I refuse to speak" - a common remark in adolescents and young people who are directed to work with a therapist and are not in the office on their desire; or a style of manifestation based on nonverbal and verbal provocations.

- Resistance in favor of the client's comfort zone;

- Resistance under the influence of pseudo-achievements: this is the denying client who repeatedly convinces the therapist and himself that he has no problems and is fine.

- A resistance that results from the fear of failure.

- Resistance for fear of loss: stereotypical stories are usually repeated.

At the heart of most resistance is the client's perception that therapy is a kind of threat to his freedom. Jealousy and sabotage are the main reasons for the emergence of resistance processes. Sabotage is the transmission link itself, and jealousy comes from the fact that the client shares the therapist with other clients (Dyer, 2015).

Often, however, resistance is a healthy response to poor therapy. When the psychotherapist creates the feeling that he knows everything, that he dominates; when it works automatically and according to a given model, and not purely human - in response to the needs of the other person, then there is this healthy resistance of the client.

There are some types of specific resistances in family psychotherapy: resistance to "delegation of a proxy"; "black sheep" resistance, "denial" type resistance; "taboo subject" resistance; resistance type "switching attention" and another, which is valid for both family and individual psychotherapy - resistance associated with the refusal to visit the psychotherapy office.

5. RECOMMENDATIONS

As it became clear above, a special group of visitors to our therapeutic office are people who do not come of their own free will, but are directed by a parent; close; friend; institution, etc. Resistance is most pronounced in the presence of behavioral or emotional pathology. According to Redl, "resistance is an inevitable process in any effective treatment, because of that part of the individual who has an interest in preserving the pathology protests whenever therapy is close to causing a successful change" (Redl, 2014). In discussing this topic, by extending Beyer's definition of a non-voluntary client, it becomes acceptable "an individual whose resistance to giving up symptoms and replacing pleasure is greater than his desire to receive aid" (Beier, 2015). The understanding of a "non-voluntary client" may also include an individual who, if given a choice, would avoid contact with a psychotherapist, much less undergo the psychotherapy process itself, as well as an individual who refuses to admit that he has high hopes for a change in psychotherapy. The scale of reluctance covers the full range of services of the profession of psychologists, psychotherapists, and counselors (Carkhuff, 2019).

Concluding agreements to comply with certain behaviors is an effective way to overcome resistance. Even simple agreements such as the client staying for another half hour, writing down what feelings overwhelm him, coming for another session - are steps that involve the client in the process of help and weaken the conditioned or underdeveloped resistance. Until the moment when there is a positive change, the psychotherapist must be inventive (Combs, 2018). One productive presumption is that the focus of each client's interest is himself. The therapist's repertoire is rich; psychometric means can provide comparative data on interests, attitudes, values, educational achievements; audio recordings provide feedback and are also powerful tools; even programming clients for a pleasant experience unrelated to the psychotherapeutic process in exchange for continuing the sessions may be effective in some cases. Until he achieves his goal of "breaking through the resistance" by working with it, the psychotherapist should expect that all his efforts in another direction are usually doomed to failure.

VI. 6. Additional data

The case of the reluctant client is a painful mystery to most psychotherapists. Dealing with reluctant clients turns out to be one of the key competencies of the psychotherapist. Unlike providing assistance only to clients who come alone and with a desire for therapy, the space to develop professional skills needed to assist a client who visits the office of the specialist not of their own volition is more than wide and yet will develop in the future.

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