

Psychosocial therapies for psychoses and bipolar disorders

BEHAVIOUR THERAPY

Behaviour therapy is based on the premise that every behaviour can be learned, maintained and then unlearned according to the same principles. Behaviour is taken to mean not only peoples' external, visible activities, but also internal procedures such as feelings, thoughts and physical processes. Dealing with the environment involves numerous learning and adaptation strategies. We have a sense of well-being when we are in the position to react independently to these psychological and physical demands in a manner that is flexible and takes due account of our requirements. If the individual's own capabilities are insufficient to fulfil central requirements, or where external circumstances are an inhibiting factor, this sense is impacted negatively. This can result in emotional and physical illnesses. In the case of psychoses or bipolar disorders, an assumption is made that the capability to adapt to demands in the environment – in particular the social environment – is reduced due to an inherited vulnerability.

The effect of behaviour therapy is to set in motion learning processes, both inside and outside of treatment. The afflicted person is placed in a position to change his behavioural patterns – often current ones that are habit-based – that up to now have been obstacles to his sense of well-being. The spectrum of methods applied in behaviour therapy includes.

- learning skills to be able to overcome the symptoms of an illness. For example, tested procedures exist for overcoming anxiety, reduction of depressive complaints, influencing pain, quality of sleep, improving concentration and attentiveness, and many more.
- influencing thought processes that, when one is exposed to them oneself or in one's environment, are repeatedly experienced as a burden and inhibit the individual from achieving important goals, e.g. examinations, easy mastering of difficult situations.
- developing competencies for successful and more satisfying development of social relationships and dealing with one's own feelings. Dealing with recurring, negative experiences, current crises and difficult life situations is promoted.
- learning of skills to handle life more positively and in a more satisfying manner in principle, e.g. by so-called »enjoyment training«.

The following components of therapy have proven to be particularly effective in psychoses and bipolar disorders:

- Provision of an appropriate concept of the illness
- Encouraging permission for treatment via medication
- Recognition and reacting to early warning signs
- Preventative measures
- Involvement of relatives and important reference persons

In out-patient therapy an additional option exists, namely working with personal attitudes or behaviours that are meaningful for understanding and triggering of the illness. Exposure to the consequences of the illness is equally important. Important plans and goals are often no longer attainable, endurance is permanently reduced and self-image severely damaged. Therapy usually takes place in the form of individual discussions. A therapy period of more than one year and up to 25 sessions is generally sufficient. The 50 hours for long-term therapy covered by medical insurances should be used for psychotherapeutic assistance. A list of practising therapists in your area is available on request from your medical insurance. In addition, the district medical association can provide these lists. These do not indicate specialisations or specific problem areas, however.

Text: Adapted from Carsten Hobbje & F.-Michael Sadre Chirazi-Stark

Source: Fritz-Michael Sadre Chirazi-Stark, Fritz Bremer, Ingeborg Esterer: Wege aus dem Wahnsinn. Therapien, Begleitung, Selbsthilfe bei psychotischen Erkrankungen. Aktualisierte und erweiterte Neuauflage, Psychiatrie - Verlag, Bonn 2002.