

## COGNITIVE BEHAVIORAL THERAPY AS AN INTERVENTION IN PSYCHOSOMATIC DISEASES



<https://doi.org/10.56238/arev6n4-193>

**Submitted on:** 11/12/2024

**Publication date:** 12/12/2024

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### **ABSTRACT**

The text addresses the use of Cognitive-Behavioral Therapy (CBT) and mindfulness in the treatment of psychosomatic diseases and chronic pain. CBT is effective in restructuring thoughts and managing pain, while mindfulness promotes pain acceptance and increased tolerance.

**Keywords:** Cognitive-Behavioral Therapy (CBT), Mindfulness.

## INTRODUCTION

According to Casadore (2017), in several areas of the health care system, there are patients who have physical symptoms of diseases without a detected organic cause, the persistent presentation of these symptoms that range from mild to multiple and severe manifestations, are a huge challenge for physicians. Often, the investment in the search for an organic disease leads to numerous clinical analyses, additions of unnecessary and expensive pharmacological substances, which end up deteriorating the doctor-patient relationship and, many times, ignoring psychosocial factors.

"Physicians mostly recognize the importance of an adequate explanation in presenting the diagnosis of symptoms without medical explanation, although they often feel unable to do so clearly to their patients, trying to use metaphors, normalizing symptoms and explaining that there is no physical illness." (NEVES et al., 2018).

Volpi (2002) says that the experience of each person is manifested in the relationships between the body and the psyche. From the simplest everyday situations, such as having a fast heart rate due to the memory of a romantic encounter, to the most complex discoveries of psychoneuroimmunology, such as the reduction of immune defenses in the face of depressive moments, there are infinite forms of manifestations that demonstrate the continuous and intrinsic interactions between organic and psychic functions. It is known that in many clinical situations these relationships are disregarded, producing incoherent situations.

The prescribed treatments bring relief, but do not solve the patient's problem, who returns with the same or other symptoms and is often submitted to several referrals to other specialists, where the problems are repeated. Faced with the need to fully recognize, understand and treat the relationships between body and psyche, several hypotheses arise.

For Dias (2016), the somatization process consists of the manifestation of disturbances and anguish through physical symptoms, with psychosomatics being a search for understanding the relationship between body-mind and the processes of illness. In practice, this cause-and-effect relationship requires the work of a psychologist, in partnership with a multidisciplinary team, often using Cognitive-Behavioral Therapy (CBT) as a form of intervention and treatment of the psychological effects resulting from the disease.

CBT is based on a set of theories and is based on the central principles that cognitions have a controlling influence on emotions and behaviors, and the way we act can

profoundly affect thought patterns and emotions. It is necessary to identify the influence of emotional aspects on the physical illnesses of human beings and show the importance of CBT in the treatment of psychosomatic illnesses.

It is known that the body does not forget, everything that has been experienced remains recorded, and somatization is one of the forms of communication of these records anchored in the body. There is a large number of people who suffer from psychosomatic illnesses and do not know how to treat them, do not understand what is happening in their bodies and are quite discriminated against. Through studies on the subject, knowledge and support in existing literature are sought, in order to contribute to a healthier life, alleviating people's suffering.

This study aims to study the consequences of psychosomatic diseases in the lives of patients, the difficulties in understanding the disease both by the patient and by doctors and family members who do not understand so much pain, so many exams and visits to the doctor, often without a diagnosis.

## **CBT AS A TREATMENT FOR CHRONIC PAIN**

According to Glass (2018), when starting treatment for chronic pain using cognitive-behavioral techniques, it is important to establish a good rapport and motivate the patient so that there is greater adherence to this treatment. They can be encouraged to record triggering events or pain triggers, such as: menstruation, stress, drinks, food, sleep disorders, weather, among others, so that pain preventive actions can be developed later, while they are encouraged to avoid medication abuse in general.

Fiuza (2011) says that it is important to identify automatic and dysfunctional thoughts in the face of chronic pain in order to discover the patient's intermediate and central beliefs. Thus, cognitive restructuring can be carried out, with the aim of teaching patients that their thoughts do not always match reality, and showing that strategies can be developed to reduce the intensity of pain, in addition to having more control over any crises. In addition, the author states that CBT helps prevent relapses regarding the use of calming and analgesic drugs.

Also according to Fiuza (2011), cognitive restructuring techniques are essential for the treatment of chronic pain, as they are capable of attenuating its intensity and increasing its tolerance. For this, the patient is also taught that, in addition to pain being transmitted by

the central nervous system, it is also modified by it, in other words, emotions, stress, thoughts, feelings and behaviors modulate how pain is perceived.

Castro et al. (2011) found that patients suffering from severe pain present anxiety symptoms more frequently, as anxiety can trigger tension and stiffness in the body muscles, and as a consequence the worsening of some painful condition. Therefore, in addition to cognitive flexibility and restructuring techniques, the relaxation techniques offered by CBT, such as Jacobson's progressive relaxation, passive relaxation, and diaphragmatic breathing, can be useful to decrease muscle tension, relieving anxiety and, consequently, pain.

The progressive muscle relaxation technique developed by Jacobson, provides sensations of body lightness and mental calm to practitioners. In this technique, the patient is taught to contract a certain muscle group of the body (feet, legs, arms, hands, trunk, neck or head) at a time and for a period of approximately 10 seconds before relaxing it. While performing this technique, the patient should focus his attention on the sensations of tension and relaxation of the muscle groups worked.

According to Castro et al. (2011), in the diaphragmatic breathing technique, the patient is taught to control his breathing and to observe the sensations of the passage of air through the airways. The patient is then asked to inhale deeply through the nose while protruding the abdomen outwards and counting to four. Soon after, the patient must hold his breath for the same period of time it took him to inhale and relax the abdomen while exhaling through the mouth gently, so that it can take twice as long as he used to inhale.

Other strategies used by CBT, such as training social skills and assertiveness, thought stopping, visualization, and cognitive distraction, are effective in significantly reducing complaints about stress, anxiety, depression, and chronic pain. Social skills training aims to expand the patient's communication repertoire. The authors found that, many times, patients suffering from chronic pain resulting from diseases such as fibromyalgia and rheumatoid arthritis have difficulties in saying "no", which would be a deficiency in assertive ability, in addition to having family conflicts generated by the disease. Such facts can be anxiety triggers and thus aggravate the patient's pain.

The visualization technique, on the other hand, consists of asking the patient to remember and talk about an image or situation that brings feelings of comfort, tranquility, and relaxation. After the description of the scene or image, the therapist asks about the details of the image/scene that refer to greater sensations of relaxation, and finally, instructs

the patient to visualize the image/scene including all the elements described and especially those that refer to greater sensations of tranquility, peace and comfort. In this way, every time the patient feels any physical or mental discomfort, he can remember this image/scene and thus try to reduce his discomfort. The authors also state that this technique is more effective when done after relaxation techniques.

The cognitive distraction technique consists of making the patient change the attention (focus) from an unpleasant stimulus, which can be a thought and/or sensation, to a pleasant stimulus. It has been identified, in patients suffering from fibromyalgia, that major depressive disorder increases the sensation of pain, in addition to causing impairments in the patient's social and emotional functionality. In this sense, the authors point out that multidisciplinary treatment involving the use of drugs, psychoeducation, Cognitive-Behavioral Therapy and physical exercise, is more effective in reducing pain and depression than treatments done in isolation. Psychoeducation aims to instruct patients on the correct use of drugs, in addition to motivating them to have greater adherence to the proposed multidisciplinary treatment.

Castro et al. (2011) point out that catastrophic thoughts about pain tend to worsen symptoms, and that through relaxation, distraction, cognitive restructuring and problem-solving techniques, CBT contributes to significant improvements in cases of chronic pain. It also helps to reduce fear in relation to pain, in the liberation of body movements and in the engagement in social relationships.

## **MINDFULNESS AS A TREATMENT FOR PSYCHOSOMATIC ILLNESSES**

According to Roemer (2010), the term mindfulness comes from Eastern spiritual and religious traditions (such as Zen Buddhism), but psychology has begun to recognize that, taken from the spiritual and religious context, it can be used to increase physical and emotional well-being. Mindfulness is understood as a non-judgmental perception, in the present moment, of what is happening in and around the person.

Often, people live focused on other things, which are not what is happening at the moment. Worries about the future, reliving the past, thinking about what will come next and not what is happening now are common. This ability to do things automatically, without noticing them, causes people to lose touch with what's happening in front of them.

Sometimes, people pay too much attention to what they are thinking or feeling, and start criticizing those thoughts and feelings. When this occurs, they may try to modify or

distract themselves from them, as this judgmental and condemnatory perception can be very painful.

Mindfulness occurs between these two extremes, when the person pays attention to what happens inside them and around them, recognizing events and experiences as they really are, letting the things they cannot control be as they are, while keeping attention on what they are doing. Having mindfulness is a personal experience that brings flexibility to life.

Mindfulness is a process in which the final state is not reached. It is a way of being in a moment that comes and goes, losing focus several times and returning to it. It's also a habit, as people learn to follow on "autopilot" when they perform a certain task many times, they can learn mindfulness by practice.

Mindfulness activities can be carried out in a few different ways. In formal practices, such as meditation, yoga, and tai chi, they can take hours or even days, or for a moment, such as paying attention to your breathing at any time of the day, but noticing that experience.

The practice of mindfulness brings the person more fully into their life. At the beginning of treatment, it can be practiced in a very relaxing way and away from the stressors of everyday life, but the fundamental goal is to use mindfulness to keep the whole person in their life and increasing satisfaction and well-being, allowing a break while getting ready for an action and thus living more fully.

## **MINDFULNESS IN THE TREATMENT OF CHRONIC PAIN**

Glass (2018) says that the use of mindfulness has currently been studied in third-generation cognitive-behavioral therapies, in which patients are taught to work on non-judgmental acceptance of both thoughts, feelings, emotions, and/or body sensations. This may seem contrary to the techniques used in traditional CBT, which aim to restructure distorted cognitions rather than accept them without judgment.

However, there is a similarity between traditional CBT and mindfulness techniques, as both agree that many thoughts that cause emotional distress are not an accurate representation of reality. However, although mindfulness techniques do not seek to analyze the content of distorted thoughts and modify them, it can be used as an additional skill to be taught by cognitive-behavioral therapists.

Mindfulness techniques range from focusing attention on something that is being perceived in the present moment through the senses (touch, smell, sight, hearing, taste), or letting attention absorb any event that arises in the mind or body, whether thoughts, mental images, emotions, or sensations. But, it is essential that there are no good or bad judgments, avoidance or attachment to what is being observed or felt.

Glass (2018) says that a person's suffering often originates in their reaction to pain, so when this person learns to observe experiences, without judging them as pleasant or unpleasant, developing mindfulness techniques, which is the practice of mindfulness, they find satisfactory results, through the possibility of acquiring flexible attitudes of acceptance, freeing themselves from the cycle of pain. Therefore, developing acceptance and utilizing mindfulness techniques are effective strategies for chronic pain relief.

Thus, when practicing mindfulness exercises regularly, there is a tendency to reduce the intensity of pain perception and increase its tolerance, less reactivity to painful reactions, and decreased anxiety in anticipation of pain. Studies show that in patients suffering from chronic pain, resulting from rheumatic diseases, such as spondylitis and arthritis, after the intervention of mindfulness techniques, there was a decrease in the perception of pain intensity and concern about it. There have also been reports of cancer patients who had reduced pain and anxiety after using mindfulness techniques.

Below will be shown, succinctly, some examples of mindfulness techniques that can help relieve pain, such as: Inhale and Exhale, in which the patient feels the chest dilate and then exhales through the mouth, must repeat three times and then close the eyes, returning to the natural way of breathing, observing the subtle movement of up and down caused in the body. You can also count one when you breathe in, two when you breathe out, three when you breathe in, and so on, and each time the mind gets distracted, you must start over.

Another technique is Watching Your Thoughts, in which attention is transferred to thoughts by watching as they arise in the mind like air bubbles, each idea does not last long, one replaces the other. It is necessary to realize what thoughts carry: discomfort, shame, pleasure, calm, in short, several possibilities, but if you lose focus, you should go back to breathing. Then, try to describe how you feel.

To use the Internal Selfie technique, it is necessary to lie down, close your eyes, feel your belly rise and fall and perceive the touch of the back on the surface. So, take the attention to the foot, more specifically the toes. Slowly, shift attention to the sole of the foot,



the heel, the ankle. Slowly work your way up your leg, focusing on the sensations you encounter along the way, such as itching, pain, heat or relaxation. And so, go through the whole body slowly.

Mindfulness techniques can be applied at almost any time of the day. When you wake up, when you get up, when you walk. Standing, it is possible to perceive gravity acting on the body. Feel the pressure on the soles of your feet and try to see which foot has the most support. When walking, you can notice how the arms swing and how the legs intersperse, consider how the knee bends and the foot hits the ground. Moving in a natural way, it is possible to observe the noises around. When you get distracted, you need to bring your attention back.

## **FINAL CONSIDERATIONS**

CBT acts efficiently in the various psychological disorders, providing a comprehensive and integral approach to the doctor-therapist-patient relationship, acting with a look directed at the individual and not only at the disease, in its most comprehensive and significant context.

Every disease can be understood as psychosomatic, because those who get sick are not only an organ of the body, but the individual in general. Thus, the disease can be consequent or aggravated by emotional factors and, from the imbalances caused, physical changes are clinically verified, as a way for the body to express itself, through the somatic system used as an expression of certain imbalances, which are the symptoms.

Psychological follow-up is of fundamental importance, within a multidisciplinary team, because the physician alone will not be able to succeed in the treatment, having CBT as an ally, as it acts in a relevant way in the psychosomatic aspects, relating the theoretical principles that contribute to greater efficacy in clinical treatments.



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