

Individual supportive psychotherapy in multiple sclerosis patients

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A case report

ABSTRACT

The present case report presents a 47-year-old woman, mother of three children, diagnosed with Multiple Sclerosis (MS) with mild disability and treated with individual supportive psychotherapy, additional to her MS treatment. The main methods used were clinical observations and neuropsychological assessments. The patient had many difficulties on her self-care and inability to set boundaries in her interpersonal relationships. Due to these, her quality of life was very low, she couldn't work, and she had many difficulties in raising her children. During the first session, she showed symptoms of anxiety, depression, and self-destructive behavior. The aim of the present case presentation is to emphasize the benefit of supportive psychotherapy in MS patients and to indicate psychotherapy to be included in the individualized treatment each of MS patients.

Given the lack of relevant research in Greece, this study could help to improve our knowledge in this field. The present study could also provide a new model of medical care understanding the importance of the holistic intervention program. After one year of individual supportive psychotherapy, the patient showed significant improvement of her neuropsychological condition. Psychotherapeutic and supportive interventions, combined with medication, have been proved to be the appropriate treatment for managing a chronic disease like MS.

Keywords: individual supportive psychotherapy, multiple sclerosis, intervention program.

INTRODUCTION

MS is a chronic, auto-immune disease and an inflammatory demyelinating condition (Lucchinetti, et al, 2000). Today more than 2.3 million people around the world suffer with MS (Koutsouraki, 2018). MS is usually characterized by periods of exacerbation followed by periods of remission, whereas for others it has more of a progressive pattern (Murray, 2006). MS can have an impact on relationships, social life, work and one's mental and psychical health (Tzenalis, Tsoungou & Bellali, 2016). There is currently no known cure for MS, but the disease is manageable with various treatments. Non-pharmaceutical treatment, such as psychotherapy often proves to be just as effective as medication (Koutsouraki, 2018). Psychological support is considered necessary for intervention programs to manage this disease (Soelberg Sorensen et al., 2019; NICE, 2014).

Initial evaluation

When the patient came for therapy, it was clear that she was not taking care of herself based on her image. During our sessions she exhibited signs of self-destructive behavior (alcohol abuse, smoking, lack of medication compliance and malnutrition). She was unable to properly in-

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ject her insulin (she has type 1 diabetes) which led her several times to hypoglycemic episodes. She was feeling helpless, guilty, isolated and alone. Also, she was experiencing mental and physical fatigue. Her relationships with significant others were conflicting and characterized by vague boundaries and unclear roles. She was blaming her-self and her thinking was polarized. She also presents deep-rooted feelings of defectiveness and inferiority, which are due to the deprivation of basic emotional needs during her childhood.

agement, with the aim of developing active cognitive and behavioral strategies (Yalom & Leszcz, 2006).

Overall, psychotherapeutic and supportive interventions, from the begging of the MS diagnosis, contributed to the acceptance of the disease through the mourning process. This led to reducing her anxiety and depression symptoms and increased the patient's sense of control and strength. Psychotherapeutic interventions, combined with medication, have been proved to be the appropriate treatment for managing a chronic disease like MS.

Treatment plan

As a result, we decide to use a person-centered approach with the patient. The three main core conditions that Carl Rogers considered essential for effective psychotherapy are empathy, genuineness and unconditional positive regard; empathy refers to the therapist's capacity to understand the patient's internal subjective world, genuineness refers to the therapist's state of integration, authenticity and 'realness' in the relationship, and unconditional positive regard refers to the therapist's non-judgmental acceptance of the patient as a person (Merry, 2002). Considering the above conditions, the normal defenses, like denial, can be progressively dissolved, and the self-concept can be revised as more experience is admitted into awareness. In the first stage of therapy, the main aim was to build a strong and trusting therapeutic relationship with the patient. An effective therapeutic relationship needs to provide the patient with an experience that is qualitatively different from previous destructive relationships (Merry, 2002).

Conclusions

The intervention program starts in the first phase which focuses on psychoeducation. The patient will learn more about the symptoms of MS, the depression, anxiety and the medication they may need regarding this condition.

In the second stage, we turned to emotion-focused coping. More specifically, we used this strategy to help the patient process painful emotions and reactions. As a result, she managed to express the grief she was feeling, and she developed an adaptive coping strategy (positive reappraisal).

In the final stage, she showed significant improvement. She was starting to prioritize her needs, her hypoglycemic episodes decreased, she was complying with the medication and she took responsibility of her treatment. Also, she started to set boundaries to her significant others and managed to earn a small income. Now the therapy is focused on her training in assertive behavior in order to reduce family conflicts and create more meaningful interpersonal relationships. She is also currently learning problem-solving man-

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