



# The Goal of Supportive Psychotherapy was not to Change the Patient's Personality

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## DESCRIPTION

Towards the end of the 19<sup>th</sup> century, Sigmund Freud began to develop the techniques of psychoanalysis, which served as the basis for all other psychotherapeutic methods. Freud discovered that by allowing people to speak freely about whatever came to mind, people ended up revealing the source of their psychological conflicts in disguised form. After hearing these revealed confessions of free association, the therapist interpreted the unconscious cause of the patient's symptoms. In the years since Freud developed psychoanalysis, this approach has been considered the standard approach in the treatment of patients with mental illness. Psychotherapists faced the problem of patients who could not be analyzed: Those unable to think to listen to interpretations or suffering from "pseudo-neurotic schizophrenia." Patients who respond negatively to psychoanalysis would then receive more restorative and "supportive" treatment. This therapy, later recognized as an early phase of supportive psychotherapy, was not a preferred treatment, not for preferred patients, and was therefore viewed as pejorative from the start. Franz Alexander studied Freud and, although trained in classical psychoanalytic technique, began to develop his own ideas about what makes the healing process possible in therapy. Alexander stated that in classical psychoanalysis the essential condition for change was the insight gained by the patient from the interpretation of the transference neurosis. Alexander agreed with Freud that during psychoanalysis the patient experiences a transference based on past life experiences and emotional trauma. While Freud believed that the insight gained from the patient was essential to healing, Alexander believed that the process by which the patient felt nourished or comforted while reliving emotional trauma was also a healing force. He began to examine other factors that might contribute to improvement, factors unrelated to insight but rather to the patient's relationship with the psychoanalyst.

But to help manage symptoms, prevent the recurrence of serious mental illness, or help a relatively healthy person cope with a passing crisis or problem to become. As defined in previous years, supportive psychotherapy is a set of techniques such as praise, advice, admonition and encouragement integrated with a psychodynamic understanding used to treat patients with severe disorders. In the decades that followed, and with numerous studies demonstrating its effectiveness, Psychotherapy Supportively gained prominence among professionals as a practical and effective method of therapy, and Psychotherapy Supportively became the standard treatment for patients with more severe mental symptoms or for those who could not endure the severity of psychoanalysis. Processing decisions often follow formal or informal algorithmic guidelines. Treatment options can often be ranked or prioritized within a line of treatment: First-line treatment, second-line treatment, third-line treatment, etc. first-line treatment is the first treatment attempted. Its priority over other options is usually: Either officially recommended based on clinical study evidence for the best available combination of efficacy, safety, and tolerability, or selected based on the physician's clinical experience. If first-line treatment does not solve the problem or produces unacceptable side effects, further treatments may be substituted or added to the treatment regimen, followed by third-line treatments, etc. an example of a context where the formalization of treatment algorithms and the prioritization of lines of therapy is very broad is chemotherapy regimens.

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## CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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