

The role of demoralization in predicting response to psychotherapy

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A report published in the current issue of *Psychotherapy and Psychosomatics* explores the role of demoralization in predicting response to psychotherapy. In line with the need to deepen the understanding of the psychological characteristics of cyclothymia, the Authors assessed psychological factors derived from psychosomatic research in cyclothymic patients. In particular, four psychosomatic syndromes namely alexithymia, irritable mood, demoralization and type A were evaluated in 62 patients who were randomly assigned to one of two treatment groups: sequential combination of cognitive-behavioral therapy and well-being therapy (CBT-WBT) or clinical management (CM).

Demoralization, a state characterized by helplessness, hopelessness, sense of failure and a feeling of inability to cope, was found to be the most common psychosomatic syndrome, with a prevalence of 30% which exceeds that of healthy controls. The CBT-WBT group contained 7 demoralized and 24 non-demoralized cyclothymic patients, while in the CM group there were 10 demoralized and 21 non-demoralized patients. At baseline, demoralized and non-demoralized cyclothymic patients did not differ significantly in sociodemographic characteristics and symptomatology. Significant changes in the depression score were found over time among patients in both treatment groups. The time by comorbid demoralization interaction did not reach statistical significance in the CBT-WBT condition. Instead, among patients in the CM group, a significant time by comorbid demoralization interaction was found at the 2-year follow-up, where demoralized cyclothymic patients showed a

significantly greater reduction in mood symptomatology than non-demoralized ones.

Results thus suggest that demoralization in patients undergoing [clinical management](#) was associated with a better response in terms of depression symptoms 2 years after treatment. The Authors suggest the need of future studies to explore the role of demoralization in psychotherapy outcomes, especially in larger clinical samples.

More information: Elena Tomba et al. Demoralization and Response to Psychotherapy: A Pilot Study Comparing the Sequential Combination of Cognitive-Behavioral Therapy and Well-Being Therapy with Clinical Management in Cyclothymic Disorder, *Psychotherapy and Psychosomatics* (2015). [DOI: 10.1159/000438674](https://doi.org/10.1159/000438674)

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