

Understanding the Patient's Rigid Patterns in Psychotherapy from the Perspective of Compensation under Classical Conditioning

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Abstract: It is common in psychotherapy to get bogged down in treatment progress because of patients' rigid patterns, and the first step to better dealing with this problem is to understand rigid patterns better. Therefore, it is essential to start with the concept of compensation under classical conditioning to help understand the rigid pattern of patients in psychotherapy. Given that the understanding from this perspective is relatively new and largely fragmented, it is theoretically important to evaluate what is being studied and gain meaningful insights through a structural review of the literature. After reviewing the extensive literature, this study also made some feasible suggestions on how to better understand and deal with patients' rigid patterns to assist therapists in dealing with such issues, combining the approaches taken by different schools of psychotherapy. This article is believed can provide a useful basis of understanding for future psychotherapists to better deal with patients' rigid patterns in practice.

Keywords: rigid patterns, psychotherapy, compensation, classical conditioning.

1. Introduction

In psychotherapy, it is very common to encounter rigid patterns in patients. Almost every psychotherapist encounters different degrees and different senses of patients' rigid patterns when working with every patient. How to relax this rigid pattern to make patients more flexible in the face of various life events and adopt a variety of coping styles is often one of the common treatment goals. Due to the fundamental goal of psychotherapy being to change for development and growth, patients must become more flexible and abandon some rigid behavioral patterns, values, and belief systems[1]. Although it is common to encounter rigid patterns of patients, patients and therapists may not be able to face and handle them quite well. The patient may desire change and pressure the therapist to bring about a change as soon as possible, which can put tremendous pressure on the therapist. Therapists may be anxious about the difficulty of changing rigid patterns, worrying about whether they can really help the patient, whether the patient is benefiting, and whether the patient wants to leave. These are some of the difficulties of encountering rigid patterns in psychotherapy, especially for novice therapists, who tend to be less confident, less professionally competent, and more worried about their patients leaving them. Therefore, it is important to help therapists promote an understanding of rigid patterns and enable them to deal with this difficulty more confidently.

Although we can witness some relevant literature on this emerging issue, the current research is quite fragmented, which makes it difficult to draw meaningful and conclusive conclusions from it. To this end, the aim of this study was to conduct an extensive review of the literature on rigid patterns in psychotherapy. Therefore, this article helps therapists better understand the rigid pattern of patients in psychotherapy from the perspective of compensation under classical conditioning. It helps the therapist to better cope with rigid patterns, thus promoting more benefits for the patient in psychotherapy.

2. Definition of compensation under classical conditioning

In a definition of compensation in the English and English dictionary of psychological terms, compensatory behavior is defined as "action that aims to make amends for some lack or loss in personal characteristics or status; or action that achieves partial satisfaction when direct satisfaction is blocked". According to English and English, these efforts to compensate for losses can take several directions: (a) the development of a different or substitute activity, (b) pursuing the original goal with an unusually zealous effort, or (c) modifying or denying value in the original goal[2]. In this article, the main emphasis is on the second direction: pursuing the original goal with an unusually enthusiastic effort. It can be understood as a conditioned reflex to take excessive action in order to achieve the original or intended purpose or to take action before it has happened. The same goes for compensation and adaptation to the environment.

In either case, the presence of clues predicting alcohol intake and/or expected alcohol intake may trigger compensatory responses, thereby reducing the destructive effects of alcohol[3]. For example, before the expected drinking, or even just to the bar such as a frequent drinking environment, people's body temperature will automatically drop, which is a compensation response in advance, because the body temperature will rise after drinking. In order to maintain a constant temperature, the body compensates in advance. "Conditioned reflexes can occur unconsciously"[4]. This proves that any small change may promote the body's compensation and adaptation to the environment. Compensation and adaptation are very easily induced, and they are based on previous experience.

3. Definition of a Rigid pattern

The rigid pattern is like a fixed and rigid coping pattern. This means that when patients are faced with similar or dissimilar life events, they always adopt the same coping style, although the fixed coping method usually no longer adapts to the new event. The opposite of adopting a rigid model is flexibility, which allows for effective and adaptive responses to constantly changing situations in different social contexts[5].

Compared with compensation in classical conditioning, this is very similar. It is a psychological adaptation to the environment, based on previous experience, and it can easily occur. When encountering a similar scenario, the patient automatically recalls how the past was handled. Past coping methods have proven to be relatively safe and applicable because they have been used and do not cause significant harm after use. Therefore, when faced with similar scenarios, it is easy to use the same coping method. It may even be used before an event occurs in a similar environment. For example, a girl who has been bullied faces her classmates after transferring, even if she does not know them, she will first make a defensive posture to face them because she is afraid of being hurt. Even if this old method may cause some harm, the new coping method is unknown and may even be more unsafe. It's a natural adaptive response to past experiences or it's a kind of conditioned reflex, compensatory behavior.

At the same time, this adaptation may last for many years, more than ten years, or even decades, so this coping strategy is used and strengthened countless times. Based on this adaptation of

reinforcement and use, the emergence of rigid patterns in psychotherapy may occur repeatedly. It is possible that after encountering some stimulating situations, the patient will retreat and once again adopt the rigid pattern used in the past to cope, which is a kind of unconscious self-protection. Therefore, the therapist's understanding based on this can make the therapist more confident and patient with this repetition and difficulty. This confidence and stability also affect the therapeutic atmosphere, which affects the visitor's attitude and makes the visitor more confident in dealing with the rigid pattern, thereby facilitating the therapeutic process.

4. Treatment attitude

In the face of the rigid pattern, unconditional positive regard represented full respect and acceptance of the client is very important. "It involves as much feeling of acceptance for the client's expression of negative, "bad," painful, fearful, defensive, abnormal feelings as for his expression of "good," positive, mature, confident, social feelings, as much acceptance of ways in which he is inconsistent as of ways in which he is consistent. It means caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means caring for the client as a separate person, with permission to have his own feelings, his own experiences"[6]. This attitude of respect and acceptance for patients will also be gradually imitated and learned by patients in treatment, and patients will also have more self-respect and self-acceptance.

In addition, the following factors are also very important. The supportive factors for effective psychotherapy include the therapist's enthusiasm, respect, empathy, and acceptance, as well as sincere, positive relationships and trust[7]. On the basis of respect and acceptance, from the patient's perspective, to feel and understand what this rigid pattern means to them, what they experience and feel, such as what it is like to passively use the same coping methods day after day. The process of psychotherapy is sometimes like the psychotherapist first helping the patient to feel their experience, to experience their feelings in a substitute way, and then expressing this feeling to the patient in a more explicit way, helping the patient to understand themselves[8].

According to the paradox of change in Gestalt psychotherapy, change occurs when one becomes what he is, not when he tries to become what he is not. Change is not achieved through individuals or another person's compulsive attempts to change, but if one spends time and effort being himself, fully committed to their current position, change will occur[9]. Change cannot be forced, it will happen naturally after fully experiencing and accepting the present. The more you insist, the more you cling to change, the harder it is to make change happen. There is also a theory in Gestalt psychotherapy about the two endpoints, the more you want to leave the original endpoint, to the other endpoint you want to reach, the more you will be fixed on the current endpoint, getting closer to the other endpoint more difficultly. Only when you are no longer attached, it can move freely and flexibly between the two endpoints. The therapist should move from the obsession with therapeutic progress and effects to fully experiencing the present moment, fully feeling this rigid pattern, what it means, and how it can make the patient feel. This attitude of not demanding change and fully experiencing and accepting the present can also directly affect patients in psychotherapy, allowing them to put down their eagerness to change and begin to accept the present self instead, which can promote change more than eagerness to exert efforts on change.

In cognitive therapy, the rigid pattern may also be thought of as an automatic coping pattern under the influence of automatic thinking. For example, a person took the initiative to say hello to a colleague today, but the colleague did not respond because he was thinking about something seriously. Seeing his colleague ignore him, he feels embarrassed and hurt, thinking that this colleague doesn't like him so he doesn't respond to him, and then thinking that he is always unwelcome. As a result, he never says hello again, as an automatic protective response to the threat that he might once again face in an unresponsive injury situation. The important thing is, the cognitive behavioral therapist needs

to pay attention to the negative underlying beliefs in the automatic mind, such as "I'm undesirable" or "I'm unlikable"[10]. These negative beliefs can potentially influence many behavioral coping styles, resulting in similar rigid patterns. In the above example, the person's underlying belief is that he is unpopular and likable, so the frustration is immediately associated and attributed to this, rather than wondering what happened to the other person today and why he didn't greet them. The result is an evasive coping strategy, never saying hello again. Avoidance becomes his rigid pattern and manifests itself in different ways. Identifying and evaluating maladaptive thinking is an important step in cognitive therapy. The most common way to evaluate maladaptive thinking is to use Socratic questioning, or open-ended questions, which allow patients to examine various aspects of their thinking and draw conclusions about its accuracy and helpfulness[10]. By identifying and evaluating maladaptive thinking, it is also possible to identify which are the patient's rigid patterns from a cognitive perspective and gain a deeper understanding of the rigid patterns, thus helping the therapist to detect and deal with the rigid patterns more sensitively and effectively[11][12].

Developed by Marsha Linehan, DBT combines cognitive-behavioral techniques with mindfulness practices and emotion regulation skills. In contrast to CBT's focus on cognitive thinking, DBT is based on BPD theory, which prompts therapists to also focus on emotions and emotional regulation in therapy[13]. The patient's rigid pattern may also be due to an automatic emotional response, such as when coming to an environment similar to the one in which he was injured, the patient automatically feels afraid and subconsciously may respond by taking flight. Therapists can better help patients deal with emotions through relevant emotional techniques, such as emotion recognition, expression, processing, and regulation techniques, so as to relax rigid patterns.

Psychodynamic therapy focuses on the influence of past experiences on present behavior. Rigid patterns are also a response to past experience. The therapist needs to help the patient become aware of the existence, origin, and function of these patterns. This may require searching for similar experiences earlier in the patient's life, which may not have been pleasant ones. The therapist needs to be careful with this part to prevent the patient from recalling the painful experience, which is like the process of opening a wound. Therefore, the therapist must be clear that he has the ability to bandage before opening the early scars with the patient. In this process, the psychodynamic therapist will focus on some unconscious expressions of the patient, some buried in the subconscious content, which may be the internal cause of the patient's current explicit rigid pattern. Again, especially novice therapists must be careful about this process of uncovering wounds, to avoid causing secondary damage to the patient and no benefit. At the same time, when working with early experiences, through exploration and awareness in the therapy process, the therapist will guide the patient to self-reflection and help them understand how their current behavior, emotions, and thought patterns are influenced by past experiences and how they are connected, which helps the patient better understand these rigid patterns. Understanding will promote the loosening of rigid patterns, and when the patient clearly knows the causes behind these patterns, those fixed emotions, past wounds, and unresolved conflicts begin to gradually loosen and mend, and at the same time slowly rigid patterns may not be the only option, but one of the options. This is what the therapist likes to see. The patient is not fixed, but flexible and creative[14].

Group psychotherapy is a kind of psychological help provided in group situations. Activities designed to promote self-awareness, emotional growth, and personal change through the interaction of human systems. Compared to individual therapy, group therapy is more closely related to real social life, and individuals interact with each other in group therapy in the same way that they interact with others in their social circle. Therefore, rigid patterns can also be repeated in group therapy in different contexts and interactions with different people. Because of the supportive nature of group therapy, the rigid model can be treated more kindly. This is a good opportunity to adjust the rigid model. Psychotherapy can be said to be an emotional and corrective experience to some extent.

Alexander and French coined the phrase "the corrective affective experience", which is defined as "reexperiencing the old, unsettled conflict but with a new ending", that is, resolving painful emotional conflicts by experiencing new, more adaptive feelings in the therapeutic relationship. The importance of therapists actively providing empathy, compassion, and encouragement in corrective emotional experiences is emphasized[11]. The interpersonal interaction in group therapy will be more supportive and encouraging, often giving patients more positive and constructive interpersonal responses, coupled with the auxiliary support of the therapist, which is easy to promote the occurrence of corrective emotional experience. Of course, these constructive responses, positive experiences, and changes need to be continuously supported and reinforced by therapists and community members, after all, the rigid patterns have managed their use and reinforcement over the past several years[15].

5. Discussion

This paper starts with the concept of compensation under classical conditioning to help understand the patient's rigid patterns in psychotherapy. It discusses the relevance of classical conditioning in psychotherapy and the current understanding of the topic based on existing research. Additionally, it provides suggestions for further treatment of the patient's rigid pattern in psychotherapy from the link with compensation.

The limitations of this study are mainly in three aspects. First, the author is a non-native English speaker, and his language expression ability may not be precise and beautiful. Secondly, the number of references selected in this paper has strong subjectivity. Third, the audience for this article is primarily novice therapists or therapists who want to better handle the rigid patterns of their patients.

6. Conclusion

This paper starts with the concept of compensation under classical conditioning to help understand the patient's rigid patterns in psychotherapy. On this basis, relevant treatment suggestions are put forward from the perspective of multiple schools of psychotherapy, so as to help therapists more confidently deal with patients' rigid patterns in psychotherapy.

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