



# THE SOFA IS BETTER THAN FREUD

## THE NON-SPECIFIC FACTORS

The non-specific factors in psychotherapy are those events and/or procedural elements of psychotherapeutic methodology not linked to specific features of the reference model, i.e. those behavioral features of the actors in a help relationship not evaluated by the reference model.

- The non-specific factors of psychotherapies are ethically more valid than the specific factors (linked to the model)
- The non-specific factors of psychotherapies have an intrinsic therapeutic content of their own
- The non-specific factors of psychotherapies are also active in most of the help professions

We can distinguish between the non-specific factors linked above all to the person who is being counseled, to the therapist, those pertaining to the setting and those of the therapeutic relationship in the broader sense.

<p><u>factors linked to the person</u></p> <ul style="list-style-type: none"> <li>▪ The awareness of being in need of help</li> <li>▪ The choice</li> <li>▪ The organization of the request</li> <li>▪ The narration and the mental organization of what has to be narrated</li> <li>▪ The openness to empathy</li> </ul>	<p><u>factors linked to the therapist</u></p> <ul style="list-style-type: none"> <li>▪ Clinical competence</li> <li>▪ Authenticity, acceptance, empathy (Rogers)</li> <li>▪ Quest for the synchronicity</li> <li>▪ Complementary/symmetric attitude(Brancaleone)</li> <li>▪ Capacity to suspend judgment (epochè) (Husserl)</li> </ul>
<p><u>non-specific factors of the setting</u></p> <ul style="list-style-type: none"> <li>▪ <b>Quality of the setting (Frank):</b> <ul style="list-style-type: none"> <li>▫ definition of a space-time framework,</li> <li>▫ attention focused on the patient,</li> <li>▫ availability</li> <li>▫ reliability.</li> </ul> </li> <li>▪ Implementation of the affirmative field</li> <li>▪ Implementation of the sense of “belonging” and recognizability</li> </ul>	<p><u>Some specific factors of the existential model also recur in other therapeutic models, including:</u></p> <ul style="list-style-type: none"> <li>▪ the cognitivization</li> <li>▪ the construction of a scale of values</li> <li>▪ the pain endured</li> <li>▪ the extension of internal maps</li> <li>▪ the change of the how the world is seen</li> </ul>

Improving the capacity to operate non-specifically will lead to:

- A greater awareness of the patient
- Less risk of existential “repercussions”
- A “reasoned” containment of the projections
- Greater efficacy and efficiency also in the specific model intervention

The psychiatrist in training cannot ignore the importance of these factors. I think that the trainee needs an in-depth specific training on this issue also psychiatric training studies.

