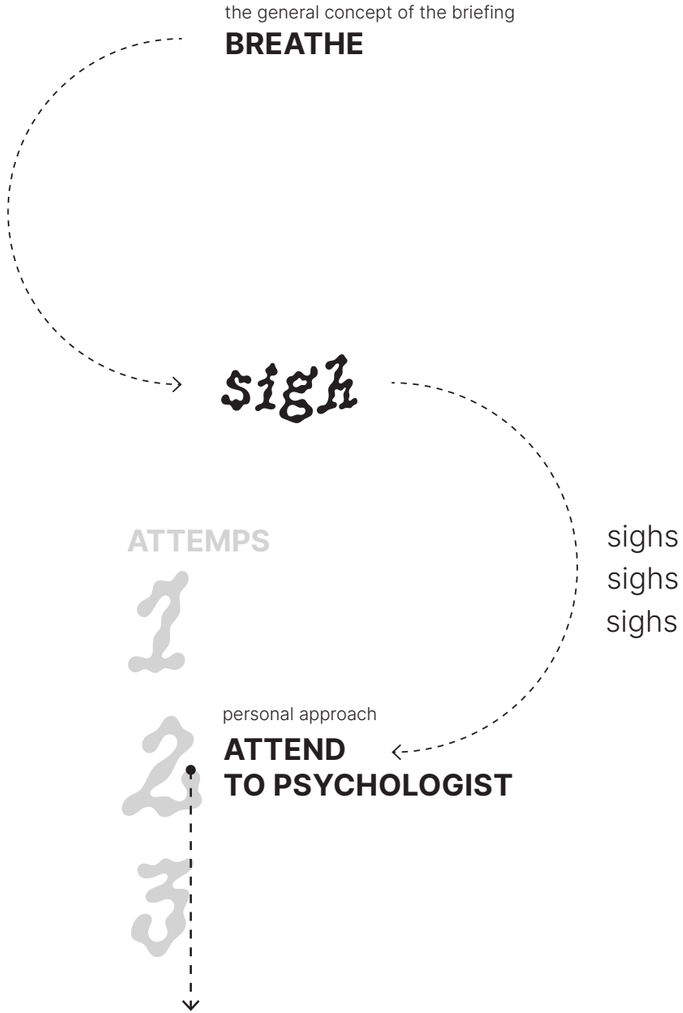
Natalia-Lin Blay Casas

ELISAVA MADD'23

sigh is not just a sigh

AN EXPLORATORY ANALYSIS OF PSYCHOTHERAPY COMPLEXITY



Sigh is the expressive part of breathing, a reflection of our emotional state. On average, a person sighs 12 times per hour. Many of them are unconscious, but say something about us. At least for me, It's a signal of overwhelm, stress and among other things, when I ended up attending therapy. One, two, three attempts and by the third time I got lucky, but going through this journey made me consider: how is this process so uncertain?

From this personal consternation, research on current tendencies in psychotherapy comes along, interviewing professionals, users and psychology students to understand different perspectives on the issue. The individual difficulties in the procedure are the result of an entangled systemic problem with economic, political and social aspects. The subjectivity of this service is connected to the privilege of those who can afford it, its roles in society, a lack of general knowledge and psychoeducation... A series of questions extend beyond therapy; they encompass how we approach mental health.

This installation is a metaphorical and literal materialization of the relationship between therapy and mental health. By displaying the intertwined relationship of data and personal/collective reflections, we might talk about psychotherapy more openly.

THE PROCESS

"Sigh is not just a sigh" is part of a collective exhibition: "Try not to breathe_" Under the general concept of breathing, the project approaches it through sighs and a personal anecdote that link to the initial premise.

Seeking to respond to this subjective hypothesis or perception, an investigation is conducted into why it is important to explore it, and this is where mental health comes into play. Contextualizing the current situation, alarming data points to a worsening of the mental health situation, indicating a fragile state both in the population's mental health and the healthcare system itself.

Next comes the issue of how we relate to mental health. Gathering qualitative inputs from current trends, they are contrasted with fieldwork, interviews. Interviewing different profiles, both professionals and users, provide perspective on the various challenges of psychotherapy. What may initially seem personal is part of a much more complex process involving the procedure itself, the profession, society, and the system. All this work is compiled into a set of three editorial pieces: documentation, interviews and conclusions.

FORMALIZATION

From this research, it is formalized into four pieces that make up the installation. The first two pieces represent different aspects of the context: a weak healthcare system and inaccessibility. The following two pieces are participatory and aim to respond as project conclusions. By engaging in participation and exhibition, a mediation is established between the conclusions reached and the actions taken, enabling reflection.

CONCLUSIONS OF THE PROJECT: FROM PERSONAL CONCERN TO COLLECTIVE MATTER

DIFFERENT LEVELS OF AFFECTATION PERSONAL >THERAPY > PSYCHOLOGY > SOCIETY > SYSTEM

PERSONAL

RESULT. Therapy attendance doesn't intrinsically mean improvement. It needs user inner work and self-critique because professional competencies have limits and in the end, the result relies on own self. **KNOWLEDGE**. Professionals accepted the general lack of knowledge as a normal fact that people don't need to know if they haven't attended. One professional pointed to the fact that is the responsibility of professionals to psychoeducate but at the same time, recognize that patients aren't even aware of their own rights to demand information or education about the process. **PERSONAL EXPERIENCE**. The transmission of information based on personal experiences as assistants plays a relevant role due to the closeness, more empathic position and also, the diffusion of experience/knowledge. However, it has to be taken into account that is non-professional data and the implicated risks of possible misconceptions or messages.

THERAPY

ACCEPTATION. People who attended before were for concrete cases as disorders but now the assistance has increased for more general aspects of discomfort. Young generations who are more sensitized and aware of mental health importance and don't hesitate to use psychological services. **SUBJECTIVITY**. Therapy is not a perfect service, it is really subjective because what works for one, can not work for another but what is important to take into account is: "It is a process in which you have to connect and in which you have to understand the limitations it has and what are the paths and what are the ways" and the complications or troubles during the journey are part of the process. **VULNERABILITY**. People who attend used to be in a vulnerable position of don't be able to self analyse or determine their needs. "The point of therapy is to put you in evidence to realise by yourself. The self process is complicated and also the looking for itself." **GETTING KNOWLEDGE**. Due to the lack of an insurance formula or certainty in the process, sometimes people need to go over different professionals in order to find the working one. The problem with those journeys is digging into painful things and can't close them until it is found the specialist who works for the person. **ECONOMIC AFFORDABILITY.** Process totally blind and it's something that only people who can afford it can realise it because the need is not prioritised instead of the availability to pay for it.

PSYCHOLOGY

PERSPECTIVE. Psychology discipline is focused on the study of the person but there are many perspectives to face it and social tendencies have a huge impact on psychological services, giving more attention to certain psychological currents. Nowadays, the most extended is cognitive behavioural therapy and also for public services because is the one with more scientific evidence and better demonstrated results. Nevertheless, a psychology student highlights a problem in psychology currents, where someones as last mentioned, are based on a biomedical perspective, focusing on taking out the disorder and restructuring the person. Cataloguing this kind of intervention as non-ethical and working as a salvation compared to other models more based on an accompaniment process like the constructivist-systemic perspective, whose patients are named users, they are look in context and the problem relies on their system and not just on the individual. **SYSTEM VALUES**. The psychological perspective links to the system values, the neoliberal capitalist mentality promotes productivity. Then, non-productive individuals have to be solved in order to prioritize the system, making people fit it, instead of promoting a fulfilling development of individuals and blaming the structure. **ETHICS AND INTRUSION.** Specialists attend to take care of the ethics and intrusion in the profession, highlighting the transparency of the professional to be able to psychoeducate the patient and the agreement of both sides, patients expectations and professional setting. The relation between both results really significant for a successful therapy. **KNOWLEDGE LIMITATIONS.** The knowledge about psychotherapy remains in the professionals who remain constricted to privacy politics, the attendants who get practical data through experience and the current presence in our daily life through media, conversations... **CONTENT DIFFUSION.** The message of psychological content can act as a blamer message or poisoned present, promoting the good and knowledge with contraproducent aspects because people don't have the tools to manage it and it is sensible content, that can't substitute professional help. Adding collateral damage of misunderstanding and self-diagnosis because there is a lack of comprehension of the totality of their information or context.

SOCIETY

SOCIAL VALUES. Despite the more acceptance, social values mark the way to deal with life and the development of therapy roles. Depending on what messages are highlighted, it can be resorting to treatment until the last moment when people are broken, as a social value of strength, and on the other hand, the intolerance population demand to feel good, unable to deal with sadness or unpleasant emotions looking for quickness. **CULTURAL MESSAGES.** Toxic positiveness only shows a pleasant part of things or doesn't show unpleasantness or the culture of immediacy produces difficulty to establish meaningful relationships which brings time and effort. **A LACK.** A current social lack of deep networking: "We look for a solution outside our social relations because it is covering a lack" and also the role "The psychologist ends up picking up everything that society doesn't quite have enough tools to validate or give as positive factors of its people", working as validator. **SPEACH.** The speech of therapy is abstract, it is not come from a personal affection or personal case to exhibit yourself. The visualization tends to be from the result and the wrapping but not the implications and hard parts implicated because "When it goes well, I can explain it. If it doesn't go well, how am I supposed to publicly expose my weaknesses and be stigmatized?" **STIGMA**. What it is not getting over is mental disorders stigma and we went to the other extreme: "Everything we analyze through psychology and everything we put through therapy, but perhaps there are things that don't need it, right?"

SYSTEM

BUSINESS. It has to take into account, psychology as a business where it is transforming psychological knowledge into a product, promoting the best practices and mental health, with unreachable standards. **INCAPABLE STRUCTURE.** Infrastructure problems as a base problem, especially public system lack. An increment of consciousness about mental health implies more demand and also an overload for the system which is not ready or prepared to assist mental health. Indeed, there is no consolidated structure to treat those population problems and if public service was able to provide quality mental health service, a small amount would attend private unlike what happens now. **LIMITED STRUCTURE.** Psychotherapy can be considered a luxury service more than a right because the public sanity level/requirement is for suicidal cases but not for severe conflicts or mental health care. Even the constrictions, the waitlist or access is stills unreachable, apart from the offering performance that use to don't attend to patients needs. Suicidal or depressed can't wait so much. **PATCH SOLUTIONS.** When a patient comes with symptomology of discomfort, the public system can't derive a specialist due to a lack of professionals, the power of decision relies on general doctors that have limited psychiatric knowledge to value and determinate if the case needs pharmacological or not, but patients demand a solution which pharmacology gives a clear answer. People are not aware of the consequences of drugs and there is a naturalization of medicalizing life in cases that don't require it. The problem is used as a substitute, not as a complement. However, if there is no other affordable option remaining, the pharmacological process is easier in many ways, prescription, immediate, guaranteed results, cheaper... A simplicity that the psychotherapeutic process can't provide but improvements that come from the person are more beneficial than chemical solutions that work as a patch.

1 HEALTH PATCHWORK

There is increasing talk about mental health, but it was a taboo subject not long ago. Over the past years, awareness and understanding of mental health have grown. What used to be exclusively associated with disorders now affects society as a whole, especially after a global pandemic. This shared experience has brought visibility and emphasized the importance of discussing an issue that was already alarming[1]. Similarly, seeking therapy has left uncommonness or stigmatisation[2]. There is a growing trend of prioritizing and caring for our mental health. However, current data still raises warnings, and addressing these issues presents its own challenges despite their recent relevance.

[1]Lozano,C., Ortiz,A., and González,C. (2014) 'Tratamiento y uso de recursos en salud mental de pacientes sin patología'

HOW TO READ THIS FABRIC

This fabric is a patchwork of data, related to our current mental health. Through this technique, based on the joining of fabric scraps to create a larger design, nine charts are composed to link different interconnected aspects.

1	2	3	4	5
				6
	7			
	8			
	9			

[1]SNS(2023). Principales datos del Sistema Nacional de Salud

[2]OECD(2021). Pharmaceutical consumption

[3]Público(2021). ¿Por qué España es el país del mundo donde se toman más tranquilizantes?

[4]Fundación Salud Mental España (2023).La situación de la Salud Mental en España

[5]La Razón(2022). Jóvenes de 18 a 25 años, los que más visitan al psicólogo

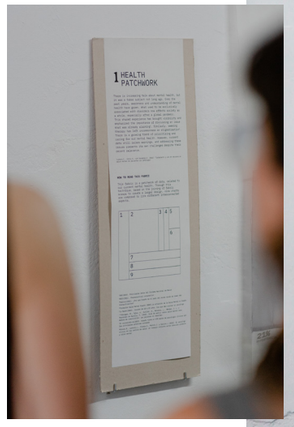
[6,9]Fábregas, M., Tafur, A., Guillén, A., Bolaños, L., Méndez, J. L. y Fernández de Sevilla, P. (2018). Guía de estilo sobre salud mental para medios de comunicación: las palabras sí importan.

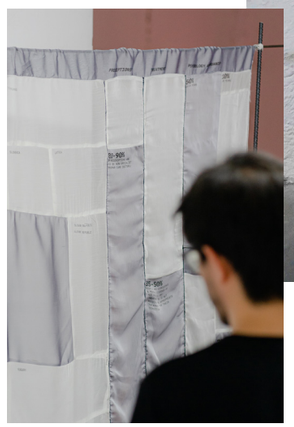
[7]El economista.es(2023). España tiene un 67% menos de psicólogos clínicos que las principales potencias europeas

[8]Alonso,R., Lorenzo,L., Flores,I., Martín,J. y García,L.(2018). El psicólogo clínico en los centros de salud. Un trabajo conjunto entre atención primaria y salud mental

PIECE 1

MAJOR CHRONIC HEALTH PROBLEMS[1] → PHARMATHOLOGICAL CONSUMPTION OF ANSYOLITICS IN EUROPE[2] → PRESCRIPTIONS[3] → TREATMENT[4] → PSYCHOLOGY ATTENDANCE[5] → THE AGE AT WHICH MENTAL HEALTH PROBLEMS TYPICALLY BEGIN[6] → PUBLIC PSYCHOLOGIST X 100.000 HABITANTS IN EUROPE[7] → ACCESS INTO A SPECIALIST IN PUBLIC SERVICES[8] → CARE AND SUPPORT TASKS[9]





2 UNREACHABLE TIME

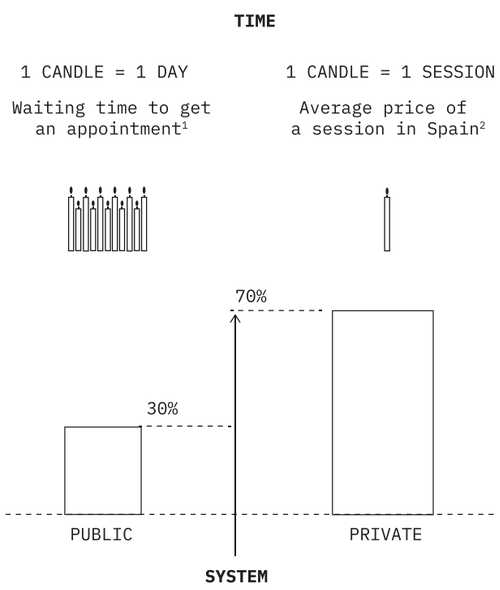
Once we address the topic of mental health and seek to treat it, in the psychotherapy system itself, there is a lack of a consolidated structure to address mental health.[1]

The significant difference between professionals distribution makes access to both challenging. Becoming time unreachable in different ways. In the public sector, apart from limited referrals to specialists, there is the issue of waiting time. Many severe cases cannot be asked to await, and user needs are not met by the characteristics of the service[2]. So, while the private sector does offer availability, can you afford the price of time?

[1]Fundación Salud Mental España (2023).La situación de la Salud Mental en España
[2]Civio (2021).Pagar o esperar: cómo Europa -y España- tratan la ansiedad y la depresión

HOW TO READ THIS STRUCTURE

Candles work as a metaphor to the waiting process when seeking for a mental health specialist. This is a comparison between the accessibility of these kind of services through the private versus the public sector.



Distribution of specialists working in public and private system[2]

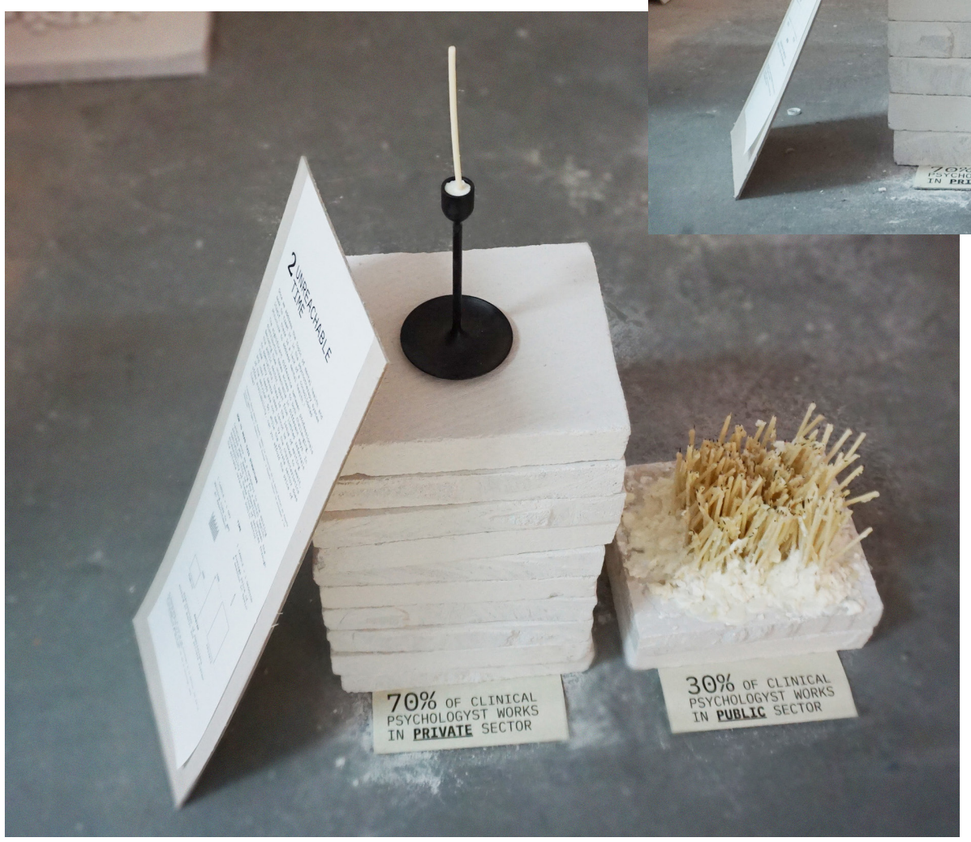
[1]El Español(2019). El caos de los psicólogos en la pública: por qué la mayoría de la gente va a privados
[2]El País(2020). La gente va cada vez más al psicólogo, pero ¿cómo encontramos al adecuado?

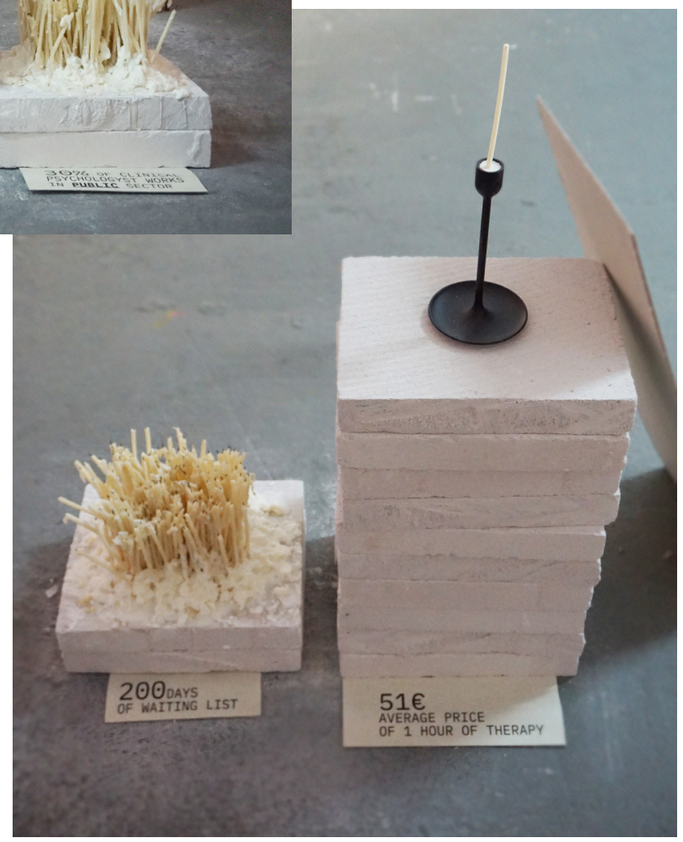
PIECE 2

PUBLIC AND PRIVATE PROBLEM

[1]Porque la gente normalmente recurre al servicio privado porque el servicio público no está disponible, pero cuántas personas tuvieron servicio público accesible de calidad se irían a un privado, pues más bien pocas es decir, no hay tampoco no debería haber una diferencia de calidad de cantidad tan grande como hay ahora mismo porque ahora mismo es que es abismal, creo que ahora mismo la lista de espera está en seis meses o una cosa así a nivel público. Eso es inviable para una persona que está con un tema de suicidio o con una depresión es inviable, no le puedes hacer, espera seis meses

[2]El servicio está ahí, lo que pasa que también es verdad que a día de hoy es más un lujo que una que un derecho porque la sanidad pública está como está tienes que tener un riesgo de suicidio alto para para que te atiendan o estar muy grave para que te atiendan en la Seguridad Social y si tienes un un conflicto que puede ser grave, pero no suficientemente grave, pues evidentemente te harán una visita muy de vez en cuando no por decirlo de alguna manera.





[1,2]INTERVIEWS(2023). SIGH IS NOT JUST A SIGH

3 WHAT IS THE HARDEST THING ABOUT THERAPY?

Answering this question is subjective but important for several reasons[1]. Despite the recent acceptance of seeking therapy, we often don't dig into the complexity of the process or discuss the unpleasant aspects. This knowledge remains with those who have personally faced the situation, but it's not a common topic of conversation. The public perspective tends to be positive, neutral, or abstract. Meanwhile, personal experiences hold valuable practical information, but they require safe spaces to be shared. Can we openly share vulnerability in our society?

These questions need reflection and visualization[2], to create common spaces for transforming personal burdens into collective matters[3].

[1]Viklund, Erika (2013). Therapy talk and talk about therapy: Client-identified important events in psychotherapy

[2]The New York Times Magazine(2023). The therapy issue

[3]The New York Times (2022). It's Not Just You

HOW TO ANSWER THIS QUESTION

Maybe you already know the answer, or perhaps you have never thought about it, but these are some of the things that make psychotherapy a complicated endeavour. Would you be able to spot the most difficult aspects of this process?

1. Pick up a stone from below
2. Place your vote on the shelf that has the word that better describes your feelings towards psycotherapy

STIGMA

SELF REFLECTION

TALK ABOUT IT

TRUST

COMPABILITY

MONEY

A VOTE = 1 STONE

PIECE 3

THE REASON FOR THIS FORMALIZATION

PERSONAL EXPERIENCE KNOWLEDGE

[1]Potser es ser honest amb tu mateix, que costa molt perquè sembla que teràpia sempre ajuda i que… No ho sé, que t'has d'escoltar i dir que sí, que sí, ja està, però bueno… Potser ets ser honest amb tu mateix, de vale m'està ajudant o no.

CREATING VULNERABLE PUBLIC SPACES

[2]Quan surt bé, ho puc explicar. Si no em surt bé, com haig d'anar jo a fer públiques les meves febleses perquè m'estigmatitzaran? Estem en una societat que es valora el positiu, per tant, qui no li ha anat bé s'ho calla.

TALK ABOUT THERAPY

[3]Pero no quedándonos en el voy a terapia y ya está y ahí termina la información y ahí termina todo el conflicto todo el tema porque sí, que la gente se queda ahí en él, ya está va a terapia, ya no nos interesa nada más o ya no explico nada más o ya hemos hablado todo lo que teníamos que hablar. Se tendría que hablar más...

OPEN TALK

[4]Sería ideal que pudiéramos decir tanto lo bueno como lo malo es decir si alguien en algún momento ha dicho, oye, mira pues yo fui a terapia y esto en concreto o esta persona pues no me pudo ayudar de la forma en que necesitaba y no pasa nada y se dice sí que ayudaría muchísimo porque a veces te puedes perder como en ese mar de alabanzas y cinco estrellas y de todo.

[1,2,3,4]INTERVIEWS(2023). SIGH IS NOT JUST A SIGH

RESULTS: MONEY 23 | COMPABILITY 17 | TRUST 13 | TALK ABOUT IT 10 | SELF REFLECTION 13 | STIGMA 5

4 MENTAL QUILTING

Therapy is the tool we have available today to address mental health. However, it is often sought as a solution to repair what is already broken. Its popularization has expanded its use to the general public to treat discomfort or for an improvement of quality of life[1].

Due to the unequal structure of accessing therapy, it can be perceived more as a luxury service than a health service, contributing to the stratification of mental health[2]. This highlights a lack of public resources to address it or an issue about how we deal with it. Beyond therapy, how we can work on and confront mental health as a society is a question to be considered as a first step to reassess our relationship with it.

[1]Echeburúa,E., De Corral,P., and Salaberría,K. (2010). Efectividad de las terapias psicológicas: un análisis de la realidad actual

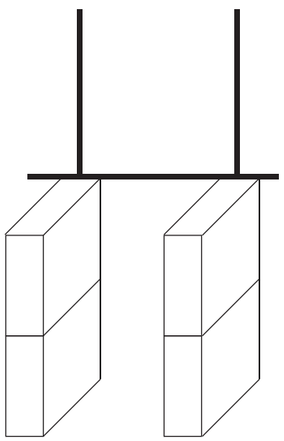
[2]Thompson, Riki (2012). Looking healthy: visualizing mental health and illness online

HOW TO ANSWER THIS INSTALLATION

We're building a structure representing mental health. Collective choices in this interaction will visualize what's most urgent to tackle in this topic.

1. Foams symbolize different aspects of our society to work our mental health collectively.
2. Pick the one that you consider most relevant for protecting this methaphor.

EMPATHY	ALLOW VULNERABILITY	TIME FOR YOURSELF	DEEP RELATIONSHIPS
○	□	○	○
yellow	black	purple	white



A VOTE = 1 FOAM

PIECE 4

THE REASON FOR THIS FORMALIZATION

PSYCHOLOGY ROLE + APPROACH

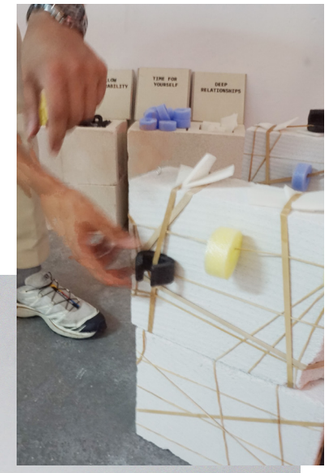
[1]És com si el psicòleg acabés recollint tot allò que la societat no acaba de tenir prou tes eines per validar o per donar com a factors positius de les seves persones. I això és perillós.

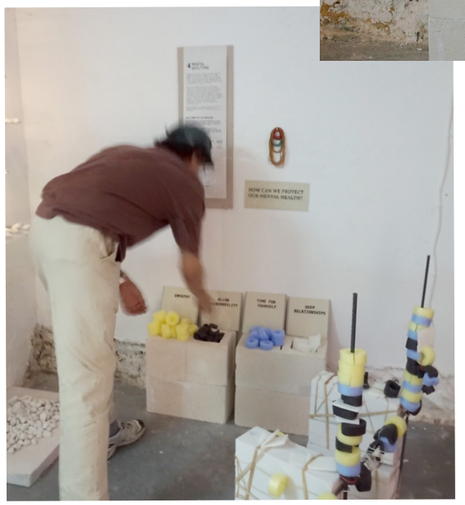
PSYCHOLOGICAL PERSPECTIVE

[2]Per començar entenent que el que causa la majoria de trastorns és un sistema molt rígid que no permet que la gent es pugui adaptar amb facilitat, ja sigui el sistema patriarcal, el sistema capitalista, el sistema de classe, qualsevol dels sistemes. Començar a entendre això i començar a entendre que el que necessiten les persones és un acompanyament, no canviar a la persona perquè es pugui adaptar a aquesta societat, que no hauria de permetre que la gent s'amoldi d'aquesta manera, doncs seria una cosa.

TREATING MENTAL HEALTH AS COLLECTIVE

[3]con otros profesionales que ayuden a fomentar valores para la comunidad no solo para las personas a nivel individual, sino para la comunidad... Implantar como recursos que vayan a través de las personas en un sentido social... Hacer un trabajo de mediación y no solo un trabajo psicoterapéutico.





[1,2,3]INTERVIEWS(2023). SIGH IS NOT JUST A SIGH

RESULTS: EMPATHY 17 | ALLOW VULNERABILITY 19 | TIME FOR YOURSELF 12 | DEEP RELATIONSHIPS 13