

Book Review

Sufrimiento y Cambio en Psicoterapia: Teoría, Investigación y Tratamiento [Suffering and Change in Psychotherapy: Theory, Research, and Treatment]

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The text reviewed here represents a valuable contribution to the specialized literature in clinical psychology, especially for practitioners in training, integrative therapists, and clinicians working with complex populations within the public health care system. Organized into ten chapters plus two complementary appendices, the manual offers a comprehensive, relational, and rigorous perspective on the processes of assessment, formulation, intervention, and therapist self-care, providing practical tools without losing conceptual depth.

From the outset (the first chapter), the author clearly situates the approach adopted: the term *patient* is privileged not in its passive connotation, but rather in its etymological root meaning “the one who suffers,” thus emphasizing the profoundly human and experiential nature of clinical work. This choice is significant, as underpinning the entire text is a sensitivity to psychological suffering as a multidimensional, intersubjective phenomenon that must be addressed through comprehensive, integrative, and ethically responsible frameworks. Also noteworthy in the manual is the significant influence of Michael Mahoney (1991, 2003, 2005), who serves both as an inspiration and a guiding compass for the author; specifically, a powerful citation from Mahoney appears explicitly at the beginning of the introduction, preparing the reader for what follows:

“Sometimes I feel we are so caught up in the demands of daily clinical practice that we have lost sight of where we come from and what our work is mainly about. Life is complex, and human suffering is far more than a mere abstraction. Psychotherapy is filled with complexity, suffering, and challenges associated with the professional responsibility of understand and counselling lives in constant process. [...] We can often feel as if we are playing ball in a river. Simply staying away from the rocks is challenge enough.”—Michael J. Mahoney (2005)

In Chapter 2, the general principles of change are introduced through a conceptual model of suffering based on three phenomenological levels: symptoms, personality, and maladaptive interpersonal schemas. This multi-layered approach is linked to a

five-phase intervention model that includes safety, emotion regulation, interpersonal exploration, and integration. A theoretical-clinical synthesis is seen here that allows the therapist to navigate the complexity of the treatments without falling into reductionism or rigid protocols.

Chapter 3, focused on clinical assessment and formulation, stands out for its clarity and operability. It emphasizes the necessity of individualized case formulation, integrating symptomatic and interpersonal dimensions with a functional and narrative approach. Clinical formulation is not presented as a static description but as a shared, dynamic hypothesis that guides the selection of techniques and interventions. Additionally, Appendix I accompanying this chapter provides a complete clinical example that is highly useful for training purposes.

Chapter 4 addresses patient factors that influence the psychotherapeutic process, such as coping style, motivation to change, attachment style, religiosity, and spirituality. Recommendations based on empirical evidence are included and the tension between treatment fidelity and adaptation to the uniqueness of the client is discussed with clinical knowledge. This tension, far from being resolved simplistically, is proposed as an ongoing exercise of clinical balance that requires ethical judgment and contextual sensitivity.

One of the most interesting core elements of the manual is found in chapter 5, dedicated to the principles for establishing a relational frame. Through clinical vignettes, microprocessual moments are illustrated in which the therapist strengthens the alliance, validates the patient's experience, and promotes sustained change processes. The dialogue with patient Miriam illustrates how small interventions, framed in a secure relationship, can have a significant impact on the process of change in psychotherapy. This view of change as a cumulative phenomenon, rather than as the effect of spectacular interventions, is one of the strengths of the book in my opinion.

Chapters 6 and 7 expand the perspective on planning, framing, strategies to foster adherence, and the integration of psychopharmacotherapy when appropriate. The importance is highlighted of establishing a coherent therapeutic tone, based on consistency, validation, and empathy. The manual takes a clear

stance against decontextualized techniques or the mechanical application of protocols, proposing instead a flexible, empathic approach based on clinical formulation.

Chapter 8 delves into interventions aimed at improving metacognition, particularly relevant for patients with difficulties in identifying and reflecting on their mental states. Techniques that foster more complex and comprehensive autobiographical narratives are valued, thus contributing to a greater sense of agency, self-coherence (which I call "Self System", see Quiñones, 2024), and emotion regulation. Metacognition is not conceived merely as a cognitive capacity but as an experiential dimension (cognitive and affective patterns) that can be promoted in session within a context of attachment security.

Chapter 9 makes an important contribution by placing the therapist's health in the foreground. In a field where the ideals of dedication and vocation can make professional burnout invisible, this chapter offers a realistic and preventive approach to the risks of clinical work, especially when working with patients with suicidal ideation or severe pathology. It highlights the need to integrate self-care into the therapist's daily routine, preventing it from becoming just another obligation. It also advocates for an institutional culture that legitimizes the professional's care as part of the ethical practice.

The tenth and final chapter synthesizes the book's contents and raises current challenges in the field, such as the need for situated research, evaluation of training methods, and improvement in the quality of clinical supervision. The text closes with a strong defense of quality public psychotherapy, delivered by highly trained and supervised professionals, in clear opposition to pseudotherapeutic practices that trivialize psychological suffering and instrumentalize it from economic logics.

Ultimately, this manual constitutes a solid, well-articulated, and clinically relevant proposal. Although it does not address areas such

as neuropsychology or specialized psychometric assessment, it approaches this from an explicit and honest position, focusing on relational psychotherapeutic processes. Readers with highly structured theoretical orientations or eclectic techniques without a solid relational foundation may find this challenging, but also see it as an opportunity to reconsider the role of the therapeutic relationship, the narrative, and the ethical stance in clinical practice.

In conclusion, "*Sufrimiento y cambio en psicoterapia: teoría, investigación y tratamiento*" [*Suffering and Change in Psychotherapy: Theory, Research, and Treatment*] achieves a rare combination of theoretical depth, clear exposition, and clinical applicability. It invites the reader to reflect on the *how* and the *who* in therapy more than on the *what*, reminding us that techniques alone do not transform suffering. Transformation only occurs when techniques are embodied in meaningful, attuned, and sustained therapeutic relationships. In this sense, the work is especially valuable for clinicians who engage in reflective practice, residency trainers, and psychologists interested in integrative psychotherapy based on respect for human uniqueness.

References

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