

Psychotherapeutic Strategies in the Treatment of Tobacco Dependence: An Analysis Centered

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Psychotherapeutic Strategies in the Treatment of Tobacco Dependence: An Analysis Centered on CBT and Gestalt Therapy

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Summary

Tobacco dependence is a multifaceted condition with physical, psychological, and social implications, representing one of the main contemporary public health challenges. This article proposes an in-depth analysis of the psychotherapeutic strategies used in the treatment of nicotine dependence, with an emphasis on Cognitive Behavioral Therapy (CBT) and Gestalt Therapy. The research is based on a systematic review of the specialized literature published up to 2021, prioritizing empirical studies and critical reviews. The results indicate that both approaches offer effective resources for smoking cessation, addressing the cognitive, emotional, and relational aspects that underlie addictive behavior. CBT demonstrates high efficacy in short-term structured interventions, while Gestalt Therapy broadens the understanding of the smoker's subjective experience. The article also emphasizes the importance of the psychologist as a mediating agent of change, adapting interventions to the patient's individual profile and needs.

Keywords: Psychotherapy; Smoking; Cognitive-Behavioral Therapy; Gestalt therapy; Public health.

Abstract:

Tobacco dependence is a multifaceted condition with physical, psychological, and social implications, representing one of the main contemporary challenges in public health. This article proposes an in-depth analysis of psychotherapeutic strategies used in the treatment of nicotine dependence, with emphasis on Cognitive-Behavioral Therapy (CBT) and Gestalt therapy.

The investigation is based on a systematic review of specialized literature published up to 2021, prioritizing empirical studies and critical reviews. The results indicate that both approaches offer effective tools for smoking cessation by addressing the cognitive, emotional, and relational aspects that sustain addictive behavior. CBT shows high effectiveness in structured short-term interventions, while Gestalt therapy broadens the understanding of the smoker's subjective experience. The article also highlights the relevance of the psychologist as a mediator of change, adapting interventions to the individual profile and needs of each patient.

Keywords: Psychotherapy; Tuxedo; Cognitive-Behavioral Therapy; Gestalt Therapy; Public Health.

1. Introduction to tobacco dependence as a psychosocial phenomenon

Tobacco dependence transcends chemical addiction and encompasses behavioral practices conditioned by cultural, emotional, and subjective contexts. Smoking remains one of the leading causes of preventable death worldwide, accounting for more than 8 million deaths annually, according to data from the World Health Organization (WHO, 2020).

In Brazil, estimates from the National Cancer Institute (INCA, 2019) reveal a still significant prevalence of consumption, especially among socially vulnerable populations.

Although awareness campaigns and tobacco marketing control have generated progress, cessation continues to pose a significant clinical challenge. Resistance to change, the association of cigarettes with daily rituals, and the anxiety-regulating role smoking plays in many individuals require consistent psychotherapeutic approaches tailored to the specific needs of the patient.

In this context, psychological interventions play a central role, especially those that link psychic functioning to behavior. The contributions of Cognitive Behavioral Therapy (CBT) and Gestalt Therapy become particularly valuable as they enable both the modification of mental patterns and the expansion of awareness of one's own actions. Thus, it is understood that psychotherapy aims not only at abstinence but also at the restructuring of meanings and habits.

Scientific literature indicates that, without psychological support, the chances of relapse are significantly higher. Studies such as those by Fiore et al. (2008), which underpin international guidelines, recognize psychotherapy as a first-line resource, alongside medication. This reinforces the need for specific training for mental health professionals to address the multiple dimensions of smoking addiction.

Therefore, this article proposes an analysis that prioritizes technical rigor and theoretical depth, based on evidence that values sound clinical practice. The research is based on a thorough review of the literature published up to 2021, aiming to contribute to the improvement of cessation processes.

2. Cognitive-Behavioral Therapy in the management of nicotine dependence

Cognitive Behavioral Therapy (CBT) is among the most researched and recommended interventions for the treatment of tobacco dependence. Its fundamental principle is the identification and modification of dysfunctional patterns of thought and behavior that



support substance use. According to Beck (2013), CBT is based on the hypothesis that the way individuals interpret events directly influences their emotional and behavioral responses.

In clinical practice, CBT applied to smoking cessation involves strategies such as coping skills training, cognitive restructuring, monitoring smoking behavior, goal setting, and relapse prevention. These strategies are conducted in structured and protocolized sessions, typically lasting 8 to 12 weeks, as evidenced by clinical studies such as those by McEwen et al. (2010).

The effectiveness of CBT has been widely demonstrated. According to a systematic review conducted by Stead et al. (2016), CBT-based cessation programs have significantly higher abstinence rates compared to control groups or brief counseling. The approach is especially effective when combined with pharmacological support, although it has independent value even without medication.

Another important aspect of CBT is its ability to clearly address the contextual and emotional triggers associated with cigarette use. Identifying dysfunctional beliefs, such as "I need to smoke to calm down," allows the patient to develop healthier alternatives for emotional self-regulation. This active replacement of automatic thoughts is one of the hallmarks of CBT in addiction treatment.

The approach also values patient autonomy and protagonism in the process of change, which favors treatment adherence and the development of realistic abstinence maintenance plans. Psychoeducation plays a central role, providing patients with a rational and accessible understanding of their addiction process.

Based on this evidence, CBT is a robust, scientifically validated tool with relevant clinical applicability. Its flexible and adaptable structure allows it to be integrated into a variety of settings, from private clinics to primary care units, contributing to expanded access to tobacco treatment.

3. Gestalt therapy and understanding the smoking subject

Gestalt therapy, developed by Fritz Perls, Laura Perls, and Paul Goodman in the 1950s, is based on a phenomenological and existential approach to the human being, considering the individual as a whole inseparable from their context. In the treatment of tobacco dependence, this approach offers a broader understanding of the smoker's experience, focusing on awareness, responsibility, and authentic contact with the present. Rather than seeking

correct or suppress behaviors, Gestalt therapy proposes investigating the meanings attributed to the act of smoking and the creative adjustment mechanisms that maintain the habit.

Unlike directive approaches, Gestalt therapy is not structured around rigid protocols, but rather a dialogical and experiential process in which therapist and patient jointly explore how smoking presents itself in the individual's life. This allows access to often unconscious emotional and relational content that supports cigarette use as a way of coping with anxiety, emptiness, or avoidance patterns. In this sense, quitting tobacco use is not an end in itself, but a consequence of expanding awareness and reorganizing ways of being in the world.

Working with polarities is one of the strategies frequently used in Gestalt therapy with smokers. By exploring conflicting internal aspects—such as the desire to quit versus the pleasure of smoking—the individual is invited to integrate these tensions and acknowledge their own ambivalence. This process fosters accountability and autonomy, fundamental aspects for maintaining long-term abstinence. According to Zinker (1994), personal growth involves recognizing one's own impasses and mobilizing toward more authentic choices.

Another central element of Gestalt therapy is the appreciation of the body and sensations as pathways to experience. Smokers often experience a disconnection from their bodies and the naturalization of physical symptoms associated with smoking. Through focusing, breathing, and sensory perception techniques, patients can rediscover their bodies as spaces of presence and self-regulation, gradually replacing cigarettes as a mediator of this function. Sensory experience thus becomes a therapeutic resource for dealing with tensions and desires.

Clinical studies on the application of Gestalt therapy in addiction contexts, although fewer in number than those of CBT, show promising results. According to a qualitative study conducted by Borges and Marra (2017), participants undergoing Gestalt therapy interventions reported greater self-connection, reduced urges to smoke, and increased ability to cope with frustration. Although more quantitative research is needed, the findings corroborate the importance of approaches that consider the subjective complexity of addictive behavior.

Therefore, Gestalt therapy should not be understood as an exclusive alternative to structured therapies, but rather as a complementary and integrative resource. Its emphasis on lived experience, authentic contact, and the reframing of behavioral patterns offers a powerful path for rebuilding the individual's relationship with their own desire and history of use. By proposing that the symptom be understood and embraced—and not simply eliminated—this approach expands the possibilities for transformation in smoking cessation treatment.

4. Clinical comparisons between structured and phenomenological approaches

A comparative analysis between structured approaches, such as Cognitive Behavioral Therapy (CBT), and phenomenological approaches, such as Gestalt Therapy, allows us to understand different forms of clinical intervention in the treatment of tobacco dependence. While CBT focuses on restructuring thoughts and behaviors through systematic techniques, Gestalt Therapy proposes a delve into subjective experience, based on the here and now. Both approaches are based on distinct theoretical premises, but can converge in promoting autonomy, awareness, and effective behavioral change.

In the field of smoking cessation, CBT has proven effective, especially in cases requiring rapid interventions geared toward well-defined goals. Its clear structure encourages patient adherence, provides coping tools, and helps prevent relapse.

Gestalt therapy, on the other hand, stands out for providing a broader therapeutic space for the elaboration of emotional and existential content, often neglected in more technical approaches. This becomes relevant when smoking is rooted in complex emotional experiences, trauma, or repetitive patterns.

One of the main points of distinction between the approaches is the role assigned to the therapist. In CBT, the therapist acts as an active facilitator, responsible for implementing evidence-based interventions and assessing the patient's progress through objective indicators. In Gestalt therapy, the therapist positions themselves as a partner on the journey, co-constructing the therapeutic process with the patient through dialogue and experimentation. This difference in approach is reflected in how each approach addresses the process of change and the depth with which the content emerges in the clinical setting.

Despite methodological differences, comparative studies show that both approaches can achieve positive results in smoking cessation. According to Prochaska and Norcross (2010), the effectiveness of a psychotherapeutic intervention depends both on the technique used and the quality of the therapeutic alliance established. Thus, therapies with different foundations can be equally successful, as long as they are applied competently, clinically sensitively, and adapted to the patient's needs.

Furthermore, there is growing interest in integrating approaches. In contemporary clinical settings, many professionals have combined elements of CBT with Gestalt principles, promoting more comprehensive interventions. For example, it is possible to use CBT behavioral monitoring techniques in sessions that prioritize phenomenological listening and the expansion of consciousness, as proposed by Gestalt. This combination aims to combine technical rigor with sensitive listening, enhancing therapeutic effects and reducing the dropout rate. treatments.

Therefore, the debate between structured and phenomenological models should not be conducted under the logic of exclusion, but rather of complementarity. The choice of approach must consider the



The patient's profile, the nature of the need, the clinical context, and the therapist's training are all factors that matter. When well-founded and ethically conducted, both strategies can contribute to overcoming tobacco dependence, respecting the uniqueness of the therapeutic process and promoting lasting change.

5. The psychodynamics of relapse and emotional factors in smoking

Relapse is one of the main challenges faced in the treatment of tobacco dependence and requires a deep understanding of the psychological factors that motivate it. Studies indicate that, even after prolonged periods of abstinence, many patients return to smoking during times of stress, emotional conflict, or changes in routine. This vulnerability is associated not only with physical dependence on nicotine but, above all, with the unconscious emotional mechanisms that structure the individual's relationship with cigarettes (Shiffman et al., 2006). Understanding these factors is essential to developing more effective and personalized psychotherapeutic interventions.

From a psychodynamic perspective, the act of smoking often fulfills symbolic functions linked to containing anxiety, providing a sense of control, or regulating intense emotional states. In many cases, smoking is experienced as a "tool" of psychic mediation, used to deal with feelings of emptiness, frustration, or hostility. This psychic function, even if unconscious, makes the cessation process more complex than simply interrupting behavior. Interventions that disregard this symbolic layer tend to produce only superficial or temporary results.

Relapse can also be understood as an attempt to restore an internal balance disrupted by abstinence. In the absence of cigarettes, the individual may encounter feelings that were numbed or repressed, such as sadness, fear, or guilt. If there is no therapeutic space for these feelings to be worked through, relapse emerges as a way of returning to the "known" and the emotional comfort zone. Psychotherapy, in this sense, must go beyond impulse control and offer support for the patient to develop new internal resources for emotional self-regulation.

CBT contributes significantly in this regard by providing tools for recognizing and coping with negative automatic thoughts, dysfunctional beliefs, and self-sabotaging patterns that often precede relapse. Social skills training and relapse prevention strategies, such as risk response planning, have been shown to be effective in maintaining abstinence (Fiore et al., 2008). However, without the integration of more in-depth clinical listening, these tools can be used merely mechanically and decontextualized.



Gestalt therapy, in turn, offers a unique approach to the phenomenon of relapse, understanding it as a significant experience to be embraced and explored. Rather than labeling the patient as a "failure" or "uncommitted," the Gestalt therapist explores, together with the patient, what the relapse reveals about their internal conflicts, unmet needs, and ways of coping with frustration. This approach avoids judgment and fosters the construction of a more empathetic and transformative therapeutic relationship, in which relapse is seen as part of the process and not as a failure.

Thus, understanding the psychodynamics of relapse requires the professional to go beyond the logic of immediate abstinence and address the emotional complexity surrounding smoking behavior. The therapist must be prepared to recognize the subtle signs of resistance, ambivalence, and self-defense that emerge during the process, using interventions that connect with the patient's emotional reality. By addressing these dimensions in an integrated manner, it is possible to significantly reduce the risk of relapse and strengthen the path of subjective transformation.

6. The role of the psychologist and final considerations on clinical practice in smoking treatment

Psychologists play a central and multifaceted role in the treatment of tobacco dependence, assessing cognitive and behavioral dimensions as well as managing the emotional and relational variables that influence cigarette use. Their intervention is not limited to the application of techniques but also includes establishing a solid therapeutic alliance that fosters engagement and adherence to treatment. Qualified listening and individualizing the therapeutic process are essential to respond to each patient's specific needs.

Different psychotherapeutic approaches, such as Cognitive Behavioral Therapy (CBT) and Gestalt Therapy, offer valuable tools for psychologists to work effectively.

CBT provides evidence-based structure and protocols that help modify dysfunctional thinking and implement behavioral strategies. Gestalt therapy, on the other hand, helps broaden the field of perception and self-knowledge, allowing individuals to understand the deep motivations behind their behavior and develop authentic coping strategies.

In addition to direct intervention, psychologists can collaborate with multidisciplinary teams to create and implement smoking cessation programs, integrating psychosocial aspects with pharmacological treatments. This collaborative approach is especially important in public settings, where access to treatment may be limited and socioeconomic challenges increase the complexity of the clinical picture.

Clinical practice must always be based on up-to-date scientific evidence and respect the ethical principles of the profession, considering the uniqueness and protagonism of the patient in the process of change. Continuous training and the development of specific skills for



dealing with tobacco dependence are essential to improve results and minimize relapses.

In short, psychotherapeutic treatment for tobacco dependence requires an integrated and flexible approach, capable of combining structured techniques with approaches centered on subjective experience. In this context, the psychologist is an agent of transformation who contributes to improving patients' quality of life, promoting not only smoking cessation but also the reconstruction of habits and meanings that support mental health and well-being.

Conclusion

Tobacco dependence is a multifactorial phenomenon that requires integrated, scientifically based psychotherapeutic approaches. An analysis of the main interventions, especially Cognitive Behavioral Therapy (CBT) and Gestalt Therapy, reveals that both contribute in complementary ways to the smoking cessation process. CBT, widely supported by empirical studies, demonstrates significant efficacy in managing automatic thoughts, dysfunctional beliefs, and conditioned behaviors that maintain tobacco use (Beck, 2013; Stead et al., 2016). Gestalt Therapy stands out for its ability to promote phenomenological awareness and expand the individual's connection with their emotions and relational patterns, fundamental aspects for the sustainability of behavioral change (Borges and Marra, 2017; Zinker, 1994).

Important systematic reviews reinforce that successful smoking cessation treatment is strongly associated with a psychotherapeutic approach that considers not only physical abstinence but also the restructuring of the psychological aspects of smoking (Fiore et al., 2008). Gestalt therapy, by valuing lived experience and the process of self-regulation, complements the structured techniques of CBT, providing a broader therapeutic field that is sensitive to the patient's unique characteristics (Borges and Marra, 2017).

Furthermore, authors such as Prochaska and Norcross (2010) highlight the importance of the therapeutic alliance and the patient's protagonism in the change process, elements present in both cognitive and phenomenological approaches. The combination of these dimensions favors the development of personalized and effective strategies, which can significantly reduce relapse rates, a multifactorial and complex phenomenon as evidenced by Shiffman et al. (2006).

It is also crucial to recognize that treating tobacco dependence requires a clinical approach that values interdisciplinarity, combining psychological interventions with medical and pharmacological support when necessary. By adapting techniques to individual needs, the psychologist acts as a facilitator of processes that involve both behavioral control and the reconstruction of personal meaning related to smoking (McEwen et al., 2010).



Therefore, continuous improvement of professional training and the incorporation of evidence-based practices are essential to address such a relevant public health problem.

The combination of CBT and Gestalt therapy, combined with clinical sensitivity and a comprehensive understanding of the subject, represents a promising path for the advancement of psychotherapeutic interventions in smoking cessation.

This integration of technique and lived experience contributes to the construction of a more humane, effective, and long-lasting treatment that meets the complex demands of tobacco addiction, promoting quality of life and autonomy for patients.

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