



LETTERS TO THE EDITOR

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There Is No Need to Restore What We Have Not Allowed to Be Lost



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Background and Aim of Study:

Abstract

People affected by severe mental health conditions have, for several years, benefited from psychosocial rehabilitation strategies, which enhance the potential for functional recovery and promote an independent and fulfilling life. The aim of the study: to discuss Borshch's (2025) strategies of rehabilitation and dehabilitation, published in the International Journal of Science Annals, and to offer further insights and to suggest applications for people affected by psychotic disorders.

Conclusions:

Non-pharmacological rehabilitation and dehabilitation strategies are effective for people with psychotic disorders. Preventive interventions, however, will reduce the need for such strategies by minimising functional decline during the course of untreated illness. Early intervention may make it possible to avoid the need for psychosocial rehabilitation.

Keywords:

psychosocial rehabilitation, dehabilitation, negative reinforcement, social adjustment, schizophrenia.

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Dear Editor,

We read with great interest the letter to the editor by Borshch (2025) regarding the importance of psychological rehabilitation and dehabilitation in a psychologist's work. The author raises several important and controversial issues, proposing methodological principles that require further discussion. In the letter, author points out that patients with mental disorders are at risk of functional impairment, which may result not only from the disease process itself, but also from the adverse effects of the psychotherapy they receive. Indeed, dehabilitation is a significant risk faced by people with mental health conditions when, for example, they remain hospitalised for excessively long periods: loss of functional abilities, loss of psychosocial skills due to isolation, inability to cope with the challenges of living in the community (O'Brien et al., 2023). A dependence on care, or even on the conditions under which that care is provided, may be unduly induced by healthcare

professionals who are unaware that they are caught up in cognitive biases such as a sense of omnipotence or an aversion to failure.

For example, offering psychoeducation to a patient whose insight is impaired by anosognosia may lead to effects contrary to those intended: mistrust, a feeling of not being listened to, resistance, and so on. Worse still, an overly acute realisation of their condition, a diagnosis delivered without prior preparation, or a programme whose title includes the name of an illness for which the patient is anosognosic may exacerbate symptoms of depression and increase the risk of suicide (Martin, 2023; Ormel et al., 2022; Ram et al., 2026). The same applies to psychoeducation programmes aimed at the relatives of people affected by mental health conditions. Although the value of these programmes is now well established (Hode et al., 2024; Lecardeur, 2026), information delivered in an overly standardised manner will not suit everyone's pace (it is important to "find the right fit for



each individual”). Individualised adaptation is one of the key principles of psychosocial rehabilitation (Barlatti et al., 2024). This therapeutic field focuses much more on tools and their effectiveness than on tried-and-tested theoretical models, even though some, such as the vulnerability-stress model (Zubin & Spring, 1977) or the distinction between primary and secondary cognitive disorders (Vita et al., 2024), are supported by indisputable evidence. However, in this field as in others, the “best seems to be the enemy of the good”. Whilst professionals must, above all, know how to use the tools (for example, scales to establish a baseline that will be essential for testing the effects of a therapeutic programme, or structured, evidence-based protocols to ensure equal opportunities), their personal development as healthcare professionals cannot be reduced to a mere, formulaic application of tools or protocols. In this context, the clinical psychologist possesses academic knowledge that enables them to interpret the values of healthcare professionals so that these can be aligned with the principles of psychosocial rehabilitation (Lecardeur, 2022).

The ability to make independent decisions and exercise self-determination can be particularly impaired by the duration of untreated disorders (Souaiby et al., 2016). With this in mind, it is necessary to offer psychosocial rehabilitation programmes to restore functions that have been lost due to a lack of timely treatment. It is, however, possible to reduce the duration of untreated disorders and the resulting functional consequences by implementing strategies for early detection and intervention (Lecardeur, 2019). By focusing efforts on preventing debilitation, it is possible to envisage a reduced need for psychosocial rehabilitation. We do not claim that psychosocial rehabilitation is useless. Quite the contrary: just like drug treatments, it saves lives and makes them better. However, it is necessary to intervene as early as possible so that the patient does not have to recover what they could have retained.

Dehabilitation, as defined by Borshch (2025), is quite different. He views it as the reduction, or even the elimination, of ineffective coping strategies, which are thought to arise from the unconscious activation of defence mechanisms, such as denial. The author argues theoretically that it is the defence mechanisms themselves that are pathological in this case; therefore, it is rather the behaviours induced by these “normal” defence mechanisms that can be regarded as pathological and debilitating. Given that the activation of these “normal” defence mechanisms” and the resulting “pathological” behaviours are theoretically intended to preserve psychological homeostasis – particularly in the face of potential negative emotions that might arise and prove unbearable – respecting individual timing and supporting participatory autonomy, as the author emphasises, are essential ethical prerequisites for this use of debilitation. One of the roles of the clinical psychologist in this context involves taking a proactive approach to rekindling hope, particularly when a diagnosis of chronic illness has been made and social stigma risks disrupting the construction of a new identity.

This new identity can be realised through the experience of recovery, a highly individual process that only those who have walked this path can define.

According to the author, psychosocial rehabilitation may prove to be merely superficial if “dehabilitation” – as he defines it – is not addressed. To support his argument, the author draws on the theory of secondary gains. Whilst hundreds of studies have demonstrated the validity of concepts such as negative reinforcement, and that environmental contingencies (particularly the social context) can lead to the persistence of symptoms, the theory of secondary benefits is more hotly debated (Fisbain, 1994) – or at least as regards their ubiquitous and unconscious nature (van Egmond et al., 2005). More seriously, the author suggests that psychologists cannot use debilitation as a lever for change in people affected by a psychotic disorder. The author raises this point in his conclusion without his argument having provided any scientific references or clinical examples to support this hypothesis (the only clinical cases reported relate to post-traumatic stress disorder, depression and substance use disorders).

Psychosocial rehabilitation has been shown to be effective for people with psychotic disorders (Bighelli et al., 2021) and, to our knowledge, we are not aware of any study that provides clear support for Borshch’s (2025) claim that these effects are superficial. This question remains open. Even amongst people with schizophrenia who refuse medication due to a lack of awareness of their condition, such interventions enable a favourable outcome (Morrison et al., 2014).

Conclusions

In order to mitigate the risk of ineffective psychotherapies, clinical psychologists should 1) use assessments to establish baseline measurements and regularly reassess variables to determine the patient’s progress; 2) implement treatments whose effectiveness is supported by scientific evidence (which excludes the art therapy cited by the author) in order to avoid what we refer to in France as “psychosocial rehabilitation washing” (Lecardeur et al., 2026); 3) help the patient become aware of the factors perpetuating their symptoms, such as negative reinforcement; 4) intervene at an early stage to prevent losses that will later need to be compensated for.

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References

- Barlatti, S., Nibbio, G., & Vita, A. (2024). Evidence-based psychosocial interventions in schizophrenia: a critical review. *Current Opinion in Psychiatry*, 37(3), 131–139. <https://doi.org/10.1097/YCO.0000000000000925>
- Bighelli, I., Rodolico, A., García-Mieres, H., Pitschel-Walz, G., Hansen, W.P., Schneider-Thoma, J., Siafis, S., Wu, H., Wang, D., Salanti, G., Furukawa, T.A., Barbui, C., & Leucht, S. (2021). Psychosocial and psychological interventions for



- relapse prevention in schizophrenia: A systematic review and network meta-analysis. *Lancet Psychiatry*, 8(11), 969–980. [https://doi.org/10.1016/S2215-0366\(21\)00243-1](https://doi.org/10.1016/S2215-0366(21)00243-1)
- Borshch, K. K. (2025). Psychological rehabilitation and/or dehabilitation: What role do they play in a psychologist's work? *International Journal of Science Annals*, 8(2), 59–61. <https://doi.org/10.26697/ijsa.2025.2.4>
- Fisbain, D. A. (1994). Secondary gain concept. Definition problems and its abuse in medical practice. *American Physical Society Journal*, 3, 264–273. [https://doi.org/10.1016/S1058-9139\(05\)80274-8](https://doi.org/10.1016/S1058-9139(05)80274-8)
- Hode, Y., Padovani, R., Hikmat, W., Guillard-Bouhet, N., Attal, J., Bralet, M.-C., Biotteau, M., Chereau Boudet, I., Canceil, O., Montagne Larmurier, A., Roussel, C., Lemestré, S., & Willard, D. (2024). Family psychoeducation in schizophrenia and schizophrenia related disorder, treatment compliance, and suicidal risk reduction: Questions about their relationship from a naturalistic observation. *Frontiers in Psychiatry*, 15, Article 1370566. <https://doi.org/10.3389/fpsy.2024.1370566>
- Lecardeur, L. (2019). *Troubles psychotiques: Protocoles d'intervention précoce* [Psychotic disorders. Early intervention protocols]. Elsevier-Masson. <https://www.sciencedirect.com/book/monograph/9782294761799/troubles-psychotiques-protocoles-dintervention-precoce>
- Lecardeur, L. (2022). Déploiement de la réhabilitation psychosociale: Impacts d'une innovation thérapeutique sur la place et les pratiques des psychologues en services de psychiatrie [Implementation of psychosocial rehabilitation: impacts of a therapeutic innovation on the place and practices of psychologists in psychiatric units]. *Journal de Gestion et d'Économie de la Santé – Journal of Health Management and Economics*, 40(2-3), 116–135. <https://doi.org/10.54695/jdds.040.0203.116135>
- Lecardeur, L. (2026). *Stratégies motivationnelles pour le rétablissement. Un guide pour les professionnels et les aidants* [Motivational Strategies for Recovery: A Guide for Professionals and Carers]. Elsevier-Masson. <https://www.fnac.com/a22884422/Laurent-Lecardeur-Strategies-motivationnelles-pour-le-retablissement>
- Lecardeur, L., Franck, N., & Bralet, M.-C. (2026). The psychosocial rehabilitation washing in France. *Encephale*, 52(3), 330–332. <https://doi.org/10.1016/j.encep.2025.06.010>
- Martin, S. (2023). Why using “consciousness” in psychotherapy? Insight, metacognition and self-consciousness. *New Ideas in Psychology*, 70, Article 101015. <https://doi.org/10.1016/j.newideapsych.2023.101015>
- Morrison, A. P., Turkington, D., Pyle, M., Spencer, H., Brabban, A., Dunn, G., Christodoulides, T., Dudley, R., Chapman, N., Callcott, P., Grace, T., Lumley, V., Drage, L., Tully, S., Irving, K., Cummings, A., Byrne, R., Davies, L. M., & Hutton, P. (2014). Cognitive therapy for people with schizophrenia spectrum disorders not taking antipsychotic drugs: A single-blind randomised controlled trial. *Lancet*, 383(9926), 1395–1403. [https://doi.org/10.1016/S0140-6736\(13\)62246-1](https://doi.org/10.1016/S0140-6736(13)62246-1)
- O'Brien, M. W., Mallery, K., Rockwood, K., & Theou, O. (2023). Impact of hospitalization on patients ability to perform basic activities of daily living. *Canadian Geriatric Journal*, 26(4), 524–529. <https://doi.org/10.5770/cgj.26.664>
- Ormel, J., Hollon, S. D., Kessler, R.C., Cuijpers, P., & Monroe, S. M. (2022). More treatment but no less depression: The treatment-prevalence paradox. *Clinical Psychological Review*, 91, Article 102111. <https://doi.org/10.1016/j.cpr.2021.102111>
- Ram, D., Manjunatha, N., & Bada Math, S. (2026). Negative events in psychotherapy: A narrative review. *Indian Psychiatry Journal*, 35(1), 15–24. https://doi.org/10.4103/ipj.ipj_114_25
- Souaiby, L., Gaillard, R., & Krebs, M.-O. (2016). Duration of untreated psychosis: A state-of-the-art review and critical analysis. *Encephale*, 42(4), 361–366. <https://doi.org/10.1016/j.encep.2015.09.007>
- Van Egmond, J., Kummeling, I., & Balkom, T. A. (2005). Secondary gain as hidden motive for getting psychiatric treatment. *European Psychiatry*, 20(5-6), 416–421. <https://doi.org/10.1016/j.eurpsy.2004.11.012>
- Vita, A., Nibbio, G., & Barlati, S. (2024). Pharmacological treatment of cognitive impairment associated with schizophrenia: State of the art and future perspectives. *Schizophrenia Bulletin Open*, 5(1), Article sgae013. <https://doi.org/10.1093/schizbullopen/sgae013>
- Zubin, J., & Spring, B. (1977). Vulnerability: A new view of schizophrenia. *Journal of Abnormal Psychology*, 86(2), 103–126. <https://doi.org/10.1037//0021-843X.86.2.103>

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