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Psychological Care for Medical Students

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1. Introduction

Our job involves the psychological care of foreign and Hungarian medical students. Below, we introduce our experience and the relevant literature. There are complex factors underlying the stress experienced by medical students in relation to their studies (Pikó, 2014). The demand of mastering an extensive curriculum is directly linked to personal sacrifices. Additionally, students are exposed to a highly competitive and tense work environment. Epidemiological data on mental health has shown that more than 20% of medical students suffer from psychological disturbance and/or show mental health problems (Thun-Hohenstein et al., 2020). The amount of medical knowledge has been doubling every 73 days since 2010 based on estimations from 2018 (Corish, 2018). New medical knowledge gradually gets incorporated into the curriculum, constantly adding more to the knowledge required to finish medical school successfully. Demands placed on medical students (which often seem impossible to meet) further increased in 2020 due to the COVID-19 pandemic. The stressors commonly experienced by medical students may contribute to developing burnout, depression, and anxiety.

To prevent anxiety and depression, we often use relaxation techniques (Stetter & Kupper, 2002) and put lifestyle factors (such as the daily amount of sleep and general health status) in the focus of counseling. These techniques significantly influence the development of depression and anxiety (Cheung & Yip, 2015; Hoying et al., 2020). There is also a link between health beliefs and behavior and the development of depression and anxiety (Hoying et al., 2020). Our experience suggests that education on a healthy lifestyle may itself induce changes in the students' representations of themselves and their health.

Social support is the most common coping strategy among medical students (Steiner-Hofbauer & Holzinger, 2020). However, social support seems to reduce depressive symptoms only if it meets the exact needs of the recipient (Haldorsen et al., 2014). Medical students wish to receive social support specifically from their university (Dyrbye et al., 2010), and through the psychological aid provided by the university counseling staff, significant improvements can be achieved.

Some medical students may turn to maladaptive coping strategies such as alcohol or drug use to reduce their depressive symptoms and anxiety (Keller et al., 2007; Newbury-Birch et al., 2001). One can assume that given their profession and high level of health literacy, medical students have a lower risk to develop addictions; however, in reality, this does not seem to be the case (Gignon et al., 2015). Both our experience and empirical research suggest that not only alcohol and illicit drug use but excessive caffeine intake (in the form of energy drinks or coffee) may also occur in medical students. Caffeine also has a health-harming effect if consumed too often or in large amounts (Sawah et al., 2015).

It is also important to note that maladaptive coping strategies may not only result in mood disorders but also psychosomatic symptoms. The most common symptoms include fatigue, sleep disturbances as well as upper and lower back pain (Pikó, 2014). In female medical students, psychosomatic symptoms also include menstruation disorders such as dysmenorrhea and PMS (premenstrual syndrome) (Kanti et al., 2020).

We regularly encounter medical students who ask for help because they are procrastinating tasks related to their education and cannot finish them on time despite being aware of the potential negative consequences (e.g., deteriorating learning outcomes due to being unprepared). Procrastination of study-related tasks is independent from the cognitive skills of the student; however, it is linked to negative emotions (including anxiety and depression) towards the task (Huszár & Huszár, 2014). Furthermore, procrastination is also related to self-control, perfectionism, fear of failure, and irrational expectations (Huszár & Huszár, 2014; Steel, 2007). With respect to self-control, internet addiction should also be mentioned (Hayat et al., 2020). Perfectionism is one of the most prevalent personality traits of medical students and refers to high expectations towards oneself (Enns et al., 2001). Basically, to provide meaningful help to the students trapped in the vicious circle of procrastination, we need to explore the causal relationships underlying their behavior.

We share the conviction of researchers and we believe that offering psychological counseling and an opportunity to acquire new stress management techniques is a way of preventing burnout syndrome, depression, and other mental health disorders among students (Iqbal et al., 2020). During the counseling process, students learn healthy coping strategies, which may lead to greatly improved quality of life, healthy development of professional identity, and prevention of mental health disorders.

2. Case Reports

The cases introduced here are fictional stories based on several similar cases from our counseling work with medical students. All personal data of real clients, including name, age, and ethnicity, have been changed to respect the clients' personal rights. The first case report is based on the counseling experience of Eszter Racs and the second on the experience of Nelli Fischer.

2.1. The Case of Zack *"If I Take a Break, It's All Over"*

When he contacted me, Zack was a barely 20-year-old third-year medical student desperate for immediate help. He was extremely concerned as he did not feel good neither mentally nor physically; he could not concentrate on studying for weeks. Previously, he never had any problem with studying and was a cheerful and energetic person. As I noticed, precisely this was that had shocked him (and his environment) the most. How and why would such a young man feel bad while normally he is easy to connect with, has above-average abilities, and records outstanding performance?

Zack was so desperate when he called me that he wanted instant relief from his feelings. Although our short conversation upon making an appointment gave him a bit of relief, his voice still felt disappointed at the end of the call. He wanted me to immediately tell him what to do and what decision to make: should he take a semester off or not? It occurred to me that he wanted permission to rest but also that he might have wanted me to motivate him to continue. I was feeling all kinds of emotions and was unsure if I would be able to help him in a relatively short counseling process with 5 to 10 sessions. At this point, I had not expected that he would suffer another loss in the form of losing his grandmother in the middle of the counseling process.

2.1.1. First interview

Less than one week had passed between our first contact and the first interview. Zack arrived with a decision he had already made, that he would take a semester off. He wanted to focus on his mental and physical health and to travel home to his family who lived on another continent. He had not seen them for more than a year by that time. However, setting these goals came with guilt. If he prioritized his health over his studies, others would be disappointed in him, and he would also disappoint others which seemed unacceptable for him. He asked for help to cope with the disappointment.

Zack arrived in Hungary after finishing secondary school to begin his studies as a medical student. At the time, he was barely 18. Since his arrival, he visited home only once. Before moving to Hungary, he used to live with his parents who are also doctors, and worked hard all their lives. Despite the great physical distance, Zack had a strong connection with his parents and often talked to them. Already in the first interview, Zack mentioned that his father had developed chronic back pain a few years ago and that his symptoms became more frequent and intense. Just before Zack's first interview, his father's symptoms had worsened, which visibly shook Zack. It was clear that the family is extremely important for Zack, hence the eagerness to finally see his relatives again when returning home, even though he could not meet his brother, who studied abroad at a university just like Zack himself.

His parents and previous teachers always believed in Zack; however, they also had high expectations towards him. He was an eminent student in primary and secondary school, and this continued in his first two years at the university. As a second-year medical student, he already took part in the education of first-year students.

He spoke in more detail about how passionately he studied and had an interest in many things and had known that he wanted to be a doctor since he was young. He also talked about the various learning methods he used. It became clear that his current mental state did not originate from a lack of learning methods or commitment to the medical profession.

Zack also shared with me some traumatic events from the past year which had affected him emotionally. One of his close friends had committed suicide, and his father had been unwell almost all year and had to undergo surgery.

Before his current state, Zack was the one to support and motivate others, for instance, his father. He was even able to beat the distance of thousands of kilometers and organized online events aiming to improve his father's health. Therefore, it was especially hard for Zack that he could not motivate himself, let alone others. He reported that his current state had started approximately two and a half months before we met and was characterized by a lack of motivation to study and feelings of listlessness and being drained. One and a half months ago, upon hearing that his father's back pain had exacerbated, Zack's state had further deteriorated as well. Meanwhile, he had distanced himself from his friends and got disappointed in many of them. He felt like he had *"no one to rely on at the moment"*. We contracted for five more sessions. We later changed it to eight sessions as a result of an acute grief process. The goal we set was to reconcile him with his decision (i.e., to take a semester off). We met three times in person and five times online via web camera consultation.

2.1.2. Health and Illness Representations

As Zack noticed that he was turning more depressive, exhausted, and listless, he started to blame himself: *"I despise myself for feeling like this, I should feel okay."* He painted himself as lazy and do-nothing, as if he did not have very real problems to deal with. He kept repeating that he did not know how he reached that point at which he felt so drained, and was unable to improve his situation on his own. He could think of his current state and decision to take a gap semester solely as a loss. Moreover, he was unable to identify with the feeling of this loss: *"I'm giving up right now, and I am not myself whenever I give up."* Zack also explained that in his family, they were not used to expressing negative and unpleasant feelings and mention bodily pain. His father also hid his pain until it was already unbearable. According to his parents, psychological issues were *"not real problems."* Thus, Zack followed the pattern and endured the loss of motivation, the exhaustion, and the listlessness that lasted for weeks, and he was angry with himself for not being able to study and getting along with his friends as well as before.

2.1.3. Methods

Zack filled out the Maslach Burnout Inventory–Student Survey (Schaufeli et al., 2002) and received psychoeducation on the cognitive model (Beck, 1963). We worked with his negative automatic thoughts. Zack wrote a thought diary with which he could monitor not only his thoughts but also his emotional, physical, and behavioral responses. With this practice, we were able to identify the dysfunctional attitudes and beliefs underlying the negative automatic thoughts.

I used OH Cards (France & Lawrence, 1993) as well, because Zack also shared with me that he loved art and had a creative side. Zack loved the OH Cards so much that we worked with one or two cards for at least a few minutes in almost every session. Zack found it easy to project his story onto the cards. This way, he had an opportunity to symbolically process what he was going through.

2.1.4. Resources and Coping Strategies

Zack lived in an extensive social network in which he, at the time, could not rely on. His openness and curious nature made him easy to work with. He enjoyed doing his homework and asked several relevant questions during the counseling process. Furthermore, his creativity aided the work with the OH cards.

Zack said that previously he was getting by with the denial and repression of negative thoughts and the forceful replacement of these thoughts with positive ones. He always repeated what his father said to him: *"Stay positive!"* As Zack thought of himself: *"I'm the strong one in the family."* Also: *"I'm only valuable if I bring joy to others, and I stay positive."* Coping mechanisms like repression and emotion replacement seemingly worked for him in the past; however, they did not work in the present situation. Moreover, since he neither felt strong nor positive, he ceased feeling worthy which worsened his state.

Concerning his social connections, conflict avoidance was also present as a coping mechanism since he had often hid his feelings from his friends when he had been being hurt. As he formulated it: *"I don't care if someone hurts me. I don't say anything. I'm the one who supports others, who listens and can give advice."* By the end of the counseling process, the repression of negative thoughts was replaced by acceptance *("It's all right if I don't feel good.").* Moreover, instead of hiding his emotions and feelings, emotion regulation was increasingly practiced *("I told him that I was hurt by him not telling me the truth.").*

2.1.5. Social Support

Although Zack was supported his entire life by both his friends and family, they secretly conveyed the message to him: *"You should remain positive all the time."* This created a compulsion to conform. If someone always stays positive and happy, it means

that the person is not allowed to feel bad and be disappointed or sad. Zack, but also his environment needed time to get used to the fact that Zack could feel bad and that it did not make him a different person. The decision Zack made was immediately received with empathy by several of his loved ones (although some still suggested he should remain positive and keep fighting because taking a semester off equals giving up and losing).

2.1.6. Communication Skills and Health Literacy

Zack appeared to be a talkative and honest person who (although he stated that he is not used to talking about his feelings) described his emotions in a nuanced manner: *"I felt drained," "I despised myself," "I felt like a burden to others."* He never described his complex feelings with only one word: *"I am overwhelmed and disappointed," "I feel relieved but also scared."*

Although the extremely talkative personality of Zack made the counseling easier, sometimes he lost himself in talking and it was hard to stop him from having one long monologue in half of the session so that we could also work together. We could discuss this and after he became aware of this tendency, he tried to express himself more concisely while keeping eye contact so he could monitor my reactions.

The client himself put it into words in the first session that he did not want "the situation to go south." Thus, it was straightforward that he was worried about his complaints even if he could not identify their root cause. During the counseling, he quickly understood the link between the physical and mental symptoms, just like the function of different homework tasks. The high health literacy of Zack enabled a dynamic counseling process to take place.

In his family, it was unusual to express emotions or bodily sensations; however, they formed a cohesive, caring, and accepting community. The family respected Zack's decision to take a semester off, and he was welcomed home again, allowing him to rest. This facilitated the counseling process considering that Zack connected to the session online from his family home after the third in-person session until the end of counseling.

2.1.7. Interventions and Their Goals

Zack filled out the Maslach Burnout Inventory. His results on the Emotional Exhaustion and Personal Accomplishment subscales called for attention. His score on the Depersonalization subscale was insignificantly low; being impersonal or cynical was not characteristic to him. The discussion and psychoeducation following the completion of the questionnaire revealed to Zack that having mental blockages (such as being in a near burnout stage) can be real and can hinder his performance in all aspects of life, not to mention the consequences on his health.

The thought diaries aimed to give Zack an overview of what thoughts maintain his current unfavorable state and how. They also helped him to see how these thoughts are connected to his bodily sensations, emotions, and behavior. Moreover, we observed where these thoughts and emotions originated from and what previous situations had brought them about. Early in the counseling process, specifically, on the second session, Zack mentioned that he felt as if particular members of his family, but not his parents had withdrawn their love from him because of his decision to take a semester off. This was hard to accept for both Zack and the family because they thought of it as an untypical decision by Zack, which resulted in negative automatic thoughts in Zack. *"I should have tried harder." "I should have been stronger." "It would be better if I didn't exist at all." "I'm a burden to others."*

Dysfunctional attitudes also emerged: *"If I tell others and openly express that I feel bad, I'm just burdening them." "I'm not worth anything if I cannot stay positive." "If I cannot perform outstandingly, there's no point in me existing."* Some deeper, more general beliefs were also present, such as: *"I'm a failure." "I'm a disappointment."*

Zack linked these beliefs mainly to his previous school experiences. The same thoughts arose years ago when he also had had to fulfil a number of expectations. Once during a competition, one of his teachers introduced him to the audience as the best and most prominent student of the school who would win the competition. This triggered thoughts similar to those mentioned above and even caused him to freeze for a little.

The examination and questioning of negative thoughts first occurred in the form of negations: *"Maybe I couldn't do more this time." "Maybe I'm not a burden for others, not even in this state." "It's not necessarily a failure to take a gap semester as I plan to continue my studies."*

These thoughts gradually transformed into assertive sentences: *"What I do and who I am is just enough." "My decision has also brought many new things in my life."*

The questioning of negative thoughts not only aimed to facilitate the change of the narrative thought but also to influence the emotional and behavioral responses. Zack's initial emotions (mainly dominated by fear, exhaustion, hopelessness, and guilt) gradually got replaced by the sense of relief and motivation. His initial behavioral responses were driven by conflict-avoidance and avoidance stemming from the compulsion to conform. On the other hand, in the second half of the counseling process, he reported expressing his feelings towards others with an increasing frequency. He was also able to give space to his negative emotions during a grief process he incurred, which allowed him not to get stuck in his feelings. During the period of the last few sessions, he started participating in an internship, of which he gave very positive feedback.

The aim of interventions with the OH cards (sentence forming with given words and storytelling) was to symbolically represent his own narrative. The sentences and stories Zack created expressed his current mental state and level of acceptance regarding his decisions. He linked the main characters of the stories to himself and even in-

corporated the counseling work in one of his stories. Putting Zack's stories in order can demonstrate how he got closer and closer to accepting him taking a gap semester and how his decision gradually got integrated into his personality.

2.1.8. Terminating of the Counseling Relationship

Getting close to the termination session, Zack reported the effects of having his thoughts and behavioral patterns become more conscious without me having to ask him about it: *"I think I shouldn't have overexerted myself. I see my parents and how much they work, and I respect them very much for it, but they haven't spent time with me since I came home. I feel like my father's illnesses are related to working constantly. I want to continue my studies and become a doctor, but I wish to proceed without sacrificing myself, my social life, and my health. I would like to express whenever I am feeling bad, cry if I am sad, even if I'm told not to cry."*

Zack was unsure about ending the counseling process and wanted to make sure that he could return to me if he felt stuck. However, in our last session, he also expressed that he was ready to use the techniques he learned on his own and continue his studies in the upcoming semester.

> **Lessons learnt this case**
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> Zack's case reminded me that I have to pay attention to keeping the appropriate therapeutic frames even if a client approaches me in despair (for example, offering an appointment right away is usually not possible). The case reminded me of the benefits of not slipping into the trap of giving direct advice and prompting independent decision making from the beginning to the students who approach me. This way, the therapeutic work can start even before the first interview.

2.2. Maxima's Case "It's Worth a Try."

Maxima asked for an appointment on the phone and stressed right away that her friends had made her contact me. By her own admission, she only believed in medical sciences, but added: *"it's worth a try."* This call for an appointment invoked my professional self. I felt like I needed to prove that I can provide actual help.

2.2.1. First Interview

Maxima was a fourth-year medical student in her early twenties. Both her parents had college degrees; hence, according to her, *"it was never in doubt"* whether she would go to university after finishing secondary school. Her parents divorced years ago. She lived with her mother but met her father weekly, so he was still very much part of her life.

She said that the divorce had not been a loss only: she got to celebrate every holiday twice, with her mother and father separately.

She approached me because the last exam period exhausted her. She lost her motivation and felt sick to the stomach from the thought of getting back to studying, even before the semester started. She had a hard time during all her previous exam periods; she got exhausted both physically and mentally. She reported weight loss in exam periods because she could not eat as her stomach was in spasms. She had even thrown up on the day of the exam repeatedly. These complaints were accompanied by lower back pain and stomach cramps. She visited her family doctor with these symptoms and got painkillers prescribed. However, her symptoms returned from year to year and did not dissolve. Even her family doctor remarked that *"there may be something stress-related behind these complaints."* However, Maxima did not feel like she had time to begin dealing with her symptoms as she was so busy studying. She felt like talking about her symptoms would only be a waste of time. I reiterated that in our phone call, she had referred to her friends as a motivation to contact me. To my question about why she asked for help, she said that she felt like there was nothing to lose. Since her family doctor also supported this, *"there might be something to it."* She searched my eyes during the whole session as if she wanted to find out why I asked the things I asked. I had a feeling that my client was testing me.

Maxima also reported that due to the challenging exams, she gradually lost the self-confidence she used to have when she had started the university. She thought of herself as a bad examinee, afraid to talk not to say something stupid. She feared that the professor would humiliate her in front of the other students. Only the highest grade was acceptable for her; anything less was deemed a failure. She often experienced nightmares during the exam periods. These nightmares were always related to the exams.

We contracted for five more sessions with the aim of stress management and the improvement of her coping. Maxima put it into words as follows: *"I'd like to take control because now I feel like everything's getting out of hand."*

2.2.2. Resources

Thanks to her curious nature, Maxima's initial resistance was replaced by curiosity. The good student she was, she prepared all her homework, and by the last few sessions, she even started to enjoy doing them. Despite the challenges, she viewed herself as a positive person, always trusting that *"things get better if we do everything we can."*

Her parents supported her in everything. She had a deep, trusting relationship with her mother. Although Maxima usually did not tell her if something bothered her, but she called her in these cases. Her mother's understanding attitude usually had a calming effect on her.

An important resource of Maxima was her altruism. She was keen to help others. Her friends could always rely on her and vice versa. She only had a few friends, but those friends had been by her side for years and they shared a strong bond. She said that her trust in herself helped her to overcome all obstacles, *"whatever it takes."* By relying on these factors, she was able to overcome the challenges she had to face.

Listening to her talking, I felt that what she said was contradictory to what she currently experienced. When she first contacted me, the things she previously had enjoyed could not fill her with joy (apart from studying, she also liked reading or spending time with friends). It seemed like she wanted to put herself in a better light in my eyes.

2.2.3. Methods

I asked her to write a stress diary. She was excited to write down her experiences and the negative automatic thoughts, which we would discuss later. I encouraged her to write down the positive events also because I noticed that her thinking was narrowed to the negative events which needed to be overcome. She could not recognize how many positive things happened to her in her everyday life.

I used OH Cards (France & Lawrence, 1993) to explore her resources. I was surprised to see that she linked her resources to some cards onto which most clients project negative content. This shed light to the internal coping skills of Maxima.

2.2.4. Health and Illness Representations, Coping Mechanisms

In stressful situations, the client developed physical symptoms affecting the digestive system. To my question regarding what were the things in her life that she could not digest her answer was as follows: *"I really would like to meet everyone's needs, but I know with my brain that it is impossible. Still, I try because I cannot fail."* She mentioned that she remembers from her childhood when she had brought home a C grade. Her parents scolded her severely. They got divorced the same year. Since then, she felt like she could not allow herself to perform poorly. She learned that poor performance is associated with disapproval which is accompanied by shame.

She said that her experience of the divorce was not negative, the news of it she was told in a rather factual manner. She never saw her mother being sad, and according to Maxima, her mother *"didn't have time to cry"* at the time of the divorce. Maxima displayed a similar dynamics. Although she talked to her mother about her feelings, she often held these feelings back in order not to be a burden for her. Maxima, like her mother, did not have time to deal with her own emotions. Consequently, she felt like she lost control over her emotions and her body.

The coping of Maxima fit well into the model of Self-Regulation by Leventhal and colleagues (1980). For Maxima, the exam period was a threatening external stimulus, while her physical symptoms (such as stomach cramps and lower back pain) can be

categorized as internal stimuli. She believed that her symptoms had underlying somatic causes; hence, she approached her family doctor. All this induced more anxiety and worries in her.

Seeking the doctor's help indicates problem-focused coping. In contrast, when relying on emotion-focused coping to regulate her emotional state, she denied having mental problems and managed her anxiety by drinking alcohol. Often, she was afraid of an exam so much that she postponed the exam date but did not spend extra time studying for the exam. Instead, she avoided facing the situation and escaped from it. When she eventually made an evaluation, she concluded that when the exam period was over, her symptoms were also gone, so she did not feel the need to change anything. In the following exam period, she could rely on her previous methods of coping again. However, this started a vicious circle. Additionally, she looked for social support and spent time with her friends in parallel with alcohol consumption. She viewed her difficulties as challenges which indicated that search for positive meaning was typical of her.

2.2.5. Social Support

The client could count on her friends and sought their company even in difficult times Although she shared her feelings with her mother as well, she kept her negative thoughts and the details of her unmotivated state to herself. She missed a partner in her current life with whom she could share everything. The only motivation Maxima had for the upcoming semester was her hope to get romantically engaged. She said referring to her previous relationship: *"I know how good it is to have someone. Anything can be achieved together."*

2.2.6. Communication Skills and Challenges

Maxima was a talkative girl with a normal speech rate. Instead of talking about herself, she often relied on commonplaces and spoke about people in general. *"Others have difficulties, too." "It's important to achieve something in your life."* This could have been partly due to the fact that she was afraid of being judged for how she would express herself. *"You must think now that this is silly." "You must be thinking that I shouldn't have said that."* Therefore, the emotions of the client were hard to approach for me, as well. The projective properties of the OH Cards helped to overcome this barrier. A sense of security later replaced the initial hesitancy, and the client was gradually able to open up more during the sessions.

2.2.7. Health Literacy and Family Environment

Maxima initially denied a link between her physical symptoms and mental state. With the progress of the counseling and the help of the stress diary, she realized the patterns

in her reactions to stressful situations, also the connection between her physical and mental symptoms.

The parents of the client kept a good relationship with each other despite the divorce. Thus, they provided a secure family background to Maxima, although living in different households. She regularly kept in touch with her father despite living separately. She could rely on him in every way; however, their conversations were limited to the topic of her studies at university. The situation was similar with her mother as she was sometimes afraid to share her feelings with her.

2.2.8. Aim of the Intervention, the Therapeutic Process

The OH Cards helped to unravel the internal resources of the client of which she had forgotten lately. She was surprised by her own associations seeing the cards. She realized that previously she had been thinking more positively and her thougths were especially negative with respect to her studies. When the exam period came nearer, her emotional state got worse and worse. *"This is like a downward spiral. Once it starts, things can only go downwards."*

Maxima felt like she was losing her confidence. She wished to be able to trust her abilities more. According to her environment, she was always someone to rely on, and she could always overcome the difficulties. She then realized that others think she could overcome the *"bad things"* during her studies because of her motivation in life to help others.

As a homework, she was asked to write a diary on positive events. She commented the following on this: *"It was nice to write down these at the end of the day. It reminded me of my old self."*

Although the task was given for only one week, Maxima liked it so much that she continued to write down the positive events until the termination of the therapeutic process.

With the help of the stress diary, she realized her behavior patterns when the exams started to approach. She identified the triggers (e.g., the posts of other students on Facebook who had already finished an exam) and the signs of stress (e.g., loss of appetite, sleep disturbances). She then learned to change her reactions. For example, she incorporated exercise into her everyday life. Therefore, she got tired not only mentally but also physically. She also stopped taking naps during the day so she could sleep better at night.

Her procrastination of study-related responsibilities always started with postponing the date of the exam. I asked her to write arguments for and against postponing when such thoughts appeared. Whatever decision she made, she was encouraged to put positive motivating messages somewhere in her room where she could regularly see them. The initially negative messages *("I do not want to fail")* later became positive *("I can do it").*

We practiced progressive relaxation from the repertoire of stress management techniques. Maxima initially said that she was *"unsure about what to feel."* However, following at-home practice, she reported positive changes, especially after the evening practices: *"I wouldn't have thought that I could ever fall asleep this fast with the exams approaching."* The client also reported that due to the stress, her posture became hunched during the exams, which she thought made a negative impression on others. *"I curl up, I am sure they can see how terrified I am."*

Later, she exercised rapid progressive relaxation before one of her exams which was of great help to her: *"It was such a good feeling. Usually, panic takes over me, but I did not let it happen this time."* The client also drew a life path diagram. She marked the important positive and negative life events on an axis, and she was asked to leave space for the future on the diagram. She commented: *"It was nice to talk about the future. I would've never imagined being so close to it."* The life path diagram demonstrated that Maxima had emotional scars from school about which she had forgotten. Her peers ridiculed her in second grade when she was hadn't won anything in a spelling contest. After making these incidents conscious, she was able to reframe her negative experiences of the exam: *"Now I have the opportunity to change them."* She recognized that concerning her studies, she felt a strong compulsion to conform towards her parents. This feeling was stronger in association to her father. According to the client, he was the one who asked her the most about the university: *"We don't have anything else in common, I don't know what else we should talk about."*

Though initially skeptical, Maxima started to open up and trust in me during the course of the counseling. The good student she was, she prepared all her homework to comply with what I'd told her, but eventually she started to enjoy doing it. A liberating feeling replaced her severe compulsion to conform. As she formulated it: *"I can feel the change. I can enjoy the smaller things. I think I've become more resistant to difficulties. It may sound arrogant, but I'm happy that I came here because I couldn't have achieved this alone."*

Lessons learnt from this case

During the work with Maxima, I felt like I had to meet her expectations as if she had been testing me every session. In between two sessions, I was carefully selecting tasks to achieve as much of a striking result with as high effectiveness as possible. I realized that these feelings were hers too, as having a compulsion to conform was strongly characteristic to her, and during exam periods, she was fixated on the exams. Through all this, I have recognized how important self-reflection is. It is not the magic that matters but the whole therapeutic process.

3. Discussion

Although we have thoroughly discussed the negative effects of stress to which medical students are frequently exposed, we need to emphasize that stress in itself does not cause depression and anxiety in all the cases. The relationship to stress is more important along with the response given to stressors. Both research studies and our own experience (Haldorsen et al., 2014) suggest that these are the factors that make students more prone to depression, anxiety, and mental disorders. Zong and colleagues (2010) have proven the importance of medical students acquiring adaptive coping skills during their university studies. This is because depression and anxiety are built on maladaptive coping mechanisms. Furthermore, if new adaptive coping strategies replace the maladaptive ones, the likelihood of developing mental health disorders decreases.

Both case reports highlight that, by the end of the counseling process, the maladaptive coping strategies of the clients were overwritten by adaptive coping strategies. Making the emotions conscious and processing them facilitated the replacement of maladaptive coping strategies. During both counseling processes, the family background of the clients had been brought to the fore. Family background has an important role in what attitudes clients have regarding emotions and in stress coping.

Notably, medical students rarely hear about emotions and the psychogenic aspects of health and illness during their studies, primarily representing a somatogenic approach. Therefore, emotional self-reflection is especially challenging for them. Medical students also need to meet high expectations and take great responsibility. Thus, the stressors that also await them in the future are present early in their training. As a result, it is easy for the students to experience burnout or near burnout stages, just like the clients in the cases presented above. This may hinder the students' advancement at the university. However, psychological counseling provides help to resume their studies with success, having acquired new knowledge and skills.

Zack thanked the counseling work in a letter in which he described how he had been and what feedback he received from others since the termination of the counseling. He expressed that he was already preparing for the next school year, excitedly looking forward to continuing his studies. We believe that the feedback from students is the best proof of the relevance of the counseling work in preventing and screening mental health disorders.

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