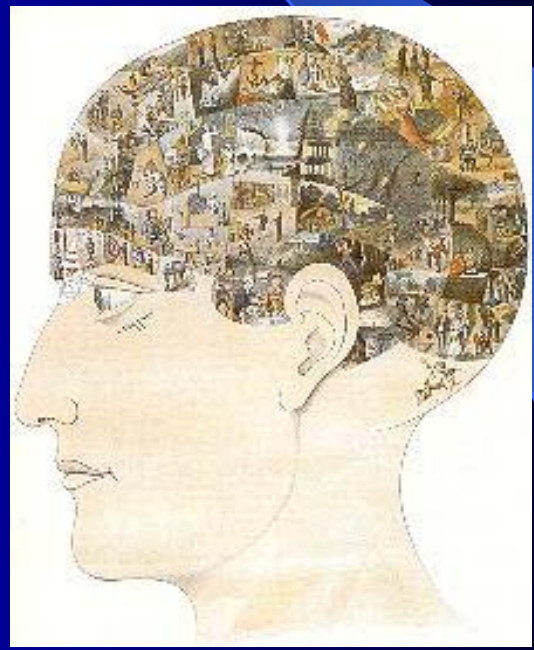
PSYCHOTHERAPEUTIC METHODOLOGIES

ORIENTATIONS FOR NOT-EXPERTS

by Alfredo Anania

Lesson delivered in the Neuropsychiatry Refresher-day
Marsala 24 June 2006
Lilybetana Medico-Surgical Association

- Purpose of this conversation is to offer to people that don't have a specific preparation on this matter a short review about the different forms of psychotherapy.



In Italy, we have two Psychotherapist registers:

a) the Psychotherapist Register of the Provincial Medical Order;

b) the Psychotherapist Register of the Regional Psychologists' Order.

My membership to the Psychotherapist Register of the Medical Order of Trapani (Sicily) is linked to the following personal formation:

- **Degree in Medicine and Surgery;**
- **Specialization in Nervous and Mental Illness;**
- **Personal (Freudian) Psychoanalysis;**
- **Bionian Experiential Group Training;**
- **Group-analysis Training;**
- **Jungian Supervision.**

Psychotherapy is essentially a psychological treatment. In fact, since its beginning, the psychotherapy was a *cure of the psyche through psychological and relational means.*

Sigmund Freud developed the first way of Psychoanalysis for meeting the needs of some patients that had in common the following characteristics:

a) a good attitude to introspection;

b) they would not drugs for overcoming their psychic uneasiness ;

c) they wont to get well through their individual psychological potentialities.

Many forms of Psychotherapy

Psychoanalysis is only one among the various forms of psychotherapy and, already inside itself , it counts several schools (Freudian, Jungian, Adlerian) that have the following common characteristics:

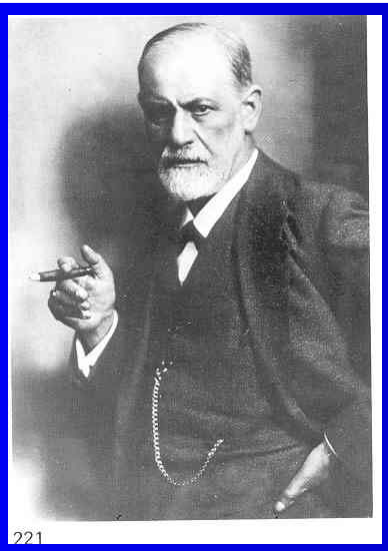
a) the treatment isn't limited only to symptoms (psycho-emotional and behavioural) but it is aimed to reach significant changes of personality;

b) depth of the psychic analysis;

c) long-lasting (many years) and marked intensity of the treatment (three o more weekly sessions);

d) particular attention towards the unconscious processes.

The three founding fathers of psychoanalysis

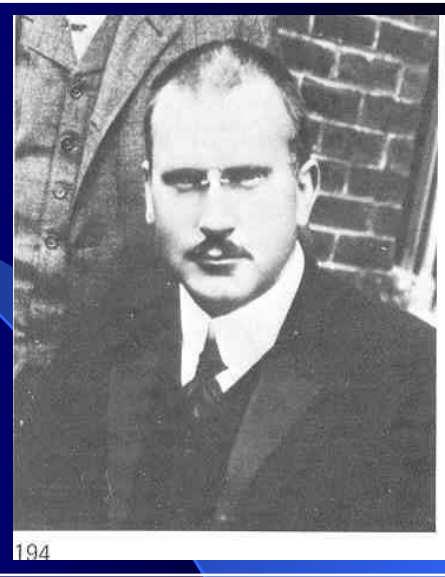


Sigmund Freud

(doctrine of unconscious *pulsions* and of the *defence mechanisms*; tripartition of the psyche into *Es*, *Ego* and *Super-Ego*; conflict between *pleasure principle* and *reality principle*; conflict between *libido* and *mortido*).

Alfred Adler

(doctrine of the *desire of power* - as innate need of surviving and prevailing – and of the *social sentiment* – as sentiment to cooperate and *emotive participation* together with the others).



Karl Gustav Jung

(doctrine of *archetypes* and of the *collective unconscious*; particular consideration for the *process of individuation* and the discovery of the *true Self*).

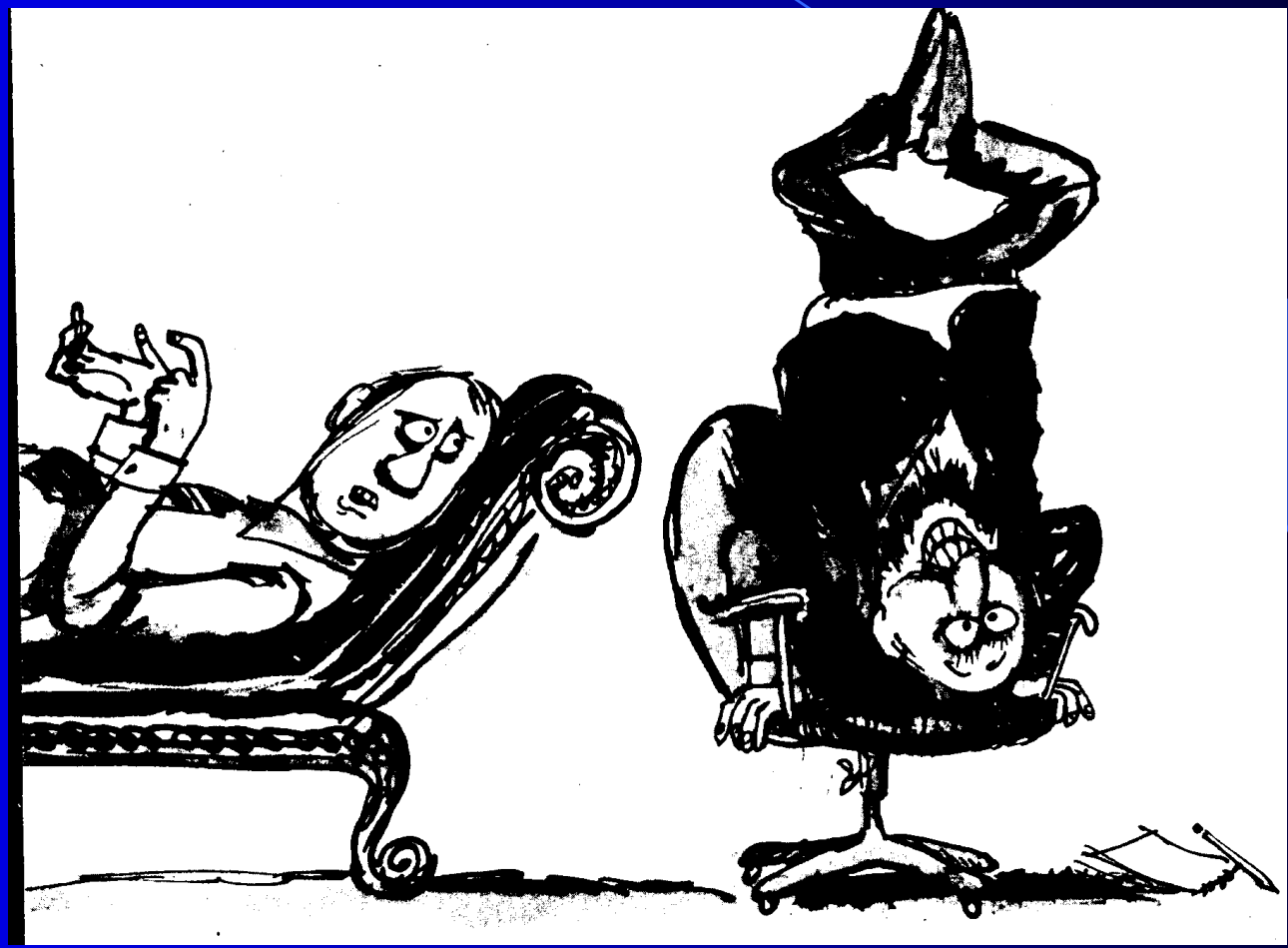
Every psychotherapy bases on:

a) a definite *general theory* about mind;

b) a *model* of reference related to the general theory;

c) a specific *method* of researching, the reason why a determined *therapeutic technique* is applied.

Experimental *setting* innovation by a "wild"psychotherapist!



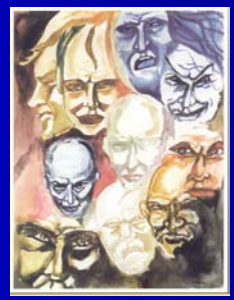
As I have already said, in Italy, the **psychotherapist** is a doctor or a psychologist endowed with specialist title granted by one of the many official **Postgraduate Schools in Psychiatry or in Psychotherapy** and, consequently, inserted in a Psychotherapists' Medical Register or in a Register of Psychotherapist Psychologists.

Nobody is a true psychotherapist if he haven't the beard.
Pull it strong to be you sure that it is authentic!

Principal types of psychotherapist

		
The observer of soul psychoanalyst	**The Rogersian-relational psychotherapist**	**The group-psychotherapist**

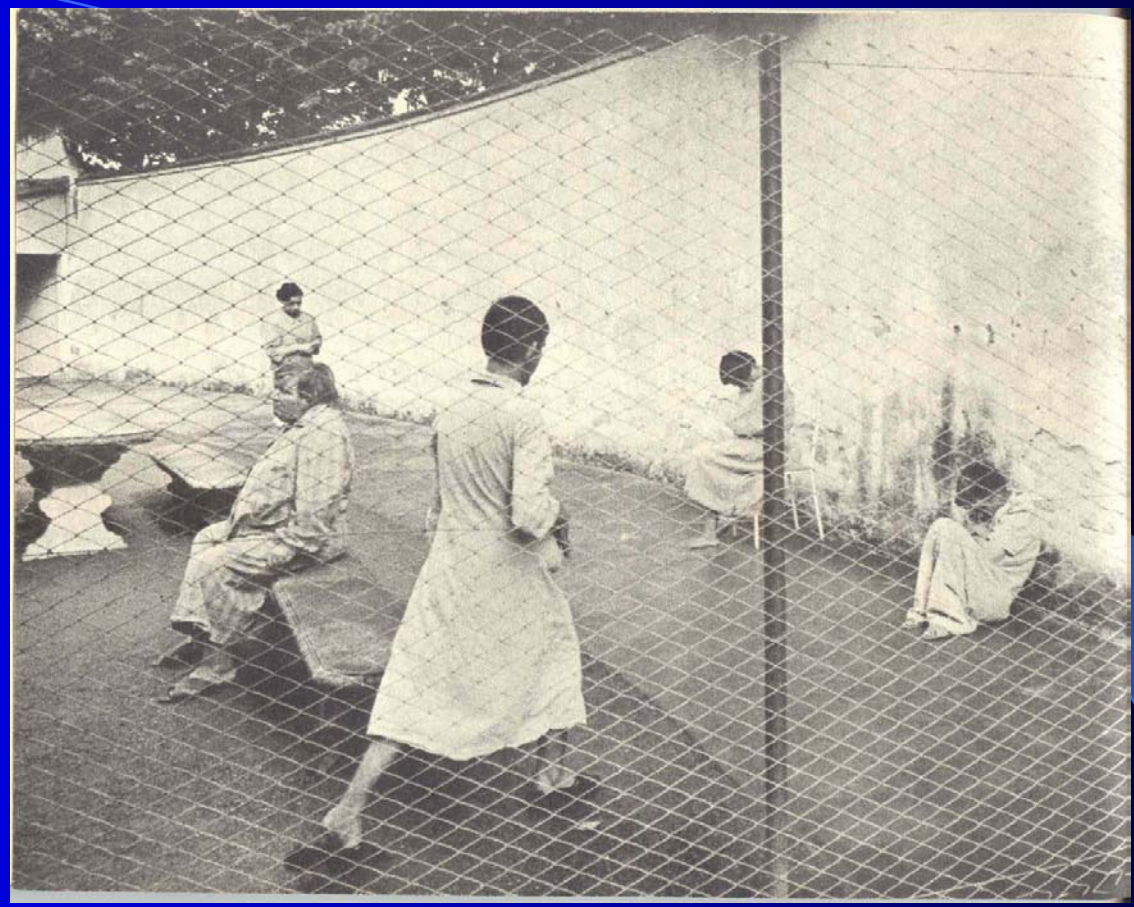
The psychic disorder is an awfully serious pathological event which, sometime, implies unspeakable levels of suffering!



Certainly the great variety of psycho-pharmaceutical, we today have, can offer a decisive help, as the case may be, to alleviate, to calm, to raise, to reduce the effects of the ideo-affective disgregation, to dam up impulsivity, to relieve the anguish and the feelings of guilt, and so on.

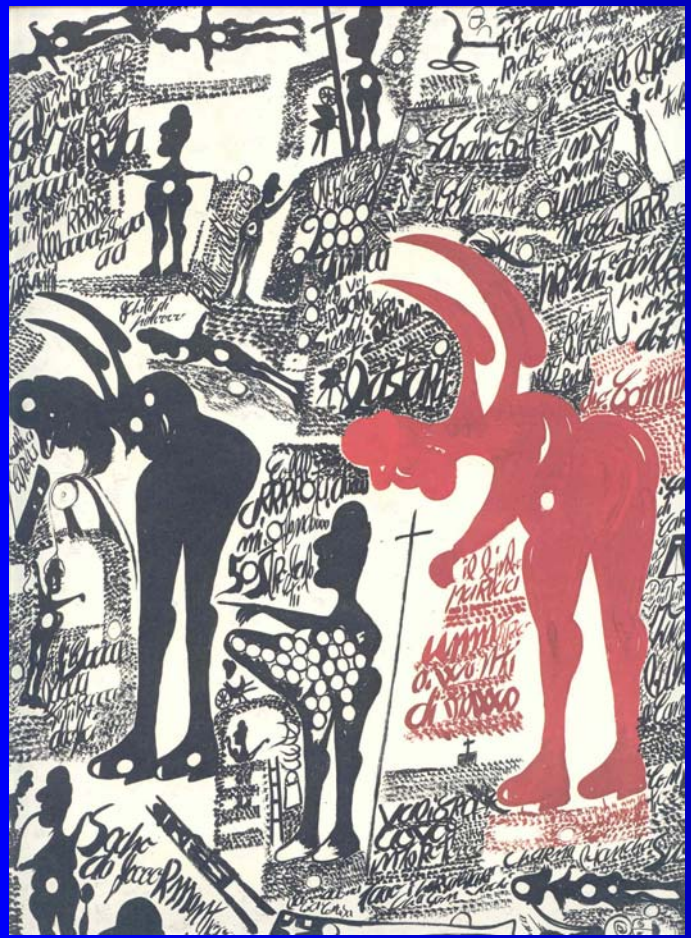
But do we really think it is possible to treat a person who is suffering from a psychic disorder without instituting also a true psychotherapeutic relationship?

Ackerman (N. W. Ackerman; *The psychodynamics of family life*; It ed. Boringhieri; Torino; 1968) says that **when the relations between a person and the environment are disturbed, the first defensive line is to find a *realistic solution to the conflict*, so that the individual development is safeguarded and promoted. The second defensive line is *to contain internally the conflict* while one searches an effective solution. The third defensive line is an *irrational acting*. The extreme defensive line is a *progressive emotional withdrawal* that drives, at last, to the *disintegration of personality*.**



Thanks to the the joined action of the psychotropic drugs, psychotherapy and socio-therapy, we won't see anymore images of the madhouse as these above!

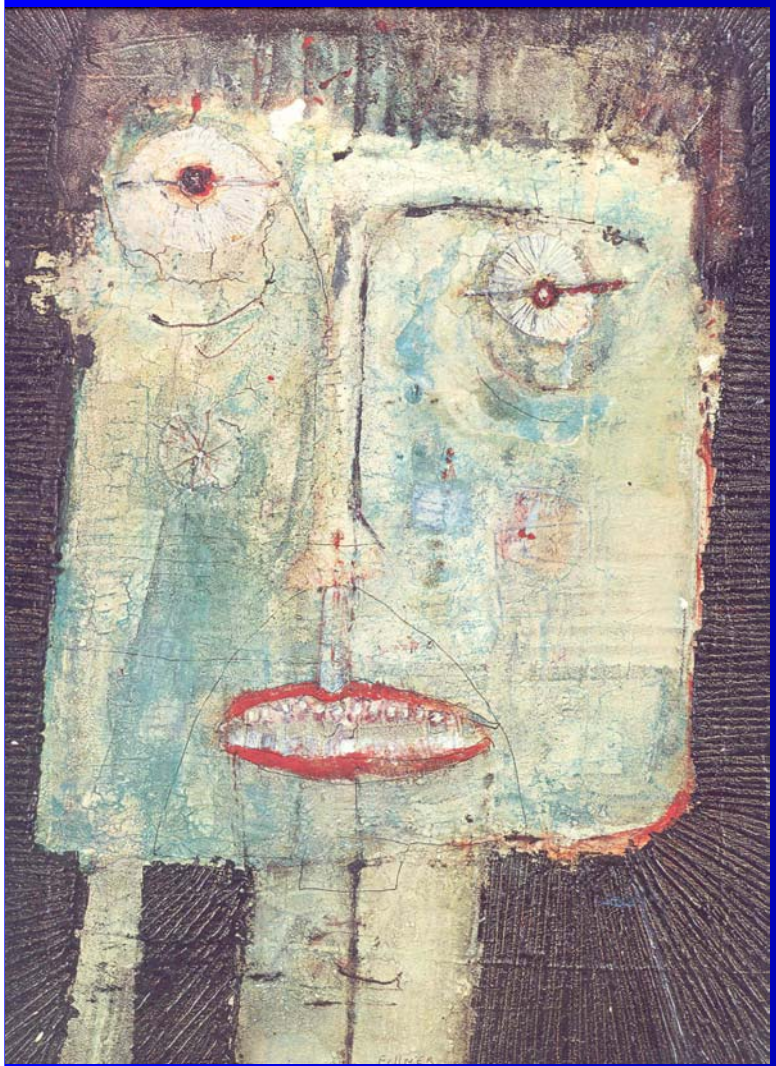
The “unspeakable” suffering, sometimes, finds expression in some graph-pictorial portrayals.



Patient suffering from schizophrenia

State of aguish in a person suffering from paranoid ideation

Paranoid delirium in a schizophrenic (*Self-portrait*)

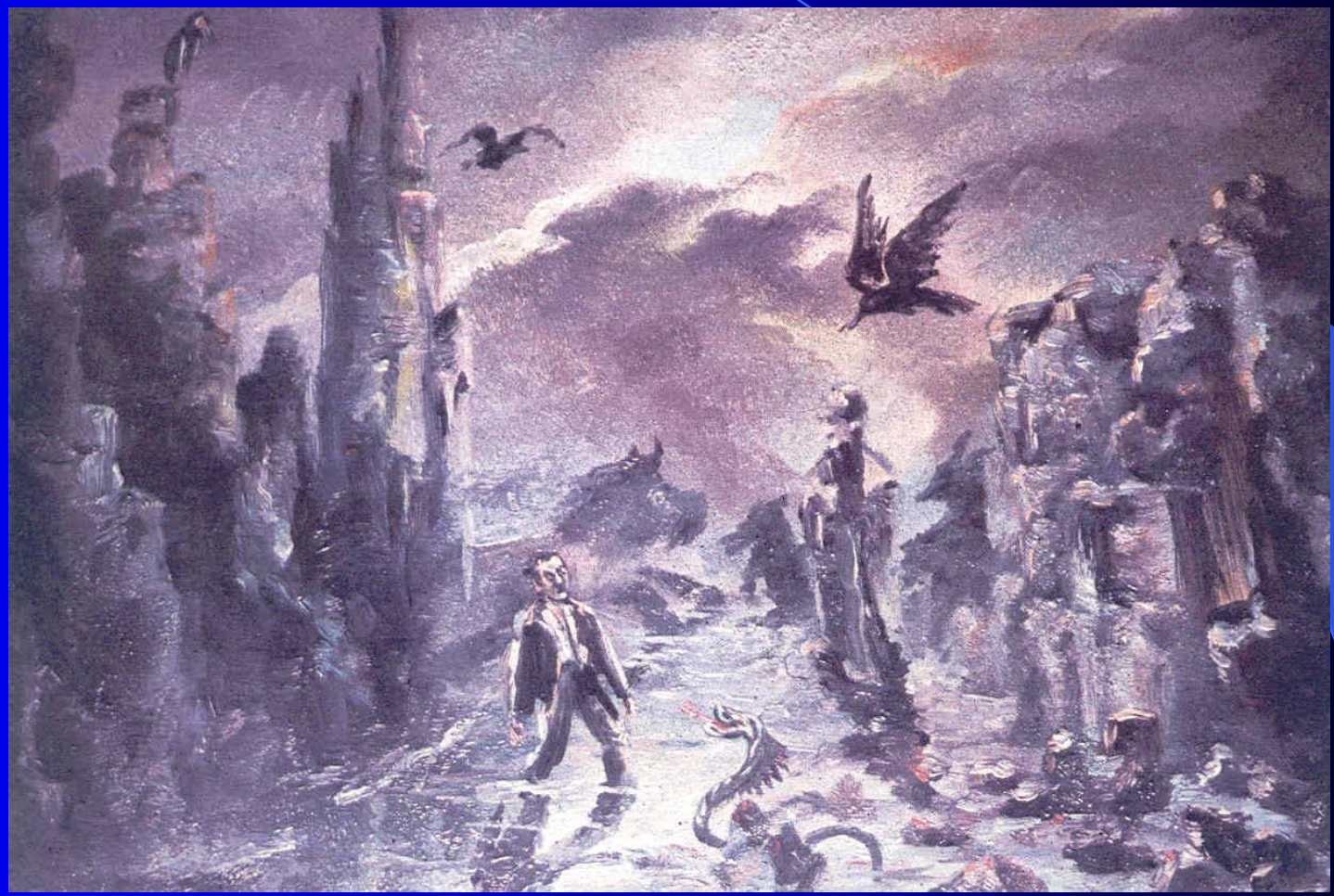


Drug addiction in schizoid personality disorder

(*Ego paralyzed on the road that brings in an empty world*)

Alcoholic Psychosis

(*Hell*)

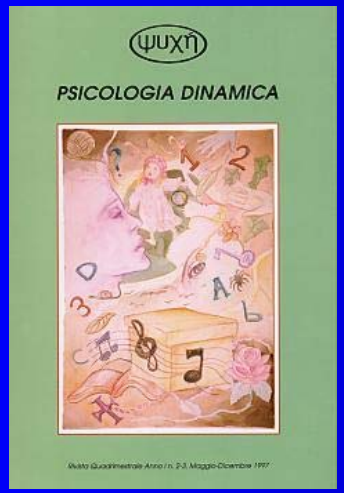


The *training* of every future psychotherapist has a more o less long formative way, according to the chosen school of psychotherapy. During the training, the *trainee* has to undergo the same method that will be applied to patients in the following professional exercise.

In psychotherapy one of the most fundamental processes is the understanding of the *transference*.

It doesn't happen only during a psychotherapy but is a more general e common phenomenon as unconscious transposition of a past experience in an actual situation.

Particularly in *psychoanalysis* and in the *analytically oriented psychotherapies*, the *analysis of the patient's (negative or positive) transference* – as unconscious shifting of past significant relationship to the psychotherapist's figure – is a tenet of the treatment. Analogously important it is the analysis by the psychotherapist of own (emotionally lived) *counter-transference* towards the patient.



Some years ago, in a writing (published in PSICOLOGIA DINAMICA, I, 2-3, 1997) with the title "**PSYCHOTHERAPIST'S FORMATION AND ASSUMPTION OF RESPONSIBILITY**", I have tried to point out that

in the course of a psychotherapy, according to the matters introduced by the patient in analysis, it can happen that inside the psychotherapist come back, above all at unconscious level, some previous personal events, therefore, it is necessary that in his training the future psychotherapy is endowed with the ability to maintain a suitable control on that counter-transference unconscious processes that can interfere, in a underground way, on the psyche of the patient, above all at unconscious-unconscious level
(unconscious of the patient – unconscious of the psychotherapist).

A particular aspect, I desire to discuss, concerns the general attitude that the psychotherapist has to maintain towards the patient.

Once, the *golden rule* of the analyst was the (apparently) impersonal or "neutral", somehow frustrating, attitude, for rousing in the patient the resurfacing of removed, "deposited" in the unconscious, contents.

The "return of the repressed things", however, can happen in a too "painful vivid" way and, in every case, it can go with notable anxiety.

J. Weiss (The mental processes of the unconscious, Le Scienze. 1990, n. 261) remarks that human beings have "some form of control" on own unconscious mental processes and that it is not principally the barrier of the removal to block the emergency of the unconscious pulsions but first of all the fear to express them (because are desires, pulsions, feelings, emotions that generally are related to guilt, shame, or fear).

Personally, I believe that a pleasant and confidential (not criticizing and neither frustrating), somehow reassuring, psychotherapist's attitude can facilitate, without mobilizing an excessive anxiety, the return of to the conscience of the patient's removed experiences.

Besides, I think that a psychotherapist has to be careful about possible own, not entirely conscious, suggestive attitudes (which would reveal an inopportune persistence of narcissistic or omnipotence feelings).

Today we can affirm that, to develop a "good" therapeutic relationship, the psychotherapist has to be a able to create, in a spontaneous and natural way, a psychotherapeutic relation that evolves on a "friendly" and reassuring atmosphere, since just this capacity can facilitate the genuine and deep patient's cooperation to the treatment and the return to the conscience of repressed matters.

… naturally, without exaggerations!

Two interesting questions in psychotherapy:

a) the dream-interpretation;

b) the opportunity to use mental tests.

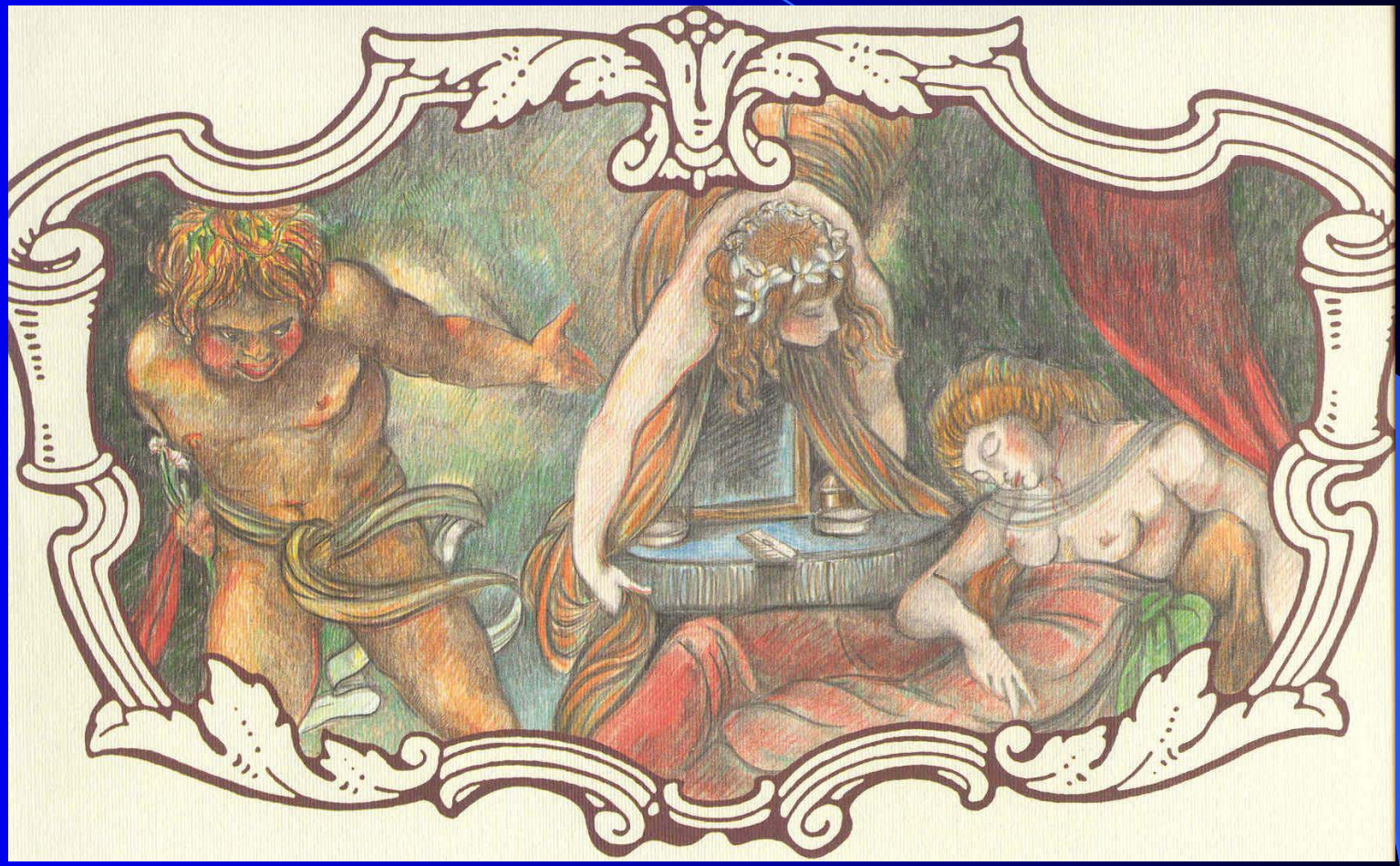
A) Dream interpretation

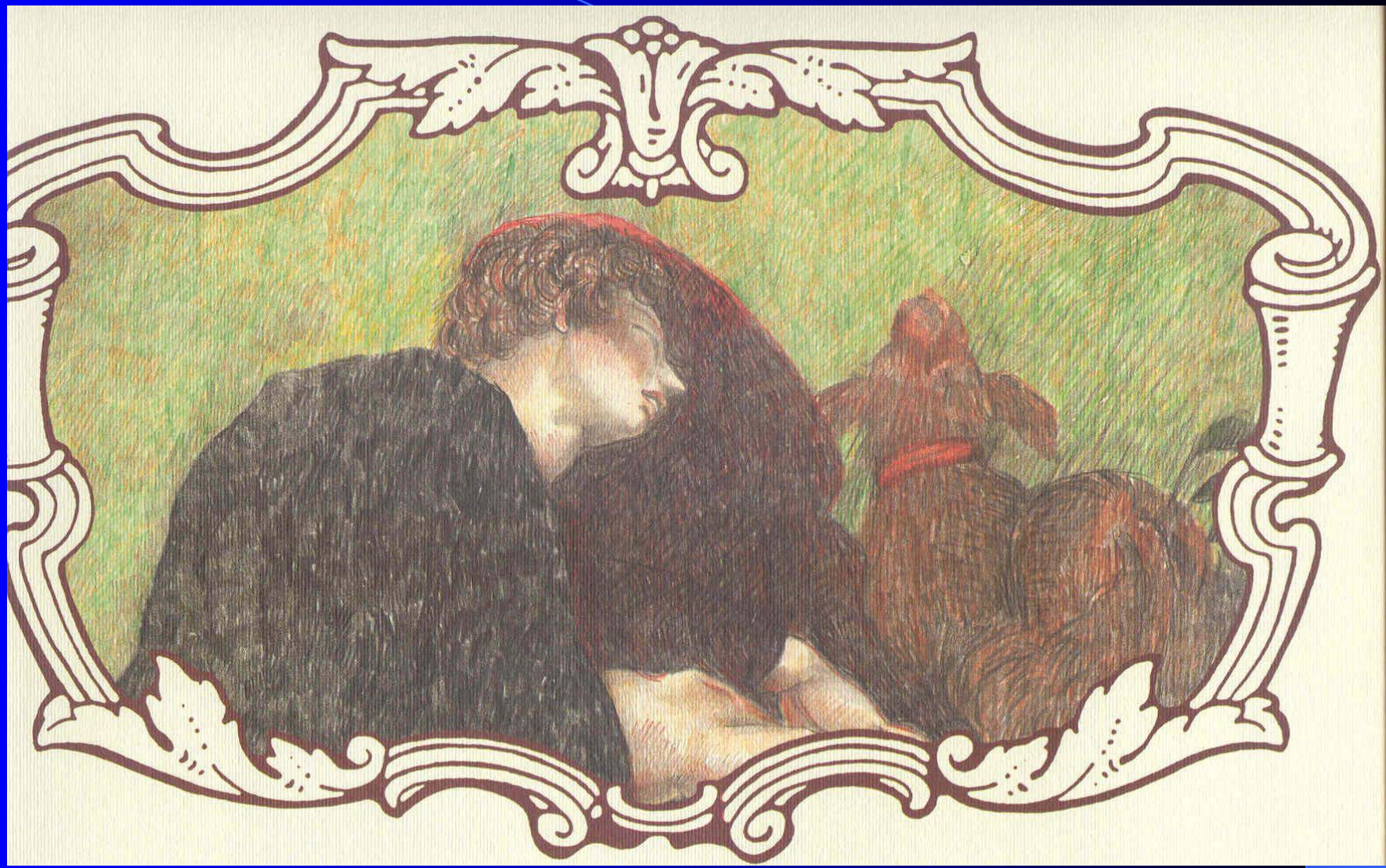
The dream is one of the main streets for understanding the unconscious and for making clear some hidden inside the patient worries, conflicts and life-episodes. Insofar, the therapist has an interpretive, in some way, "hermeneutic", assignment.

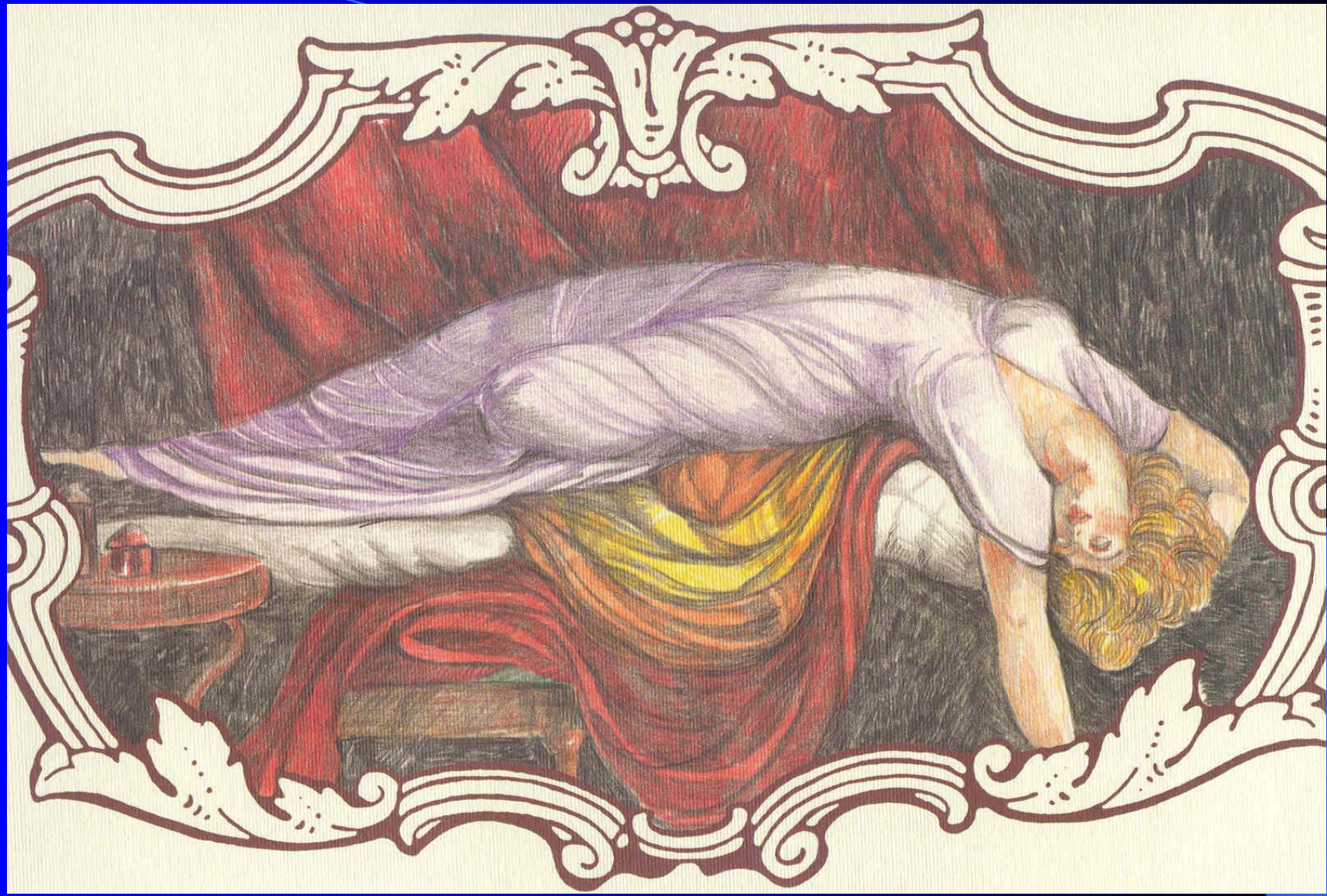
The oneiric "language" goes on through images and symbols, through "as if" (metaphors), through allusions. We could affirm that a lot of affinity there are between the modern artistic expression and the oneiric representation.

Freud thought that important was mainly the latent content of the dream, whereas *Jung* has succeeded in showing also the importance of the manifest content.

A short showing of pictured dreams







B) Application of mental tests in one of the psychotherapeutic treatment phases

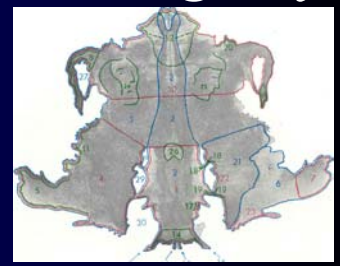
In psychiatry and in psychology, unlike the somatologic medicine, we haven't clinical-instrumental means of investigation which can objectify a mental pathology since the psyche, even if it really exists, cannot be seen, touched, radiographed, etc. It can be only comprehended! In spite of everything, we by now have objective and validated at international level instruments: the **psychological tests**; they allow to get very trustworthy responses about many psychic areas – from the intellective level to the personality constellation.

The matter to be deepened is if the use of a psycho-diagnostic test can negatively interfere with the therapeutic relationship.

They aren't precise rules, but in general we can affirm that, in the preliminary phases of the treatment, the application of an objective personality test (for instance, the M.M.P.I. which is a rather complete test for evaluating the basic personality characteristic and the emotional disorders) or a projective test (for example, the T.A.T. or the Rorschach Test, which propose to the subject only little diversified, vague and ambiguous stimuli in a such way that it is possible a projection also of unconscious personality parts) are able in many cases to favour the patient's *insight* and *compliance* and, besides, to give important data about some particular aspects of the patient's psyche, whose knowledge could later result particularly useful to the treatment.

Particular emergencies excepted, it is not, instead, advisable to submit the patient to test during the treatment. In the final phases, it could result very useful to verify , also in a objective way, the achieved results, but we have to be aware that the ending of a psychotherapy perhaps is the most delicate moment of the whole treatment and it isn't opportune to introduce in the *setting* some operative activities that are only occasional.

My opinion is that in comparison to a projective test – which has to be interpreted and, therefore, could not-rightly anticipate the beginning of the real psychotherapy -



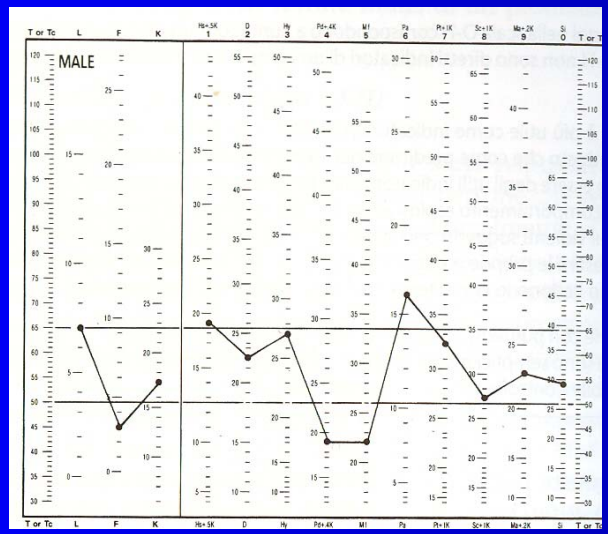
it is to prefer an objective test as the M.M.P.I.

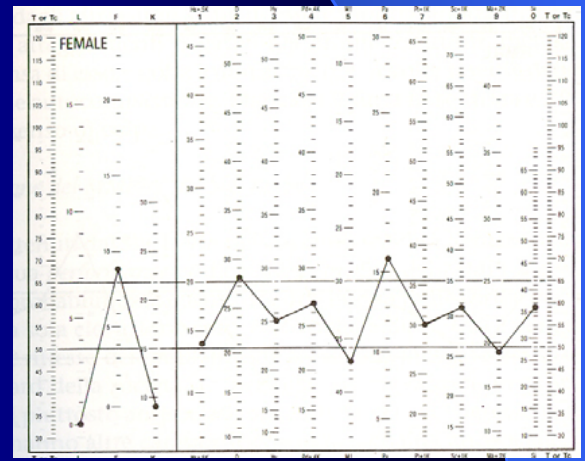
To a psychotherapist, who is a deep clinic connoisseur, the M.M.P.I. allows to draw an enough complete profile about the patient's personality and psychopathologic state.

M.M.P.I. Scales: Hs (*Hypochondria*): physical problems typical of hypochondriac neurotics; D (Depression); Hy (*Hysteria*) worries and somatic troubles typical of patients suffering from conversion hysteria; Pd (*Psychopathic Deviations*) difficulty to control the psycho-emotive reactivity, typical of the psychopathic and sociopathic personalities; Mf (*Masculine-feminine*) prevailing interests towards masculinity or femininity; Pa (*Paranoid*) paranoid symptoms as delirious ideation, tendency to the projective-interpretative elaboration, hyper-susceptibilities; Pt (*Psychastenia*) phobias and obsessive-compulsive behaviours; Sc (*Schizophrenia*) hyper-sensibility, vulnerability, uncommon experiential world; Ma (*Mania*) moderate maniac state (hyperactivity, grandeur ideas, exalted mood); Si (*Social introversion*) problems related to the social situations.

Besides, some scales are useful to valuate the patient's sincerity to test. The scale "**L**" indicates the tendency to give a socially acceptable self-image; "**F**" indicates the validity of the test; "**K**" measures the defence tendencies towards the test and the psychological exploration.

Also in the psychotherapeutic field we can obtain some "diagrams" (as an example, with the M.M.P.I.) that offer a significant individual psychological profile whose utility , for instance, is analogous to the traces that the EEG (encephalogram) or the ECG (electrocardiogram) have in the somatic field.





Today we have also useful inventories that allow:

a) to know the stressing events experienced by the patient;

b) to quantify his actual level of stress;

c) to check the presence of eventual anxious or depressive state;

d) to draft a synthetic profile of the prevailing personality traits.

You can find a kind of questionnaire on our web-site

On-line inventory on stress

Fenorabia Psychosomatic Inventory

We can use various criteria for an orientation among the different forms of psychotherapy.

Individual psychotherapies

Analytical psychotherapies

Behavioural and cognitive directive psychotherapies

Based on specific techniques directive psychotherapies

Counselling and supportive directive psychotherapies

Group-psychotherapies

Experiential therapeutic group

Group-analysis

Psychodrama

Systemic psychotherapy and family therapy

Expressive psychotherapies (*art-therapy*, *movement-dance therapy*, *music-therapy*)

Couple psychotherapy

Multi-modal psychotherapeutic models

Psychopharmaco-psychotherapy

Multi-modal dynamic psychotherapy

Individual psychotherapies

Analytical psychotherapies (centred on the therapist-patient relationship and on the dynamics of the transference):

a) ***psychoanalysis;***

b) ***analytically oriented psychotherapies*** (setting *vis à vis*, greater attention to problems resulting from the patient's entourage, the psychotherapist maintains a little neutral and a rather gratifying and participating approach);

c) ***short analytical psychotherapy*** (prefixed number of sessions, treatment centred on the resolution of a symptom, a psychic conflict or a wrong behaviour).

Behavioural and cognitive directive psychotherapies

The first targeted to modify the (ascribed to erroneous or inadequate learning) behaviours through *conditioning techniques* for helping the patient to develop more appropriate behaviours.

The second strives for *changes* of patient's *cognitive valuation*.

Directive psychotherapies based on various techniques:

suggestion (hypnosis), ***relaxation*** (autogenic training), ***transcendental meditation*** (yoga), ***control of own psycho-physic reactions*** (bio-feedback).

Counselling and supportive psychotherapies

(guide - through suggestions and advices - emotive support and encouragement to patients suffering from uneasiness or psychic disorders).

Group-psychotherapies

Experiential therapeutic group (the group studies itself as multi-personal context for deepening the group mechanisms and reinforcing the participant's *social self* also by means of the sense of belonging);

Group-analysis (treatment through the analysis in a group-context);

Psychodrama (dramatization in a group context of some previously lived worrying experiences by patients);

Systemic psychotherapy and family psychotherapy (the patient - considered as the symptom of a troubled interpersonal-communicational context - is treated together with the other members of the entourage through techniques that bases on the interpersonal communication).

Expressive psychotherapies

art-therapy;

movement-dance therapy;

music-therapy.

(they reinforces, in a group context, the creative and expressive capacities of the participants by means of stimulating the realization of artistic productions and empowering their psycho-body Self through the dance, the rhythmic movement, the musical sense, etc.).

Couple psychotherapy

Multi-modal psychotherapeutic models

a) psychopharmaco-psychotherapy;

b) multi-modal dynamic psychotherapy.

a) Psychopharmaco-psychotherapy

Contemporaneous psychopharmacological and psychotherapeutic treatment (generally, analytically oriented psychotherapy, supportive psychotherapy).

The psychotherapist decides the most opportune time for starting the psychopharmacological treatment and, besides, decides if personally (in the event he is a medical doctor) to prescribe the psycho-drugs or if it is more opportune, considering the clinic case, to devolve (in a collaborative context) to a psychiatrist the psychopharmacologic part of the psychopharmacologic-psychotherapeutic treatment.

b) Multi-modal dynamic psychotherapy

It uses various models contemporarily through diversified operative interventions which are modulate according to a case-centred program and by means of a multi-discipline equip-work were every psychotherapist has own specific competences.

The *dynamic psychotherapy* has its main connection to the *dynamic psychology* that is the emergent discipline in psychology since, even if linked up with the traditional psychoanalytic schools, integrates them with the modern theoretical and applicative acquisitions with particular reference to the group-analysis and the study of the transpersonal world, to the psychology of the Self and of the inter-subjectivity, to the family relational and communicational system, and, at last, to the various factors that have a determining role about the community psychology. Some interesting studies concern the the valence of the symbols.

For that reason, the modern dynamic psychology:

- directs its attention to the patient's experiential world and to the relationship with his parents and the other important figures of his infancy;

- extends the analysis to the cultural matrixes to which the individual belongs and to the eventual problems related to his individuation (as unique person);

- valuates the obstacles caused by the environmental (human and natural environment) ecosystem, the community and the contexts were the patient is formed and has lived;

- dedicates a particular attention to the mind-body relationship because of the increase of the psychosomatic illnesses [physical troubles in which the psychological factors result decisive].

Then, through the technique of *empowerment* it is possible to help the individual to find again the strength (or the courage) to develop a more active role within the community in which he can bring his personal "way of feeling", his ideas and his ability to build, together with other people, a more humane-sized social reality!

A possible choice of psychotherapeutic treatment in relation to the pathology

General criteria

Usually, for choosing a determined kind of psychotherapy, we have to consider the diagnosis, the true "needs" of the patient, his *insight*, the motivation to change, and many other factors as: his entourage, age, social level, intellective state, tendency to introspection, strength of Ego, capacity to control the impulses, economic condition, physical, cultural and religious belonging.

Generally, we can affirm that:

greater they are the patient's cultural level, economic resources, shortage of acute symptoms, self control and, above all, psycho-elaborative capacity, more we can prefer the ***analytical psychotherapies***, while more one goes far from these parameters more the chose has to be towards ***not-analytical psychotherapies*** and/or ***group therapeutic contexts***.

The now appearing review examines some suitable treatments in relation to the different pathological forms; but we haven't to think so specific indications as we are accustomed in medicine, for instance, with the antibiotic-therapy!

The mostly important is that the therapist has a suitable training precisely on the adopted model of psychotherapy.

Choice-criteria in relation to pathology

Psychoneurosis, syndromes phobic-obsessive, character disorders, dysthymic disorder: psychoanalysis, psychoanalytic oriented psychotherapy;

Psychotic disorders: psychoanalytic oriented psychotherapy, short-term analytical psychotherapy; group-analysis; expressive psychotherapy;

Actual neurosis, reactive neuroses, personality disorders: psychoanalytic oriented psychotherapy;

Psychosomatic disorders (somatization disorder, somatoform disorder, somatized depression and anxiety): short-term analytical psychotherapy, experiential therapeutic group, autogenic training, expressive psychotherapy;

Behavioural and adaptation disorders: experiential therapeutic group, cognitive-behavioural psychotherapy; supportive psychotherapy;

Generalized anxiety disorder, social anxiety, phobias, panic fits: cognitive-behavioural psychotherapy, experiential therapeutic group, psychodrama, expressive psychotherapy;

Psychogenic sexual disorders: couple psychotherapy, short-term analytical psychotherapy, cognitive-behavioural psychotherapy;

Eating behaviour disorders: experiential therapeutic group, expressive psychotherapy, cognitive-behavioural psychotherapy, supportive psychotherapy.

Apart from the therapeutic method, the psychotherapies can be usefully distinguished also in relation to the following parameters.

The context

Psychotherapy in a public institution;
Private psychotherapy in a public institution;
Private psychotherapy in a private institution;
Private psychotherapy in a private professional study;

The circumstances

Emergency psychotherapeutic intervention (in a condition of crisis);
Planned psychotherapy outside an acute clinical condition;
Preventive psychotherapy (for preventing potential clinical troubles);
Maintenance psychotherapy (for avoiding a relapse);
Psychotherapy within the ambit of a rehabilitative programme.

The age

In case of child, the psychotherapy is called *child psychotherapy* (it requires an "ad hoc" equipped place and some specific techniques that are different from those adopted for treating adult patients.

Healing Dimensions

We could enumerate the many forms of diversion, relax, fun, trip that the post-modern men have for interrupting the frenetic rhythm of the every day life and escaping toward a more or less away place from the residence.

But, today, it appears indispensable to offer to man the possibility to recover the contact with the *genius loci*, the cultural matrixes of the *Historical Self* , the local "magic places".

If the Itinerant Seminar "L'IMMAGINARIO SIMBOLICO" has a *healing dimension*, this isn't only because it is a way among symbols and *nouminous* "stones" that narrates us about our past, but also because, at the same time, unconsciously it allows us an inside ourselves and our roots voyage.

If the experiencing some gratifying our spirit dimensions can help us to feel better and to develop good relationships, and this, therefore, has a therapeutic value, we have to return to find spaces/moments for our *full immersion into feeling soul!*

ALL OF YOU ARE INVITED TO THE COMING ITINERANT SEMINAR "*L'IMMAGINARIO SIMBOLICO*"

01-07 September 2006

Marsala - Erice - Levanzo - Selinunte - Segesta - Mothya

International extension

08-12 September 2006

From Mothya to Crete

"*The Ariadne's thread*"

Heraklion - Knossos - Gorthys - Phaistos

One last notation!

The showed vignettes, unfortunately, aren't my work, but all are taken from an almost impossible to find book which dates back to 1971 and has the suggestive title:

How to be analyzed by a neurotic psychoanalyst

About this book, the Italian edition is edited by Ferro, 1971, under the title “Come farsi analizzare da uno psicoanalista nevrotico”.

About the patient’s pictures they come from “Iconographic international collection - Psychopathology and figurative expression”, Editor: *J. Neugebauer*; Sandoz; Vol. 16/72, 19/74, 20/74, 23/76, 24/76.

The inspired to *Heirich Füssli* prints come from the collection “DREAMLAND” by *Magliano and Magliano*; edited by Wyeth.

The photo of a madhouse is in the cured by *Franco Basaglia and Franca Basaglia Ongaro* book “The industry of the madness”; photography by *Carla Cerati and Gianni Berengo Gardin*; Einaudi Ed.; 1969

THANKS FOR YOUR
TOLERANT ATTENTION.
I HOPE
I HAVE AROUSED YOUR INTEREST
AND
I HAVE NOT BORED TOO MUCH YOU!

Alfredo Anania