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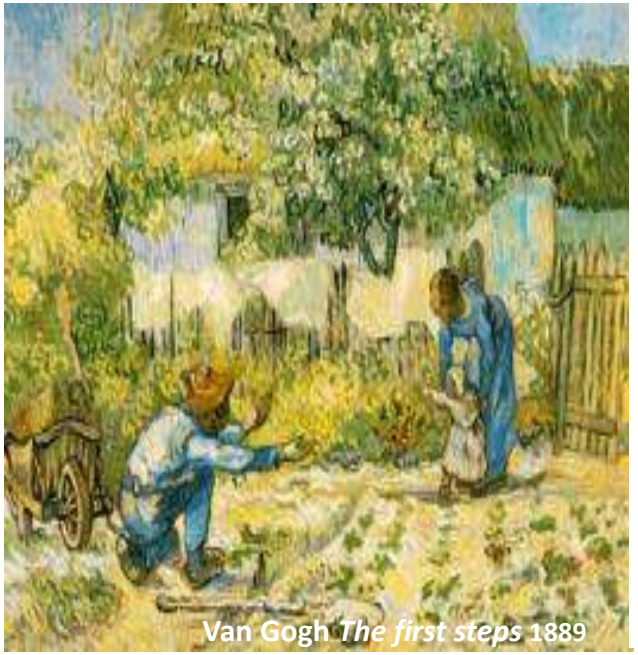
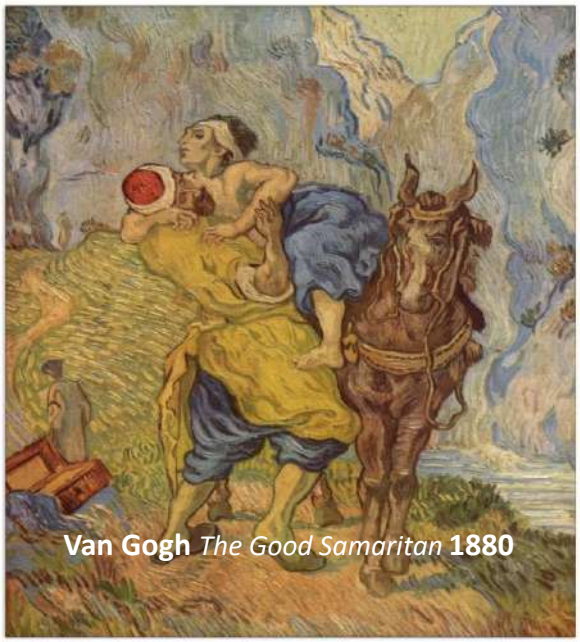
"CHALLENGES IN THE GLOBAL WORLD: HEALING AND GROWTH "

ADLERIAN HELP RELATIONS IN EMERGENCY DUE TO THE PANDEMIC OF COVID-19.

Fassino, S.; Rovera G. M.; Lerda S.; Rovera, GG.



Van Gogh *The first steps* 1889



Van Gogh *The Good Samaritan* 1880

Preface to *The Diary of Vaslav Nijinsky*

Alfred Adler, MD

• This is a previously unpublished work by Alfred Adler that was written in 1936 as a preface to *The Diary of Vaslav Nijinsky*. A theory of schizophrenia is described in which characteristic prepsychotic features, especially lack of social interest and oversensitivity to real and imagined slights, lead to increasing irrationalism and preoccupation with grandiose ideas. The establishment of a cooperative therapeutic relationship and the instilling of hope are presented as central factors for successful treatment.

(*Arch Gen Psychiatry* 1981;38:834-835)

The brilliant career of Russian ballet dancer Vaslav Nijinsky (1888-1950) was cut short by a mental disorder by 1919. Alfred Adler (1870-1937) visited Nijinsky at the Sanatorium Bellevue in Kreuzlingen, Switzerland, in 1934. In 1936, Adler wrote this preface in English at the request of Nijinsky's wife, Romola, who had visited Adler in London in May of that year (J Individ Psychol 1972; 28:81-88) and who was the editor and translator of The Diary of Vaslav Nijinsky *(Berkeley, University of California Press, 1972). However, Romola used her own preface, rather than Adler's, when the Diary was published in 1936. Adler died the following year, and his preface remained unpublished out of courtesy to Mrs Nijinsky. Since her death in Paris in 1978, the Adler estate has released it.*

The "Preface" is being published now for several reasons. First, Nijinsky's Diary has become a psychiatric classic as a self-portrait of a case of schizophrenia; and it has, on account of the fame of its author, also attracted the attention of a wide general public, accounting for numerous translations and reprints. The opinion of an eminent psychiatrist about it, as the "Preface" represents, therefore should be of interest. Second, ten specialists were called in at various times—Adler, Binswanger, Bleuler, Ferenczi, Forel, Freud, Jung, Kraepelin, Sakel, and von Wagner-Jauregg—but Adler's statement on the case is the only one available. Finally, the "Preface" offers a concise presentation of Adler's theory of schizophrenia.

A few paragraphs have been rearranged and the subheadings have been added.—IRENE L. ANSBACHER, PhD

Accepted for publication Nov 13, 1980.

Nijinsky's spiritual death has aroused the sympathy of a great portion of the civilized world.

When I visited him two years ago in a sanatorium, he was quiet, well nourished, and interested in his guests. But he did not speak and only occasionally broke into a friendly laugh. The attending physician informed me that this patient was always quiet and could not be forced to speak. At the time, even his wife was unable to draw him into conversation.

In this autobiography of a great, unhappy artist, the recipient of much admiration which yet fell far below his expectations, Nijinsky endeavors to explain what he really is and why the whole world does not know of it. He wishes to prove his singularity, the expression of which has been frustrated by the objectionable activities of people who hindered him. He is God, inventor, poet, writer, but constantly limited by the trickery and failures of other individuals.

Nijinsky, as most artists, started with great and trained abilities of more than one function. His motor and auditory abilities were far above average. His visual ability also greatly surpassed the norm, as can be seen from his performance and scenes on the stage. Some of his many pictures drawn during his stay at the asylum, with their craving for movement, style, and color, give sufficient proof.

POSSIBILITY OF RECOVERY

When asked whether there was a possibility of recovery if Nijinsky was treated by the methods of Individual Psychology, I could not answer. In cases of this illness, schizophrenia, everything hinges on the establishment of a creative contact between doctor and patient. The possibility of establishing such a contact must first be ascertained, since treatment is a task for two individuals; the abilities of both should be taken into consideration as this is a cooperative activity which is not only of a scientific but also of an artistic nature. This is not the place to discuss this matter in more detail. Suffice to say that, by this method, more cases can be improved and cured than was previously possible, not to mention those numerous cases where prevention by correct education would be the proper way of handling the problem.

E. Munch *Consolation* 1907

ENCOURAGEMENT & HOPE
COOPERATION & CONSOLATION

The psychobiological, constitutional and environmental factors of development are inserted into the matrix of the psyche: the "external" family, the family constellation, in the child, is internalized (Adler 1920). Since the child does not yet have adequate language or concepts, his unconscious recordings ("the internal parents") are active for a long time in shaping his personality*(Ansbacher 1956, 1997)*. The family dynamics are to be considered, in turn, the result of the communication styles of the socio-cultural context of belonging. The structure of the individual character, the structure of the family and the structure of society are interactively linked by three-way causative factors. *(Gert e Mills 1969)*.

ADLERIAN HELP RELATIONS IN EMERGENCY DUE TO THE PANDEMIC OF COVID-19.

Fassino, S.; Rovera G. M.; Lerda, S.; Rovera, GG.

ABSTRACT : The Adlerian Help Relations are eradicated in traditionally structured treatments: such as educational, counselling and psychotherapy ones. However, we are living, “hic et nunc”, an emergency due to the covid-19 pandemic where the interventions need appropriate modular variations: in relation to an assessment, about the setting contents, in the psycho-clinic modulations. Among the various difficulties, we highlight the ones about communication, social and inter-individual distancing, consultations in hospitals or health structures, and psychotherapies “interrupted” or “ended” for subjective or objective causes. Various typologies of help relations emerge from these complex, sometimes penalizing, situations. We are talking about emergency psychology, phone consultations, “virtual” psychotherapies (ie lock-down) and crisis focused psychotherapies (not to be confused with short-term psychotherapies), etc. Both the assisted and carer teams have to adapt to new relational contexts, therefore they show a variation of the therapy modes with resistance or resilience reactions.
Furthermore, they have worries and concerns about the future existential sequences in their psychopathological, economic and social aspects. With all these elements being considered, we wish for an increase of the scientific contributions and of the humanitarian cooperation. We also wish for a deepening of global cures, especially for psychological-clinic therapies. Moreover, we wish for an enrichment of Social Cooperation aimed at a renewed Meaning of Life.

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Adlerian help relations in emergency situations

GIAN GIACOMO ROVERA

Summary – ADLERIAN HELP RELATIONS IN EMERGENCY SITUATIO
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rapy ones. However, we are living, "hic et nunc", an emergency due to the c
interventions need appropriate modular variations: in relation to an assessment, about the setting contents, in the psycho-clinic modulations. Among the various difficulties, we highlight the ones about communication, social and inter-individual distancing, consultations in hospitals or health structures, and psychotherapies "interrupted" or "ended" for subjective or objective causes. Various typologies of help relations emerge from these complex, sometimes penalizing, situations. We are talking about emergency psychology, phone consultations, "virtual" psychotherapies, crisis focused psychotherapies (not to be confused with short-term psychotherapies), etc. Both the assisted and carer teams have to adapt to new relational contexts, therefore they show a variation of the therapy modes with resistance or resilience reactions. Furthermore, they have worries and concerns about the future existential sequences in their psychopathological, economic and social aspects. With all these elements being considered, we wish for an increase of the scientific contributions and of the humanitarian cooperation. We also wish for a deepening of global cures, especially for psychological-clinic therapies. Moreover, we wish for an enrichment of the Social Cooperation aimed at a renewed Meaning of Life.

Brief Adlerian psychodynamic psychotherapy: theoretical issues and process indicators

S. FASSINO [1], F. AMIANTO [1], A. FERRERO [2, 3]

Brief psychotherapy is gaining interest worldwide, because of its good cost/effectiveness ratio and proved efficacy. The aim of the paper was to describe the brief Adlerian psychodynamic psychotherapy (B-APP): a brief, psychodynamically oriented psychotherapy referring to the individual psychology (IP). The B-APP theory refers to the following paradigms: 1) the individual represents a psychosomatic unity integrated in the social context; 2) the individual needs to build and regulate the image of the self; 3) bond patterns regulate human relationships and represent the symbolic "fil rouge" connecting the elements of the life-style. Its objectives are: 1) an at least partial resolution of the focus problem; 2) a decrease or a non-increase of symptoms; 3) a global increase of quality of life. The results depend on intrapsychic and relational changes. Indications are more relative than absolute. The possibility of identifying a meaningful focus is fundamental. The treatment scheme includes 15 sessions subdivided into 5 phases. B-APP offers a technical approach to brief psychotherapy which is suitable in many fields of psychiatry and liaison medicine such as preventive interventions in at-risk subjects, somatopsychic disorders and liaison psychiatry, personality and eating disorders, and treatment of emotionally disturbed children. It was applied as psychotherapeutic approach in some clinical outcome studies about eating disorders and severe personality disorders displaying a good efficacy.

KEY WORDS: Psychotherapy, brief - Conflict, psychology - Psychophysiology - Eating disorders.

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and the American Board of Medical Specialities.[1]

Riv. Psicol. Indiv., n. 78: 19-85 (2015)

The therapeutic style

GIAN GIACOMO ROVERA

TABELLA SINOTTICA

Summary – The **style** is a way of acting and being to which behavioural traits acquired by an individual during the evolution of the life span correspond, which is rooted in the respective subcultures and value-related orientation.
Analysis of the style of life is a procedure mainly used during diagnostic assessment and should be conducted before starting Adlerian courses of treatment (educational, counselling and psychotherapeutic).
The **therapeutic style** is the use of the analyst's skills and "creativity" in professional relations with the patient. Reassessment of classic relational dynamics finds an additional theoretical-practical configuration in **patient-therapist matching** that defines the notion of the attitudes and counter-attitudes: when referring to the *real relationship* these focus on the therapist as the *agent of change*.

Riv. Psicol. Indiv., n. 79: 27-43 (2016)

Therapist's social feeling re-activates patient's one

SECONDO FASSINO

Summary – THERAPIST'S SOCIAL FEELING RE-ACTIVATES PATIENT'S ONE. The theory of inter-subjectivity represents a development recently added to the theoretical knowledge of psychoanalysis mainly because of the work conducted by Stern and the Boston Change Process Study Group. The theoretical roots of the intersubjective model can be found in A. Adler's Individual Psychology (IP) with respect to both meta-psychology and theory of technique. In fact, the second fundamental concept of IP is the social fee-ling/inte…rsubjec-tive mo… that is a crucial … g. In the therape… ences of alliance… al imita-tions an… patient's experie… erapist a more m… 's Social Feeling… hange is nourish… ult of the alliance… r erases, or confuses the intentional word and body messages of the conscious strategies of *encouragement*. As a result, the therapist's ethic responsibilities are increased – in the interaction matching (Rovera) reciprocally changing of the setting; such responsibilities underpin a continuous development of his/her Social Feeling.

The process of change is therefore fed by the reverberating sequences of mutual contagions and transformations, as a premise / fruit of the alliance. The profound contagion of trust, mistrust, anguish, disappointments, hopes, goes beyond, reinforces or cancels, or confuses the intentional verbal and gestural messages of the conscious encouragement strategies. According to Rovera, the ethical responsibilities of the therapist increase - in the interaction / matching, which support a continuous development of his Social Feeling.

Keywords: SENTIMENTO SOCIALE, ALLEANZA, SE' CREATIVO, CONTAGIO EMOTIVO

Riv. Psicol. Indiv., n. 82: 29-53 (2017)

*Factors of change in psychodynamic interventions
*The unconscious as a field of change: a neuropsciological approach.
*Scientific evidence of the therapeutic alliance: change and brain science.
*Exemplary Studies on Psychotherapy-Induced Brain Changes
*Change memory and personological aspects of the therapist in the change process

Neuroscience and deep dynamics of change in the therapeutic relationship

SECONDO FASSINO

Summary – NEUROSCIENCE AND DEEP DYNAMICS OF CHANGE IN THE THERAPEUTIC RELATIONSHIP. Recently, the brain science techniques, in addition to clinical meta-analyses, confirmed the effectiveness of psychotherapy, mostly psychodynamic. These investigations aim to identify the core of those factors that promote changes in order to activate it as early as possible.
Studies and researches in the field of neuroscience studied crucial problems like the therapeutic alliance, namely both factor and result of change, the brain changes psychotherapy-induced and mostly the unconscious as neuropsychological process. Neurobiological contributions on procedural memory, the function of dream, and defense mechanisms, the biopsychological processes of attachment, and the configurations of mirror neurons of empathy/compassion, intrapsychic/interpersonal processes as embodied simulation and intentional attunement acknowledged the main implicit characteristic, affective rather than cognitive, unconscious rather than conscious, of such a relational dynamic between patient and therapist that has some effects that promote change also in the here and now of the setting. The brain science provides a growing body of evidence on the dynamics that promote the change suggesting a deep contact between patient and therapist as core element of change. The emotions existing between patient and therapist are implicit and non-verbal, rather than explicit and verbal, expressions: right rather than left brain, with sequences of reciprocal contaminations and transformations. The neurobiological essential components of change entail a re-organization - through new behavioral modalities in the setting - of old pathological memories in order to obtain a new memory which is the effect of the therapist's optimal empathic emotive involvement in the patient-therapist relationship. Attitude and counterattitude are the result of the inner re-elaboration of the therapist's transference and countertransference, of the patients' transference, of the reciprocal and continuous exchange of affect, trust, refusal, emotions, expectations…
The future results of the lines of research on the neurobiological dynamics of psychotherapy could lead to the identification of markers of diagnosis and therapy with the aim to clarify what individuals can benefit from each type of psychotherapy and from which focus within the context of the therapeutic relationship.

Keywords: CAMBIAMENTO, NEUROSCIENZE, INCONSCIO, PSICODINAMICA

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The main treatment strategies
Educational interventions
Conseling
Consultation Liaison
Psychiatric / Psychotherapeutic Help Relationships
Psychotherapies: urgent and / or brief

Telephone consultations and Online Psychotherapy
variations of the Therapeutic Setting and Style

Competence and the clinician
The deep core of the change process
Enactment and Disclousure
The aptitude to arouse hope
Concluding remarks
Covid 19 questions the science and conscience of researchers, clinicians, educators, administrators….