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Peripatetic Psychotherapy: A Case Study About a Teenager and His Lived Experience

Abstract

This paper will present an original, and, in the context of its philosophical endeavour, highly fruitful and propulsive kind of the psychotherapy process called the peripatetic psychotherapy, also known as the therapeutic accompaniment. The argumentative plot is based on the empirical example of its impact to one Brazilian teenager who did not respond to conventional psychotherapy. Being in social isolation, he refused to attend school, presenting typical symptoms of depression and social phobia, but he had no final diagnosis. The therapeutic work lasted two years and three months, easing his return to the school environment, his ability to make friends and his autonomy in the social interactions, indicating wide-reaching benefits of the peripatetic psychotherapy. In this article, the focus will be on the phenomeno-structural psychopathology compound of the given approach, recognized as the fundamental, universal part of the psychotherapeutic mereology process.

Keywords

phenomeno-structural psychopathology, peripatetic psychotherapy, therapeutic accompaniment, social isolation, depression, lived time, lived space, personal impetus, personal élan

Introduction

The peripatetic psychotherapy,[1] also known as "therapeutic accompaniment",[2] is not directly related to the ancient Greek philosophical movement.[3] Rather, it is about a psychotherapeutic practice offered outside the conventional therapeutic clinical setting. The peripatetic psychotherapist dialogues with the patient while walking wherever necessary, as long as they decided, in common agreement, a place to go, and that the walk has therapeutic purposes. More popular in Latin American countries like Argentina and Brazil, this clinical practice is offered inside several theoretical approaches in psychology, mostly practiced with a psychoanalytical theoretical basis.[4] Most literature about this

1
Aristotle's famous heritage, the Peripatetic school, etymologically draws from Περιπατητικός – "walking around, especially while teaching or disputing". – Henry George Liddell, Robert Scott, *Greek-English Lexicon*, Harper & Brothers, Franklin Square, New York 1883, p. 1194.

2
In the section "Peripatetic Psychotherapy", the author explains why he chooses to refer to that therapeutic work as "peripatetic therapy" instead of "therapeutic accompaniment".

3
Nevertheless, the founding soil of psychotherapy is ancient *Hellade* (cf. Pierre Hadot, *Philosophy as a Way of Life. Spiritual Excercises from Socrates to Foucault*, translated by Michael Chase, Blackwell, Oxford 1995), and Aristotle's idea of a walking pedagogy is teleologically similar to the peripatetic psychotherapy.

4
Cf. Carlos Frederico Macedo Coelho, *Living with Miguel and Mônica: a therapeutic accompaniment proposal for autistic children*,

subject is published in Portuguese and Spanish, therefore the alternatives, such as works written in English, are scarce.[5]

The peripatetic psychotherapy is mostly offered to people in chronic conditions, who did not respond to the conventional treatments, whether in clinics or institutions. In this case study, the peripatetic therapy was given to a teenager for two years and three months, beginning when he was 13 and ending when he was 16 years old, without a specific diagnostic hypothesis, and considering that he did not respond positively to the first psychotherapeutic intervention.

This teenager presented depression episodes, including a case of social isolation, caused by an intense rejection, apparently phobic, of crowded places, especially in the school context, where he should have attended daily. This reactive behaviour, combined with other symptoms, also allowed the diagnostic hypothesis of the autism spectrum disorder.[6]

Even if there was a specific diagnosis for this teenager, the psychotherapeutic and/or psychiatric process would not be easily conducted and solved. On the contrary, mental illness continues to be a challenge in the 21st century because the therapeutic process of psychic suffering does not involve a linear dynamic, such as an infection or another type of illness that has specific treatment protocols. The teenager's own condition, a person in the development phase and particularly vulnerable due to his suffering, makes the diagnostic and psychotherapeutic process particularly delicate.

This study presents this teenager's peripatetic therapeutic process and its results. To explain the case, the study presents the theoretical concepts from the peripatetic psychotherapy and the phenomeno-structural psychopathology.[7] The clinical case and its results are briefly presented, as well as the possibilities of applicability of the peripatetic psychotherapy in the frame of academic discourse.

Peripatetic Psychotherapy

The peripatetic psychotherapy evolved spontaneously in South America in the early 1960s from the Psychiatric Reform, whose activism proposed the end of mental asylums,[8] where a lot of human rights violations were registered in Brazil, and its consequent replacement for day hospitals, where people could receive treatment without being apart from their family and community. The spontaneous origin of the peripatetic psychotherapy provided different names,[9] such as "psychiatric assistant" and "qualified friend" in Argentina, also adopted by the Brazilian professionals later on. This clinical practice, initially offered by a majority of psychology students, became popular and developed in a particular way of professional care and with impressive therapeutic results in mental health, bearing the name of "therapeutic accompaniment" since the 1970s.

The peripatetic psychotherapy developed with similarities and distinctions in different countries in South America due to the distinct realities and public policies for mental health. In Argentina, the therapeutic accompaniment became a regulated profession and required a specific educational background, being articulated with mental health teams.

Without a precise educational background or professional regulation, the therapeutic accompaniment service in Brazil remained mainly offered by

psychologists who worked in mental health. Also, it is offered by professionals with other educational backgrounds, such as nurses, social workers, and occupational therapists. There are registers of professionals who only graduated from high school and work as therapeutic accompaniments. In the face of this diversity of definitions among countries, and even inside Brazil, it is important to highlight that this present work was developed in a peripatetic psychotherapy perspective.[10]

According to França,[11] the therapeutic accompaniment in Brazil is no longer offered as part of teamwork in mental health, performed by students, and has ripened as peripatetic psychotherapy, becoming an independent clinical alternative, with distinct therapeutic possibilities compared to conventional psychotherapy. Such prospects are possible when the explored ambulant clinical setting is associated with the psychological know-how – properly regulated by the therapeutic contract.

Therapeutic Contract

Even if offered for free, either in social or public health services, the peripatetic psychotherapy is about a service offered by a professional, therefore demanding the establishment of a professional contract.

In jurisprudence, the establishment of a therapeutic contract is nothing but a formal act to a service provider contract, whose function is to give a warranty to both contractors and contractees. For contracts of this nature (service providers), the Civil Law predicts the following basic elements: the thing, that is, what is offered; the price to be paid for it; and the consent of both parts

Master's thesis, Clinical Psychology and Culture Department, University of Brasília, Brasília 2007.

5
Cf. Demétrius Alves França, *A psicopatologia fenômeno-estrutural na clínica do acopanhamento terapêutico em grupo*, doctoral dissertation, Instituto de psicologia, Universidade de São Paulo, São Paulo 2016.

6
Cf. Kristina Lekić Barunčić, "Epistemic injustice, autism and the neurodiversity movement", in: Luka Janeš (ed.), *Integrativna bioetika i aporije psihe* [*Integrative Bioethics and Aporia of Psyche*], Pergamena, Zagreb [to be published].

7
Cf. Danilo Salles Faizibaioff, Andrés Eduardo Aguirre Antunez, "The Minkowski's personal (lived) aspect as the diagnostical and methodological basis of the Phenomenon-Structural Psychopathology", *Bol. - Acad. Paul. Psicol.* 35 (2015), no. 88, pp. 39–58.

8
On the human rights violation in psychiatric hospitals in Brazil, see: Daniela Arbex, *Holocausto brasileiro: vida, genocídio e 60 mil mortes no maior hospício do Brasil*, Geração Editorial, São Paulo 2013. On the issue of asylum, penalization and biopolitics control in general, see: Michel Foucault, *History of Madness*, translated by Jonathan Murphy, Jean Khalfa, Routledge, London 2006.

9
On the different names that the term "peripatetic psychotherapy" receives, see: D. A. França, *A psicopatologia fenômeno-estrutural na clínica do acopanhamento terapêutico em grupo*, São Paulo 2016, pp. 26–32.

10
The term *therapeutic accompaniment* refers not only to different types of ambulant clinics, but also to a generic term used by other fields, especially Health. The term *peripatetic* also solves the linguistic dilemma when a translation is necessary, since *acompanhamento terapêutico* does not have the same meaning when translated to English (*therapeutic accompaniment*). See: Demétrius Alves França, *Group peripatetic therapy: phenomenological implications*, Appris, Curitiba 2020, pp. 37–42 (in press).

11
Ibid., pp. 15–16.

regarding the thing and price. There is no need for a written contract because, before the law, a verbal contract may, in some circumstances, have the same validity and power of a written and signed contract.

From the Civil Law perspective, the therapeutic contract allows observing that the introduction of this technical element in psychotherapy was more than transforming it into a provider service. The contract "signature" permits us to distinguish the psychotherapy from the activities that precede it; in other words, those performed by religious institutions – that aim to "heal the soul".[12]

Even if it is verbal, the therapeutic contract is essential so the work can be developed with transparency regarding the therapy purpose and its possibilities, as well as the frequency and costs, if they exist. Ultimately, the therapeutic contract allows the distinction between care and/or the advice from a friend and other types of professional service.

Psychological Knowledge

Given the contemporary diversity of available care, including traditional alternatives such as religious advice and recent trends such as personal coaching,[13] it is important to clarify that the psychological knowledge, performed by a professional with proper educational background, autonomous from the main theory and technique (as long as scientifically validated and recognized by its fellows),[14] may guide the peripatetic psychotherapy. The psychologist's professional activity is properly regulated and the corresponding responsibility for some psychologist's inability to work gives a sense of security to the patient in the therapeutic process.

Ambulant Clinical Setting

The conventional clinical setting,[15] the clinic, is about a closed space between four walls dedicated to preserving the patient's privacy. This structure aims to facilitate comfort and minimize potential constraint when the patient communicates their symptoms, however delicate they are. We may say that such spaces are, to a certain level, standardized, having at least two comfortable chairs and maybe a divan for psychoanalysts, or a tableau for psychodrama professionals.

Without the protection provided by the office/institution, the opening of the ambulant clinical setting allows:

> "The common thread that marks these different types of treatment would be an intervention made on the street. For the street, I want to stress that it is about an intervention that happens outside of a defined place, for example, a property, a building (whether a clinic, a hospital, a doctor's office, a school, etc.), and inside places where there is public circulation (even if the public still wishes the treatment, and even if this public space is still restricted to a residence)."[16]

The ambulant clinical setting ruptures each relation with this operational structure.[17] If a peripatetic psychotherapy session includes some displacement in a crowded subway, a movie session or even a walk in a park, other people may hear the dialogue and maybe interact. Even if the therapist-patient pair walks in silence, the street opening as a clinical space allows that a salesperson, a stranger, an old acquaintance, basically any person, comes closer and interacts – even if it is only to ask what time it is.

It is important to emphasize that the very walk, and the consequent displacement – an action that incorporates the distinction of the peripatetic psychotherapy from the conventional psychotherapeutic process – may remain misunderstood as a technique by many health professionals. Although the act of walking[18] is learned at the beginning of human life and becomes practically a subconscious action, it appropriates and modifies environment in which we are.

"In the absence of stable points of reference, the nomad acquired the capability of constructing his map, in each instant, and his geography is in constant variation, deforms itself in time based on the observer's displacement and in the perpetual territorial changing. The nomad map is a void where the path unites pits, oasis, sacred places, good fields to graze and spaces that change fast."[19]

This way, it is not unexpected that, during the peripatetic psychotherapeutic walks, patients in mental health chronic conditions present noticeable results, considering they are stimulated in the primitive nomad origin of humanity. If the psychological knowledge and the therapeutic contract are not a particularity of the peripatetic psychotherapy, the ambulant clinical setting becomes a therapeutic experience distinct from those practices offered in conventional conditions. The peripatetic clinic eases an unconventional diagnosis, since it may include the patient while we witness and take part in spontaneous situations, instead of just listening to the patient's narrative.

Phenomeno-Structural Psychopathology

Minkowski pursued a phenomenological method[20] dedicated to psychopathology, which exceeds the mere application of philosophical questions to

12
Norberto Abreu e Silva Neto, *Fragmentos da metamorfose: cuidado materno e cuidado psicoterapêutico*, Universidade de São Paulo, São Paulo 1988, p. 40.

13
For information on personal coaching, see: John LaRosa, »U.S. Personal Coaching Industry Tops $1 Billion, and Growing«, *MarketResearch* (12 February 2018). Available at: https://blog.marketresearch.com/us-personal-coaching-industry-tops-1-billion-and-growing (accessed on 26 February 2020).

14
N. A. Silva Neto, *Fragmentos da metamorfose*, p. 40.

15
Demétrius Alves França, *Terapia peripatética de grupo: considerações*, Appris, Curitiba 2018, p. 53.

16
"O fio comum que caracteriza esses diferentes tipos de tratamento seria uma intervenção feita na rua. Enquanto RUA, quero ressaltar que se trata de uma intervenção que se dá fora de um lugar definido enquanto um imóvel, um prédio (seja ele qual for: clínica, hospital, consultório, escola etc.) e dentro de locais de circulação pública (mesmo que o público ainda esteja apenas no desejo do tratamento e mesmo que este espaço público ainda se restrinja a uma residência)." – Renata de Azevedo Caiaffa, "O Acompanhante Terapêutico e a Rua – O Social como Constitutivo do Acompanhamento", in: Equipe de Acompanhantes Terapêuticos do Hospital-Dia A Casa, *A rua como espaço clínico: acompanhamento terapêutico*, Escuta, São Paulo 1991, pp. 93–100, p. 93.

17
On the various "operational issues" of the clinic concept, see: Michel Foucault, *The Birth of the Clinic. An Archaeology of Medical Perception*, translated by Alan M. Sheridan, Routledge, London 1976; Ivan Illich, *Medical Nemesis. The Expropriation of Health*, Pantheon Books, New York 1976.

18
Cf. Francesco Careri, *Walkscapes. O caminhar como prática estética*, Editora Gustavo Gili, São Paulo 2015, p. 27.

19
Ibid., p. 42.

20
In the context of the historical development of the phenomenological frame within the psychopathological processes, it is worth

the clinical practice, differentiating itself from Husserl's phenomenology.[21] Unsatisfied with the conventional psychopathology, limited to enumerating and describing symptoms, Minkowski aimed for a "living method for living people", that would facilitate the comprehension of the patient in a perspective that could integrate the therapeutic process, named "diagnosis by compenetration".[22]

"But to be a psychiatrist does not mean exclusively to know how to enumerate symptoms. We are living beings, and this life continues to pulse until the extreme limits of degradation of the psychic forces. It is this life that we aim to know and with this main goal, we pretend to appeal valiantly to all sources that nature provided to us. Who could censure us? We desire to search the 'essential', the 'alienated's soul', for which is necessary that the compenetration merges to the exterior observation (…)."[23]

This position honestly recognizes the abstract nature of the work of searching for the comprehension of someone's psychic suffering from their subjectivity. The critique of the main psychopathological alternative, actually the fragile and irregular nature in the psychopathology area, could be described as tendencies, loose gatherings without significant conceptual clarity.[24] This way, the phenomenological method protects the professional from an "excessive psychologism"[25] because it has as a principle the search for the fundamental characteristics of the phenomenon. In the phenomenological effort of comprehension, the intuition may integrate this process, since it refers to the phenomenon itself.[26]

There are still two key concepts that demand a proper presentation: *syntony* and *vital impetus*.

Syntony refers to the affection that space, time and people awaken in us.[27] When someone realizes in the morning that it is hot and takes off their coat, we have an example of syntony to the temperature of space/environment where this person is. When someone observes the passage of time through a clock or the sunset, their hair growing, or the seasons of the year, this person is living in syntony with the temporal dimension of the human experience.

Syntony is experienced with the world and with people, it is a lifelong learning process. Social interaction is essential for human development and learning possible reactions in syntony with the reality we live in. Then, in such an environment, a child normally learns about the cold, the passage of time, and even about the affective states, such as anger, happiness, and tiredness, through conviviality.

The vital impetus,[28] translated from the French "élan vital", is about an inherent force that permeates all human experience. However, for psychopathological purposes, we are going to focus on the lived experiences of time and space.

The vital impetus transforms itself the same way we develop, learn, and mature. A child may have some difficulties comprehending the continuity of time and organizing themselves during the day, showing irritation and frustration when their expectations are not met. Growing up, especially due to conviviality, in syntony, the child will learn how to organize themselves in a longer period. Thus, it is not surprising that an adult organizes themselves over the years regarding financial planning, vacations and other matters that could be considered distant and even incomprehensible to children.

The division of the vital impetus concerning space is not different. A child experiments and comprehends their physical limits and space in a dynamic

perspective, while a baby may confuse its will with its mother's but, as it grows, it increasingly comprehends the distinction between different entities and its own consciousness and body.

It is important to clarify that this development and learning about the syntony experience and the vital impetus do not occur straightforwardly. Besides learnings and regressions that may be present before a condition of stress, for instance, there are different socio-economic contexts, such as the rural and urban realities that may generate distinct structural functions in different individuals.

Clarifying the dynamic nature of these concepts, that are learned and lived distinctly among people, it is important to highlight the expansive nature of the vital impetus.

"The vital impetus is a determinant factor that includes much more than our future; it also includes our relationship with our environment, taking part in the image we form about it. This personal impetus contains an expansion element; due to it, we re-base the limits of the ego and memorize our personal tracks in the world that surrounds us, creating pieces that become independent from us to live their own life. This activity carries a specific and positive feeling, that we call satisfaction, which is the pleasure that follows all finished pieces and all firm decisions. Because emotion is unique and does not have an exact negative counterpart regarding actions."[29]

mentioning Karl Jaspers, Ronald David Laing, Maurice Merleau-Ponty and members of the contemporary "philosophy of psychiatry" – Bill Fullford, Derek Bolton, Thomas Fuchs, Giovanni Stanghellini, Louis Arnorsson Sass, etc.

21
Demétrius Alves França, *Peripatetic Group Therapy: Phenomenology and Psychopathology*, Appris, Curitiba 2020, p. 45 (to be released).

22
Translation for "diagnostic pour penétration". – Eugéne Minkowski, *Traité de psychopathologie*, Institut Synthélabo, Paris 1999.

23
"Pero ser psiquiatra no quiere decir unicamente saber enumerar sintomas. Somos seres vivos, y esta vida sigue palpitando hasta los límites extremos de la degradación de las fuerzas psíquicas. Es a ella a la que deseamos conocer y con este objetivo pretendemos recurrir valerosamente a todos los medios que la naturaleza puso a nuestra disposición. ¿Quién podría censurarnos? Deseamos buscar lo 'esencial', el 'alma del alienado', y para ello es necesario que la compenetración se aúne a la observación exterior (…)." – Eugéne Minkowski, *La esquizofrenia: psicopatología de los esquizoides y los esquizofrénicos*, Fondo de Cultura Económica, Ciudad de México 2000, p. 83.

24
Guilherme Messas, *Psicopatologia e Transformação: um esboço fenômeno-estrutural*, Casa do Psicólogo, São Paulo 2004, p. 37.

25
E. Minkowski, *Traité de psychopathologie*, p. 552.

26
Ibid., p. 558.

27
It is Bleuler's concept used by Minjowski. For more see: D. A. França, *Peripatetic Group Therapy*, p. 87.

28
Eugéne Minkowski, *Lived Time. Phenomenological and Psychopathological Studies*, translated by Nancy Metzel, Northwestern University Press, Evanston (IL) 1970, p. 44.

29
"El impulso personal es un factor determinante que abarca bastante más que nuestro futuro; también gobierna nuestras relaciones con nuestro ambiente, participando así en la imagen que nos formamos sobre él. Este impulso personal contiene un elemento de expansión; gracias a él rebasamos los limites de nuestro ego y grabamos nuestra impronta personal en el mundo que nos rodea, creando obras que se independizan de nosotros para vivir su vida a parte. Esta actividad lleva consigo un sentimiento específico y positivo que llamamos contento, que es el placer que acompaña a toda obra acabada y a toda decisión firme. Como sentimiento es único y no tiene contraparte negativa exacta por lo que se refiere a las acciones." – E. Minkowski, *La esquizofrenia*, p. 171.

The loss of contact with the vital impetus and its unfolding regarding syntony will characterize mental sickness and may manifest itself temporary, through the so-called mood disorders, or spatially, in disorders such as schizophrenia.[30]

Based on these concepts, the therapeutic process is enabled through the establishment of the transferential relation as a way to facilitate the comprehension of the patient. Only through an affective transferential relation, full of meanings, will it be possible to assist the patient to increase the vitality of their affective contact with reality.

"While positive, it serves us admirably. It changes all analytical situations; it pushes to the patient's rational objective side, so they may be healthy and free of their symptoms. Instead, appears the aim to please the analyst and gain their applause and love. This becomes the patient's true motivating force for cooperation; their fragile ego becomes strong; under this influence, they perform things that ordinarily would be beyond their strengths; the patient gives up of the symptoms and appears to be restored – simply for love of the analyst."[31]

Method

The peripatetic psychotherapy was given to a teenager, beginning when he was 13 and ending when he was 16 years old, twice a week. The sessions took place in his home, but occasionally included a walk with the patient's pets, a walk in a park, a session in a movie theater, a snack in a snack bar, going to a video games store, a video arcade, going bowling and other places that would interest the patient. The home sessions lasted between 15 and 60 minutes and the peripatetic walks lasted 3 hours at most – in activities such as going to the movies.

The psychologist and the patient together defined what the walks should look like, always respecting possible health demands or even the patient's need to study for his exams. The peripatetic sessions were interrupted during the school holidays or when the parents did not consider them necessary.

The phenomenological register was regularly updated after the sessions, always registering the researcher's and, when possible, the patient or the parents' impressions. The detailed registers aimed to identify the patient's affective and behavioural changes through time and space.

"We will not attempt to define 'psychotherapy'. It follows step by step in our activity, so it is not possible to say where it begins and where it finishes. In a simple conversation, it may, sometimes, in the way that this conversation is conducted, bear fruits without the need to say exactly what is the factor that is at stake. The intuition and the irrational have something to say, but this does not prevent that talks of that order are full of everything we acquired in our formation process."[32]

Because of this fragility demonstrated by the patient, who, besides some non-specific symptoms of malaise and sleep disorders, did not abide by school rules, the peripatetic psychotherapy was offered to strengthen his psychic structure, detrimentally to conventional psychotherapy – which is typified as a "clinic of the mental defences".[33]

Case

Piracicaba's parents[34] sought psychiatric and psychotherapeutic help when the teenager, a 13-year-old boy, refused to go to school without any reasonable explanation – only saying that something terrible happened to him (at

school). The parents said they could only suspect that the traumatic and unknown event had to do with one of his friends, since Piracicaba completely cut off communication with him.

The first psychotherapeutic experience lasted about three months and it took place in a clinic on a weekly basis. The teenager's psychologist said that after a month of dialogue, he asked to lay down on the divan, remaining in this position during the entire session, turning his back on the professional, in absolute silence, until the professional talked with his parents about the possibility of peripatetic therapy. There was a dialogue between his parents, myself – the new psychologist – and the old psychologist, in which the possibilities of the peripatetic therapy were discussed.

The peripatetic psychotherapy started with two visits to Piracicaba's house. During the first visit, the peripatetic work was explained to the teenager and his parents. We set up the initial therapeutic contract regarding work confidentiality and frequency – initially with one-hour weekly sessions. We also talked about peripatetic possibilities of walking their dogs, going for a walk in a park and even going to the movies, besides the topics that could be discussed, such as soccer and video games. In this first moment, the teenager was smiling and responded well to the topics that were brought up. However, he did not make eye contact with me at any moment.

Only Piracicaba was present at the second session, which consisted in walking dogs for fifteen minutes in a wooded area near the house. The communication was superficial: he only interacted with the neighbours' dogs and talked about social media topics that interested him. After this brief walk, the teenager, who avoided eye contact with me all the time, went up to his room without saying goodbye, apparently exhausted from the dialogue with a stranger. It was also evident that, besides avoiding eye contact, Piracicaba avoided physical touch, such as trivial handshakes.

Initially, the peripatetic psychotherapy developed in the mentioned walks, and the teenager started demonstrating more confidence in the therapist, with-

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Cf. Giovanni Stanghellini, "Embodiment and schizophrenia", *World Psychiatry* 8 (2009) 1, pp. 56–59, doi: https://doi.org/10.1002/j.2051-5545.2009.tb00212.x.

31
Author's translation for: "Enquanto é positiva, ela nos serve admiravelmente. Altera toda a situação analítica; empurra para o lado o objetivo racional que tem o paciente para ficar sadio e livre de seus achaques. Em lugar disso, surge o objetivo de agradar o analista e de conquistar o seu aplauso e amor. Este passa a ser a verdadeira força motivadora da colaboração do paciente; o seu ego fraco torna-se forte; sob essa influência realiza coisas que, ordinariamente, estariam além de suas forças; desiste dos sintomas e aparenta ter-se restabelecido – simplesmente por amor ao analista." – Sigmund Freud, "Esboço de Psicanálise (1940 [1938])", in: Sigmund Freud, *Edição standard brasileira das obras psicológicas completas de Sigmund Freud*, V. 23, Imago Editora, Rio de Janeiro 2006, p. 189–190.

32
"Nous n'essaierons pas de donner une définition de la psychothérapie. Elle suit pas à notre activité, de sorte qu'il n'est guère possible de dire où elle commence et où elle prend fin. En apparence, simple conversation parfois, elle peut, par la façon dont sont menées ces conversations, porter ses fruits sans qu'il soit possible de définir exactement quel est le facteur qu'on a fait entrer en jeu. L'intuition, l'irrationnel on là à nouveau leur mot à dire, ce qui n'empêche nullement que les conversations de cet ordre soient chargées de tout ce qu'au cours de notre formation nous avons acquis." – E. Minkowski, *Traité de psychopathologie*, p. 666.

33
Ibid., p. 670.

34
The patient's name was replaced by the name of a Brazilian river, Piracicaba. It does not have any territorial relation with the place where the therapy happened.

standing longer sessions, physical proximity, and eye contact. The teenager told his parents that he was enjoying the walks and would like to repeat them more often. At the same time, Piracicaba started homeschooling and even though he did not attend his classes regularly, he finished the school year.

Although his parents may have expected it, Piracicaba never spoke about the incident which had happened at school. In fact, besides the possible trauma, the parents' pressure about this matter probably strained the teenager, since he reacted negatively when I asked him about it. I interpreted this reaction as a possible fragility. I chose to direct the peripatetic therapy to strengthening the confidence relation, regularly stressing the importance of dialogue and the confidentiality of the talks. These are the positions from which it was possible to develop the treatment and better comprehend the teenager in his familiar dynamic.

It is important to highlight that the peripatetic psychotherapy is about a daily clinic, allowing the professional to comprehend the patient inside a bigger spontaneous context, as well as in how they relate to people and places. Besides the conventional communication inside the clinic, about the people and places the patient interacted with, it is important to observe the person in their condition.

The Second Moment of Therapeutic Process

Even though the increase of the duration of peripatetic sessions and other demonstrations of security – which Piracicaba eventually showed – evidently happened, this process was not straightforward or without setbacks. It was not unusual to see the teenager refuse the walks, claiming some unexpected discomfort, and instead lie down or play video games during the sessions.

The parents-son dynamics also became more and more evident as a stress element for Piracicaba. Noticeable were interactions considered childish and evasive at the beginnings and ends of peripatetic sessions. For instance, once I visited Piracicaba and found him having lunch with his father, who was inspecting and encouraging his son to eat saying "now eat the other piece of the meat, big boy". In another situation, Piracicaba was extremely humorous and excited to initiate the peripatetic session, but his mother stopped him during the first fifteen minutes, demanding that he change his shirt and comb his hair. He resisted, saying he did not need to change his clothes nor comb his hair. However, she insisted and started to comb his hair in front of me. Piracicaba was very uncomfortable in this situation and reacted by saying he was not feeling well and by lying down in bed. I asked him if he wanted to talk, receiving the response that he preferred to rest alone and go for a walk another day.

Adolescence is recognized as the period of a human's development in which the young person intensifies the process of differentiating from their parents, looking to build independent relationships with their peers. Similar situations occurred distinctly and regularly during all the psychotherapeutic processes, illustrating an important element of Piracicaba's routine. Since parents did not properly respect Piracicaba's time and/or physical limits, it was common to see him defend himself by saying he was not feeling well and needed to rest and isolate. Although I talked to the parents about these matters, they resisted modifying their behaviours.

While being professional, I was looking to develop a relationship based on respect and dialogue regarding the limits of time, such as how long Piracicaba could handle an activity and how much space was necessary to respect privacy and other body limits. When I used to meet him lying down in his bed, or somehow anxious and avoiding getting out of the house, I tried to talk about what was happening. On these occasions, Piracicaba usually confirmed that he was not feeling well, or that he was indisposed to do the peripatetic session that day because he was playing a video game. In these situations we conversed within the possibilities, including the way he played video games.[35] I could observe that he was little tolerant of frustrations, and I used these occasions to question and/or propose suggestions regarding the way he played. To accept his choices without judgement, but always in dialogue, I encouraged him to dedicate more time to overcome some challenges in video games – that always frustrated him.

After some weeks it was possible to identify that Piracicaba sought to conduct peripatetic activities inside his comfort zone, without getting out of the house. After identifying this pattern, I proposed that we take turns in planning the activities: some would happen in the house, some outside. He agreed and respected this perspective whenever possible.

Although there were no displacements, the topics discussed in the sessions were not substantially distinct from the content, unless the topic was provoked by the walk. The home sessions, however, were different from the evident security and tranquillity that Piracicaba showed. It was possible to identify that, somehow, the home sessions were very significant concerning the content and functioning of the external sessions. In a condition of complementarity, both home sessions and walks challenged Piracicaba inside or outside his comfort zone, generating conditions to deconstruct his fears and experiment with new things.

The Walks

Piracicaba agreed on doing the walks separately from the activities with the dogs. These activities were not necessarily longer than the home sessions, but became meaningful due to the distinct purposes.

After approximately one month of doing the walks, Piracicaba agreed to drink an orange juice in a very traditional snack bar near his house, which was always crowded. This situation, which may seem trivial, was an important step since he would usually avoid this kind of place. His parents were surprised by the choice since he usually refused to eat out, especially in noisy and crowded places. In the face of these results, his parents thought about the possibility of longer walks and other activities he once refused, such as going to the movies or a park. These walks took place one by one, despite Piracicaba's isolation condition.

As a fan of video games, I invited Piracicaba to walk to a game store so we could look for the games he liked. Normally he would buy them online or would visit the place by car accompanied by his parents. Even though he did not buy any game, I believe that the process of going on foot integrated the process of conquering Piracicaba's autonomy.

In these simpler walks, we discussed other destinations of Piracicaba's interest. Since he wanted to become a biologist, we visited some parks where we

could observe and name birds, fish, plants and other animals. At times, we even disputed who was the better observer – but always in a ludic way.

It was in these walks that Piracicaba demonstrated overcoming the issue of spending longer periods of time with me. Eventually we got to one- and two-hour sessions without him showing any signs of discomfort. Besides, we were constantly discussing other places of interest to visit. We even watched some superhero movies, which took three hours, one hour of displacement and two hours for the movie.

Also, because he was a fan of superhero comics, the possibility of going to the movies excited Piracicaba. Here I was looking to intensify Piracicaba's conviviality. So, after some time, I suggested that he be the one buying tickets and snacks, and he gradually became calmer in communication with people outside of his daily routine. However, it is important to emphasize that sometimes he returned to the peripatetic sessions silently declaring tiredness and exhaustion.

We continued this routine of peripatetic sessions, but for the two-month period of school holidays, when Piracicaba and his family returned to their hometown. These interruptions created the need to restart the whole process.

After one year and four months in the peripatetic therapy, Piracicaba needed to study in the afternoons, demanding an adaptation regarding the sessions. Since he had difficulties waking up early due to the psychiatric medication he used to take, the sessions took place after his classes, which ended at six p.m. I picked him up at school and proposed some activities, such as visiting a comic book store or having a snack. Usually he refused the walk after school because he was exhausted from classes and social interaction. So, the last year of therapy favoured conversations on the way back to his home, but we kept doing some activities, such as going to the movies on weekends and to a bookstore after his classes.

It is important to highlight that even if the last year's sessions were restricted mostly to displacement from school to the patient's house using the car, he did develop his conversational repertoire. He talked about the topics discussed by his teachers, friends or current events, while in the previous years his favourite topics were social media, cable TV or video games. We also made plans to start the home-school displacement using the bus, as most of the students of his school do.

Although Piracicaba showed success at school, making friends and attending classes, his parents needed to return to their hometown because of professional matters, finishing the therapeutic process.

Therapeutic Process

We may conclude that Piracicaba's increased presence in the school environment reflects the growth of his social abilities, besides working in teams and creating a small circle of friends. In fact, it should be stated that Piracicaba presented vivacity in the environment despite his initial complaints that justified his complete social isolation.

Development of the peripatetic therapeutic process has profound similarities with Minkowski's work[36] and his critics in terms of defining what is psychotherapy. Even if "simple conversations" between psychologists and patients do not confront traumas and other insecurity issues, they bear fruit, such as

the teenager's consent to go for a walk in crowded places, like the movie theatre. It is possible to infer that something happened in the therapist-patient relation that made these new behaviours possible.

If the parents interfered daily in Piracicaba's definition of time and space[37] without respecting his wishes, such as the situations when his father treated him like a child during the meals or when his mother invaded his body limits trying to comb his hair in front of the psychologist and friend,[38] on some level his negative reaction and the need for isolation can be understood as a defence mechanism. These situations provided a measure of the modality and intensity of stress that Piracicaba experienced.

The fact that Piracicaba refused – or could not stand – to talk about the traumatic situations he experienced, the progress regarding the period of the sessions (longer each day) and his greater physical proximity, including eye contact and handshakes with the psychologist, may have a direct relation with the gradual overcoming of his insecurities regarding the school environment. My conclusion is that Piracicaba used the sessions to strengthen social conviviality at school and to overcome challenges typical for a teenager, such as making friends.

During the first stage of psychotherapy, Piracicaba moved on to the next grade of homeschooling. In the second year Piracicaba managed to spend the first semester at regular school, returning to homeschooling only in the second semester. However, during this occasion Piracicaba was overloaded with extracurricular activities, for example, language courses. In addition, he responded better to the High School challenges in a new school.

It is interesting to observe that Piracicaba initially seemed anxious and anguished in the face of the peripatetic walks' demands. But as we conversed and negotiated the expectations that both of us had about the peripatetic walks and their purposes, he relaxed and felt more comfortable during the activities. He showed that a part of his reservations came from a sort of fear or insecurity to reach the expectations of a "therapeutic process". When he comprehended that there was no such thing as to succeed or fail in the therapeutic process, he felt more comfortable to say where he wanted to go for a walk.

In the third year I accompanied him, which corresponds to the period until his freshman year. Piracicaba attended school, albeit not regularly. Maybe more impressive than the feat of socializing at school – his third by then – was the fact that he made friends and could work in teams. At the same time, he increasingly took initiative to socialize during our walks to the movie theaters or amusement arcades. Another interesting example was the change of conversational topics: he talked less about social media and more about personal matters and the people around him. Thus, I believe Piracicaba improved in facing new social challenges.

35
Cf. Manuela Ferrari *et al*., "Gaming With Stigma: Analysis of Messages About Mental Illnesses in Video Games", *JMIR Mental Health* 6 (2019) 5, p. e12418, doi: https://doi.org/10.2196/12418.

36
Cf. E. Minkowski, *Traité de psychopathologie*, p. 666.

37
On the phenomenology of space, see: Maurice Merleau-Ponty, *Phenomenology of Perception*, translated by Colin Smith, Routledge, London 1981.

38
The parents informed me that Piracicaba called me "his psychologist".

Conclusion

The flexibility of the ambulant clinical setting should allow for an adaptation of the therapeutic work according to the patient's needs and possibilities, such as the act of walking or moving, appropriating and organizing the world we live in, generating affections that may be used in the clinical perspective. It is this prospect provided by the peripatetic therapy that eases the creation of new meanings and affections for patients accompanied by their therapists outside.

It is important to notice that each case in the peripatetic psychotherapy perspective has very specific conditions, complicating patterned and comparative studies about the subject. By this, however, I do not want to discourage further studies. The specificities of this clinic practice can be taken as an invitation for new researchers to join this field, full of possibilities not yet discovered.

Given the results, it is possible to confirm that the peripatetic therapy is an alternative to people who do not respond to the conventional alternatives offered inside a clinical or an institutional environment. It should be emphasized that this practice is more expensive, since (in the utilitarian perspective) the displacement of the professional to meet the patient may mean a higher cost for the country's public health system or for the patient. This is even more evident when we consider large-scale costs of the public health system which has to provide services for the whole population and the fact that many patients with chronic mental health conditions demand specific care.

Besides, it is important to point out that additional educational background and clinical supervision are necessary so the psychologist can act *peripatetically*, since working without a fixed clinical setting demands a technique and theoretical preparation in addition to the required reflection about clinical mistakes and successes carried out during supervision. In response to the challenges of the specific educational background and the so-called additional costs involved in offering this service, some authors[39] developed peripatetic group therapies, identified the possibilities of reducing inherent costs of this clinical modality and presented distinct positive results, demonstrating that the educational background of new peripatetic therapists may be eased through teamwork.

Demétrius Alves França

Peripatetička psihoterapija: studija slučaja o jednom tinejdžeru i njegovu životnom iskustvu

Sažetak

Rad predstavlja izvoran i u kontekstu filozofijskog angažmana visoko plodan te propulzivan psihoterapijski pristup naziva peripatetička psihoterapija, još poznat i kao terapijska pratnja. Rasprava se zasniva na empirijskom primjeru utiska takve terapije na jednog brazilskog tinejdžera koji nije reagirao na konvencionalnu psihoterapiju. Bivajući u društvenoj izolaciji, odbio je odlaziti u školu i pokazivao tipične znakove depresije i društvene fobije, ali nije imao konačnu dijagnozu. Terapijski je rad trajao dvije godine i tri mjeseca, olakšavajući mu povratak u školsko okruženje, poboljšavajući sposobnost nalaženja prijatelja i autonomiju u društvenoj interakciji, što upućuje na širokopojasne prednosti peripatetičke psihoterapije. U ovom radu, fokus će biti na elementu fenomenalno-strukturalne psihopatologije u danom pristupu, prepoznate kao temeljni, opći dio mereološkog procesa psihoterapeutike.

Ključne riječi

fenomeno-strukturalna psihopatologija, peripatetička psihoterapija, terapijska pratnja, društvena izolacija, depresija, životno vrijeme, životni prostor, osobni impetus, osobni elan

Demétrius Alves França

Peripatetische Psychotherapie: eine Fallstudie zu einem Teenager und seiner Lebenserfahrung

Zusammenfassung

Die Arbeit präsentiert einen originellen und im Kontext des philosophischen Engagements hocherspießlichen und propulsiven psychotherapeutischen Ansatz, der als peripatetische Psychotherapie bezeichnet wird und überdies als therapeutische Begleitung bekannt ist. Die Abhandlung basiert auf einem empirischen Beispiel für die Wirkung einer solchen Therapie auf einen brasilianischen Teenager, der nicht auf eine konventionelle Psychotherapie ansprach. In sozialer Isolation lebend, weigerte er sich, zur Schule zu gehen, und wies typische Anzeichen von Depression und sozialer Phobie auf, hatte jedoch keine endgültige Diagnose. Die therapeutische Arbeit dauerte zwei Jahre und drei Monate und erleichterte seine Rückkehr in das schulische Umfeld, verbesserte seine Fähigkeit, Freunde zu finden sowie seine Autonomie in der sozialen Interaktion, was auf die breit gefächerten Vorteile der peripatetischen Psychotherapie hindeutet. In diesem Artikel wird der Schwerpunkt auf einem Element der phänomenal-strukturellen Psychopathologie in dem gegebenen Ansatz liegen, die als grundlegender allgemeiner Bestandteil des mereologischen Prozesses der Psychotherapeutik wahrgenommen wird.

Schlüsselwörter

phänomenal-strukturelle Psychopathologie, peripatetische Psychotherapie, therapeutische Begleitung, soziale Isolation, Depression, Lebenszeit, Lebensraum, persönlicher Impetus, persönlicher Elan

39
D. A. França, *Terapia peripatética de grupo*, p. 46.

Demétrius Alves França

Psychothérapie péripatéticienne : étude de cas d'un adolescent et de son expérience de vie

Résumé

Ce travail présente une approche psychothérapeutique originale, très fructueuse dans le contexte de l'engagement philosophique, et prometteuse du nom de psychothérapie péripatéticienne, connue également comme thérapie d'accompagnement. La discussion se fonde sur un exemple empirique et l'effet d'une telle thérapie sur un adolescent brésilien chez qui les thérapies conventionnelles n'ont pas porté leurs fruits. Étant en situation d'isolement social, il refusait d'aller à l'école et présentait des signes typiques de dépression et de phobie sociale, sans pour autant qu'un diagnostic définitif n'ait été posé. Le travail thérapeutique, qui a duré deux ans et trois mois, lui a facilité son retour dans le milieu scolaire et renforcé son aptitude à se faire des amis en affirmant son autonomie dans les interactions sociales, ce qui nous renvoie aux considérables avantages de la psychothérapie péripatéticienne. Dans ce travail, l'accent sera mis sur l'élément phénoméno-structural de la pychopathologie dans l'approche donnée, reconnue comme partie générale du processus méréologique de la pychothérapeutique.

Mots-clés

psychopathologie phénoméno-structurale, psychothérapie péripatéticienne, accompagnement thérapeutique, isolement social, dépression, temps de vie, espace de vie, impetus personnel, élan personnel