

PSYCHODYNAMIC UNDERSTANDING AND PSYCHOTHERAPEUTIC APPROACH TO PSYCHOSES

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SUMMARY

The historical development of the psychodynamic approach to psychotherapy is described. The origins of ISPS are described, and ISPS Croatia and Slovenia are introduced.

Key words: psychodynamic psychotherapy – psychosis - history of psychiatry - bio-psycho-social approach

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INTRODUCTION

Mind, psyche, soul: The developmental line of understanding psyche

From its beginnings in the evolutionary darkness of human development the efforts to understand the comprehensiveness of human mental functioning is the continuous story of speculation, imagination, cultural experiences, and research. The artistic intuition, spiritual beliefs, psychological concepts, psychiatric classifications, as well as diverse other approaches struggle to encompass the multicoloured richness of human mental life.

Hippocrates was among the first who supported the „medical model“ of psychic phenomena, whether normal or pathological. He stated that „people should know that from the brain and only from the brain are coming our satisfactions, joys, laughter, jokes... The ones that are mad because of phlegm are calm, they don't shout or disturb, while these that went mad because of bile are noisy, aggressive, restless, they always do something inadequate“. Nevertheless, the predominant beliefs were that mental disorders were consequences of supernatural causation. The most widespread belief was the one of „possession“ of the soul by evil spirits. This attitude could be found in all primitive cultures, provoking fears and the need for protection from these „possessed“ people and evil spirits. This kind of „explanation“ of mental disorders endured the course of centuries,

with some specific cultural (religious) influences. Even the renaissance, which brought about radical changes in western culture, did not achieve a better understanding of the functioning of the human psyche.

The key issue for the development of a more realistic approach to psychiatric patients was the French revolution, bringing to the fore the ideas of freedom, equality and brotherhood. The direct reflection on the understanding and approach to mentally ill persons was the inclusion of them in the range of other ill people on equal grounds. The taking off chains from people suffering from psychoses, what Phillippe Pinel did in 1793 in the Paris hospital Bicêtre, has marked the maturation of new ideas in the 16th century on how to regard mental illnesses. But it was only from the middle of the 19th century on that we can follow the developmental line leading to a modern understanding of psychiatric disturbances. The advances in neuroanatomy and the work of Meynert and Wernicke, and then Charcot and Bernheim, brought about new ideas of mental functioning.

It is said that there were three men that disturbed the dreams of the mankind. Copernicus, who substituted geocentric understanding of the universe for heliocentric. Darwin, who put humans within the lines of development of life on the Earth. Freud, who with his discovery of the unconscious has shaken the security of the belief in the self – consciousness.

At the same time psychiatry has made the first decisive efforts to classify mental disorders, starting from Kraepelin's textbook first edited in 1883, and the new classification of E. Bleuler, described in his book on schizophrenias in 1911.

Today we have at our disposition results of the enormous advances of the neuroscience, psychology, psychiatry and other complementary sciences. The new levels of knowledge bring new understandings and dilemmas. On the one hand, the great achievements of biological psychiatry from the 1950-ies had as one of its consequences a reductionistic view of pathopsychological phenomena, explaining human functioning from a principally biochemical point of view. One of the results of this attitude is the great confidence in the resolution, partly or completely, of patients' psychic deviations primarily through neurochemical changes. In this way the need for more comprehensive understanding of human existence was reduced and the deeper understanding of patients' lives were lost. On the other hand, obviously, this simplistic approach did not fit well enough for many psychiatrists, psychologists, and other professionals experiences who got acquainted with complex ways of human existence and functioning, especially when disturbed or ill. They continued to develop psychodynamic understanding and psychotherapeutic treatments of patients suffering from psychoses.

The psychodynamic frame of reference: The development of dynamic psychiatry

The concept of „unconscious“ was known to philosophers from the 17-th century, but it was not until Freud that it was used for understanding and therapy of psychiatric patients. At the turn of the 20-th century Viennese psychiatric circles were attracting many professionals interested in psychodynamic understanding of human functioning. Freud himself, with the development of the new science that he called psychoanalysis, has become ever more influential not only in the medical but even in the artistic fields. The main contributors like Jung, Adler, Abraham, Reich, Rank, Tausk, as well as Ferenczi, and later on M. Klein, M. Mahler, E. Jacobson and many others developed the psychoanalytic and analytically inspired concepts and research in order to better understand human emotions, personality structures, and healthy and pathological functioning.

After the World War II. the role of ego rather than id in personality development was put into focus by the research of A. Freud, H. Hartmann, E. Kris, D. Rappaport, E. Erikson, and many others, who put emphasis on defence mechanisms. Further development included self psychology and many other streams of conceptualising human psychology and therapeutic approaches.

The question of psychological treatment of various neurotic states was much more successful than the approach to patient with psychoses., nevertheless attempts to treat psychosis were made since P. Federn's experiences. Among the most important contributors to the understanding of psychotic development and the role of environment on the development of psychoses were F. Fromm-Reichmann, H. Stack Sullivan, as well as the concepts of Fairbairn, M. Klein, D. Winnicott, Lacan, Skolnick, Resnik, Kanas and others. The psychodynamic theories concerning „ego defect“ and „ego conflict“, were unified over time. Now the predominant psychodynamic theoretical point of view regarding the onset and development of psychoses concerns the „stress – vulnerability“ concept.

In the sixties of the last century the antipsychiatric movement in Europe and USA has moved not only professionals but societies at large to reconsider the inherited attitudes to treatment of mentally ill patients. In that time social psychiatry brought new insights about the damage that institutionalised psychiatry was causing, with the neglect of the patient and his/her rehabilitation and resocialisation. In the 1980-ies WHO published the essential principles of social psychiatry. Deinstitutionalisation regarding the therapeutic attitude towards psychiatric patients has become a new trend, stressing the need for diversification of therapeutic approaches and resocialisation efforts. New DSM and ICD classifications of psychopathological phenomena were developed, summing up the comprehensive attitudes towards various psychopathological manifestations. The postmodern medical trends take care not only in a diversified way of the therapeutic bio-psycho-social frame of reference, but has to do also with much better informed patients and their family members. Regarding psychiatric hospital wards and other community psychiatry facilities the predominant concept is that they should develop the atmosphere of a therapeutic community, where every participant has his/her role and responsibilities.

Of all medical disciplines psychiatry is the one that is the most included in the social network. The concept of community psychiatry reflects this fact in the best way. New research and therapeutic and rehabilitative trends revolve primarily around prevention efforts and fostering of mental health. Furthermore, it is intended to organise mental health services in community. To address the new requests therapeutic teams and lifelong education and exchange of experiences have to be developed. The ideal way of organising this need-adapted help to psychiatric patients and their families is viewed as a well-balanced approach taking into consideration biological, psychological and social components.

Given this bio-psycho-social approach, many psychiatrists and other professionals from the psychological field were concerned that this balanced view required better support for its psychological component. This was the source of the idea of ISPS –The International Society for the Psychological Treatments of the Schizophrenias and other Psychoses.

The idea of ISPS started to be crystallised in the mid 1950-ies by two Swiss psychiatrists, Christian Müller and Gaetano Benedetti. They got interested in psychoanalytically oriented treatment of schizophrenic patients and organised the first ISPS symposia in Switzerland in 1956, 1959 and 1964. They are considered as the founding fathers of the Society.

The next Symposia were organised as follows:

- The IVth ISPS Symposium was organised by Yrjö Alanen in Turku, Finland, in 1971;
- The Vth ISPS Symposium was organised by Jarl Jørstad, Svein Haugsjerd, Bjorn Osteberg in Oslo, Norway, in 1975;
- The VIth ISPS Symposium was organised by Christian Müller in Cery/Lausanne, Switzerland, in 1978;
- The VIIth ISPS Symposium was organised by Helm Stierlin in Heidelberg, Germany, in 1981;
- The VIIIth ISPS Symposium was organised by Ann-Louise S. Silver and Stanley Possick in New Haven, Conn., USA, in 1984;
- The IXth ISPS Symposium was organised by Pier Maria Furlan in Turin, Italy, in 1988;
- The Xth ISPS Symposium was organised by Johan Cullberg in Stockholm, Sweden, in 1991;

- The XIth ISPS Symposium was organised by Stanley Possick and Ann-Louis S. Silver in Washington, DC, USA, in 1994;
- The XIIth ISPS Symposium was organised by Brian V. Martindale in London, UK, in 1997;
- The XIIIth ISPS Symposium was organised by Jan Olav Johannessen and Gerd Ragna Block Thorsen in Stavanger, Norway, in 2000;
- The XIVth ISPS Symposium was organised by Patrick Mc Gorry in Melbourne, Australia, in 2003;
- The XVth ISPS Symposium was organised by Manuel González de Chávez in Madrid, Spain, in 2006;
- The XVIth ISPS Symposium was organised by Bent Rosenbaum, in Copenhagen, Denmark, in 2009;
- The next ISPS Symposium is planned to be organised in Split, Croatia, in 2012 by Ivan Urlić and Slađana Štrkalj-Ivezić.

The acronym of ISPS encompasses the psychological approach to patients with psychoses, their families, rehabilitation and resocialisation, including the bio-psycho-social model, but stressing the psychological and social aspects. Probably the best example represents the Finnish need-adapted model, but every advanced society is developing its treatment shemas according to its cultural traditions and possibilities. With the latest neuroscientific advances, and experiences based on psychoanalytic concepts and wider psychodynamic attitudes, what is perceived as real progress is the complementarity of the accurate scientific perceptions from psychodynamic and neuroscientific fields. This actual development in psychiatry we see as an announced future for the further development of understanding, treating, training and researching in our profession.

An outline on the development of the psychodynamic approach to the understanding and comprehensive therapy of psychotic patients in Croatia and Slovenia

ISPS CROATIA

The psychotic patients in Croatia, throughout history, shared the destiny of psychotic patients in Europe. The beginning of twentieth century has seen unprecedented development of understanding of psychological developmental lines of human being, culminating in Freud's work and many schools that spread beyond this.

At that time Croatia was part of Austrian-Hungarian empire, and its capital was Vienna. The well known psychiatrist and psychoanalyst from Zagreb, Stjepan Bettelheim has brought the 'new psychoanalytic science' to Croatia (after the WW I. Croatia was part of the newly formed state of Yugoslavia). In the 1930-ies Zagreb had become the centre for the spreading of psychodynamic thinking and therapeutic approach in South-Eastern Europe. Unfortunately, at that time the psychodynamic approach to psychotic patients was not widely accepted by psychiatric and psychological circles.

In the late 1960-ies, the Zagreb psychiatrist A. Maletić was trained and worked in Chestnut Lodge Hospital in USA. He started seminars on psychotherapy of psychoses and marked the beginning of the systematic training of psychiatrists and psychodynamically oriented psychologists and psychiatric nurses, in the psychodynamic approach to psychotic patients.

At first, the psychodynamic approach to psychotic patients was merely on an individual basis, and through the therapeutic community in daily hospital treatment. Beside this modality, some other psychiatrists and group analysts – D. Blažević, E.Cividini- Stranić, E.Klain, and many others started training courses in psychodynamic understanding and therapy in chronic psychiatric hospitals. The 'movement' was spread further on by S. Štrkalj-Ivezić, B. Restek-Petrović, N. Orešković-Krezler, S. Biočina and many others in the North of Croatia. In the Mediterranean part of the Country there were Lj.Moro and her colleagues in Rijeka region, J. Jeličić and H. Marčinko in Pula region, and I.Urlić and his co-workers V.Matijević, M.Vlastelica, S.Pavlović and some others in Split and the region of Dalmatia. It might be said that for more than 40 years individual and group psychodynamically oriented approach to psychotherapy of psychoses has been practiced in Croatia. With all this tradition, so far, the psychodynamic approach remained in the shadow of the more widespread pharmacological therapeutic approach.

In order to promote and foster the psychodynamically oriented approach to psychotic patients, S. Štrkalj-Ivezić and I.Urlić have been organising the yearly 'School of Psychotherapy of Psychoses' in the frame of the Inter-University Centre in Dubrovnik, starting from 1996. The subtitle of the School is – Towards comprehensive therapy of psychoses. During the activity of the School many prominent workers from this field

were lecturing and exchanging their experiences with the participants: the late D. Feinsilver from Chestnut Lodge, and C. Rosberg from Austin Riggs, USA; from UK R. Lucas, B. Martindale, M. Agius, C. Murphy, J. Renton, R. Rollinson, D. Fowler, R. Zaman, O.Gallagher; from Italy E. Joggan, M. Viola, A. M. Traveni, F. Fasolo, R. Quartesan, G. Magnani; from Denmark B. Rosenbaum and M. Lajer; from Spain M. Gonzales de Chavez; from France G.Gymenez; from Greece A. Koukis; from Poland J. Bomba; from Germany Danzinger; from Austria T. Meisel, B. Fink; from Slovenia M. Žunter-Nagy, V. Pukl-Gabrovšek, M. Blinc-Pesek, L. Požar, P. Matjan, P. Praper; from B.H. L. Oruč; from Serbia L.J. Milivojević; and from Croatia (besides the already mentioned colleagues) J. Jeličić, Đ. Sivić, E. Koić, M.Bajs-Bjegović, Š.Janović, M. Pernar, P.Jovanović, D. Britvić, N. John.

ISPS Croatia in collaboration with the IGA Zagreb and the Croatian Medical Association and psychiatric professional associations is developing not only a psychodynamic culture in approaching psychotic patients, but associations of family members of psychotics, angstigma programmes, and research.

ISPS SLOVENIA

(M. Blinc-Pesek)

In 2005 ISPS Slovenia was founded as an organization for the development of clinical work and research on psychotherapeutic approaches for psychotic patients. This followed a two day meeting in Portorož of about 50 Slovenians. Professor Urlić, Ivezić and Biočina, our Croatian colleagues were most helpful in the formation of the organisation.

In Slovenia there is a long tradition (going back more than 40 years), of group analytic work with patients with schizophrenia. This was developed by Franc Peternel, a member of the Institute of Group Analysis (London) who practised as a psychiatrist at the Ljubljana University Psychiatric Hospital.

CONCLUSION

Many Slovenian psychiatrists who are doing individual and group work with patients with psychosis have attended the Dubrovnik School of Psychotherapy of Psychoses (see ISPS Croatia in this chapter) and a most important clinical and scientific collaboration has developed.

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