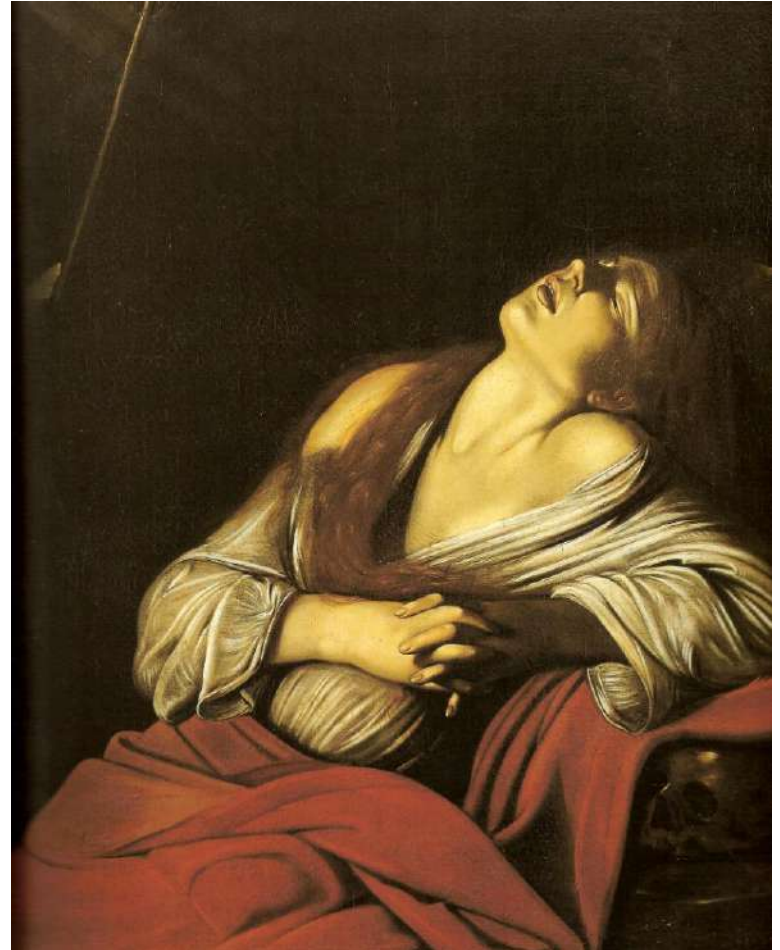


Integrative psychoanalytic technique from a perspective of a multidimensional therapeutic plan on affective psychoses

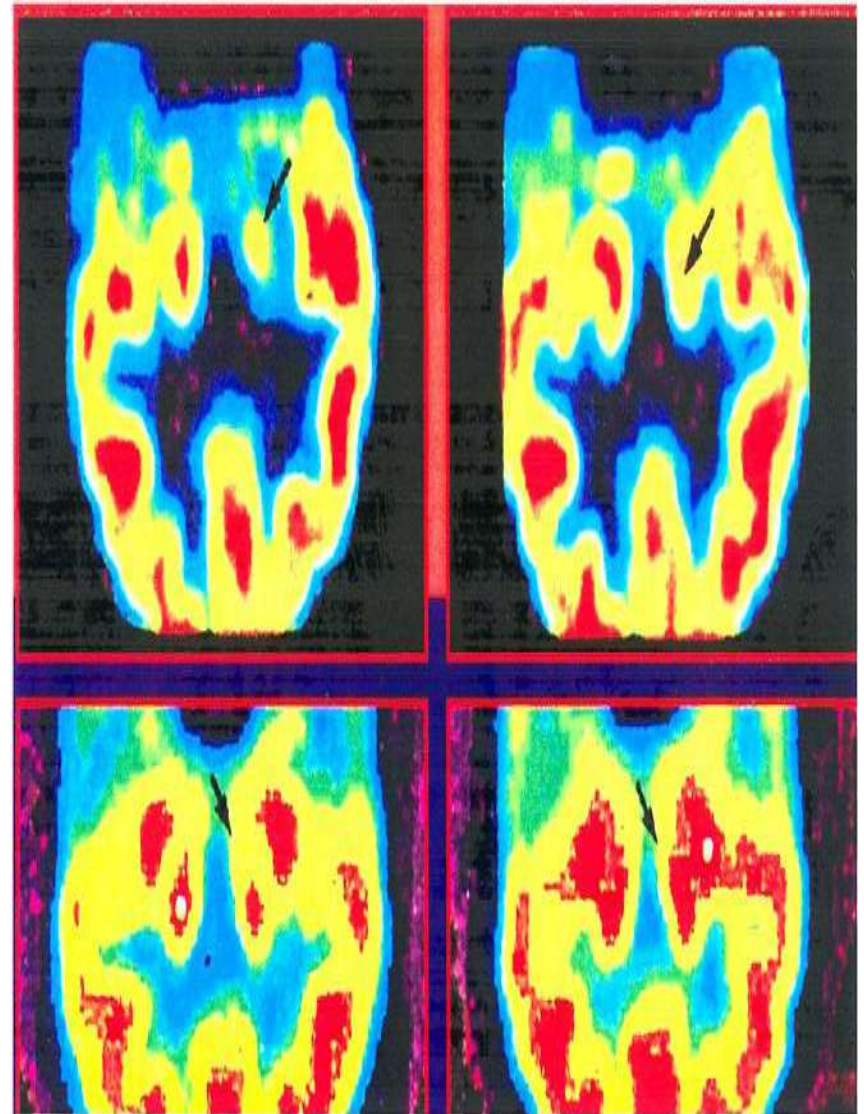
Dr. Med. Maria Diallyna



- **Freud** points out that happy people do not fantasize, but unhappy people do. In his book '**XXXX**' (1917) he propose an epxlanation of melancholia that is due to
- According to the classic psychoanalytic theory (Abraham, Freud, Klein)



- **E. Kandel** reports that when the words touch our XXX Then brain plasticity is affected. This change in plasticity is stored in memory.
- In reverse, metabolic changes of some neurotransmitters (serotonin, or noradrenalin) on these new connections could generate similar thoughts and depressive feelings.
- This is particularly the case for any traumas that may have occurred during childhood, affecting the neuroplasticity and thus the content of our memories at the neuronal level. These contents are stored in the form of large distributed networks that are generated and develop from very early on in our lives.



Leplauer 15.

- A recent review by Roffman et al. (2005) reports a series of studies that have used fMRI to investigate the impact of psychotherapy and medication on brain activity for patients with depression or stress disorders.
- Results has shown that for each psychiatric disorder there was only a partial coverage between the changes on brain activity due to psychotherapy and those due to medication.
- Hence, a psychotherapeutical approach seems to be more specific and its impact longer in time than medication. (Roffman et al., 2005; Fuchs, 2004; Nakatami et al., 2003; Paquette et al., 2003; Brody et al., 2001; Martin et al., 2001)
- Casacalenda et al. (2002):
Meta-analysis of 883 patientw with major depression where medication and psychotherapy were compared.

The percentage of remission for the patients with major depression was:

46.4 % for those under **medication**
46.3 % for those under **psychotherapy**

Moreover, significantly more patients discontinue their medication (37.1 %) than their psychotherapy sessions (22.2 %)

- Resuming the psychoanalytical bibliography W. Bohleber (2005) reports three main trends of interpretation of the etiopathogenesis of depression:**
 - The structural approach:** Freud, Abraham (1911, 1924), Klein (1940), Rado (1928) and Jacobson (1953, 1970) focus on the sadistic agresivity of the Superego and on the attempt of the Ego through melancholy to restore the relationship between the narcissistically chosen lot object or situation. Melanie Klein refers to the “depressive position” as a all human experience.
 - The approach based on the main disorder of the narcissistic:** S. Rado (1928) (passive-addictive objective relationships), Sandler-Joffe (1965) *well-being, loss of the narcissistic XXX*; Bring (1952) *narcissistic depression with a feeling of inability due to a tension between the Ego and the Ideal-Ego*; and Loch (1967) *no stable relationship between the Self and the Ideal Self due to the non-identification of the Self with the Ideal Object XXX aggressive instincts*.
 - The integrative approach:** H. Willi (1994) *Super-egoistic, narcissistic, helpless oral type of depression*)
- For Bleichmar (1996), depression is the result of an unsatisfied wish, whereas J. Blatt XXX
- Mentzos, admitting a manifold predisposition and etiopathogenesis of depression (“Psychosomatics of the Brain”, 2003), proposes a model of 3 columns of the narcissistic homeostasis, that regulates the feeling of self-esteem (1995). Accordingly, depressive psychosis result from the **loss of the Ideal Self and the investment in an archaic Super-Ego that prevents a realistic evaluation of the Self, where from originate feelings of penury.**

The 3 columns model of the Narcissitic Homeostasis, that regulates the feeling of Self-esteem (1995)

- For Mentzos, depression is due to the regulation of the feeling of Self-esteem between column 1 (*Grand Archaic Self - mature ideals of the Self*), column 2 (*Ideal Object - mature fantasy of parental XXX*) and column 3 (*Super-ego - mature consciousness*).
- The XXX activation of column 1 is responsible of the Mania of column 2 XXX
- The defensive obstruction of theuntroubled cooperation of the three columns generates the feeling of emptiness of the XXX depression.

Stelle (Mentzos 1995) schon beschriebene Drei-Säulen-Modell (Abb. 1).

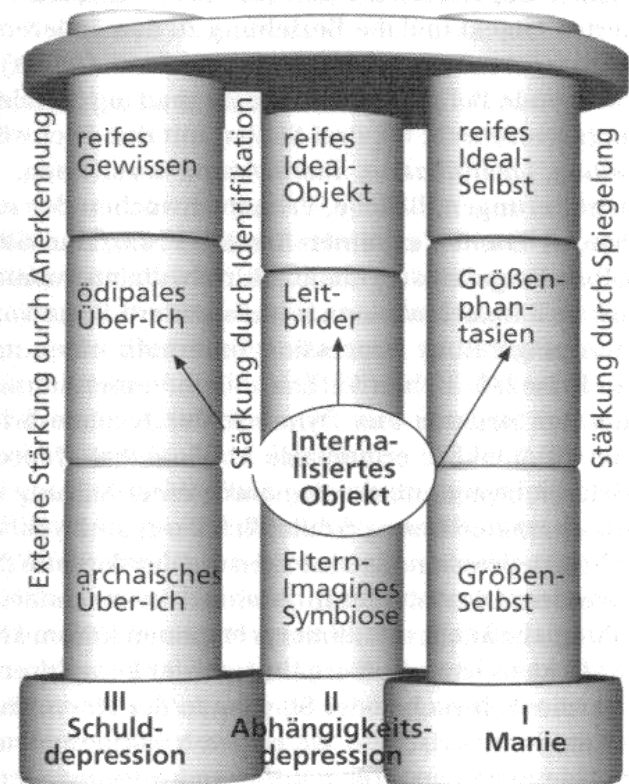


Abb. 1: Selbstwertgefühlsregulation

THERAPEUTIC SPECIFICITIES

- **Mentzos proposes a slightly positive idealised transference** that helps to overcome the crises and to reacquire the narcissistic homeostasis.
- Not only «*through the eyes of the mother*» (Kohut), but also through the therapeutic process the patient could XXX enough good objects and generate a mature objective superego, synergetic with the ideal-ego.
- According to Benedetti, in psychosis **the world of symbols has collapsed** and the delirium is free of any symbolism. The therapist is expected to re-symbolise the world of the psychotic patient through the intersubjective relationship to cultivate the archaic XXX super-ego of the depressed patient.
- In depression each attempt to adapt to reality meets **strong defences**. The patient refuses any change or evolution and develops strong defences, as well as negative aggressive transference **acting out**.
- **According to Taylor (2005) a passive sado-mazochist trend is directly associated with the difficulties in thinking and in the symbolization.** This difficulty comes from the problems that have originated during the separation of the Self from the Object, while it worsens them.
- Following a series of success, some de depressive events or self-destructive actions are not rare (Mentzos, 1991; taylor, 2005).



Types of Sessions

- Mentzos proposes 3 types of therapeutic sessions (A, B, C). Sessions of **type A** should occur every 2-3 weeks, lasting 20-30 min, where a **slightly idealised transference**. He believes that the evolution of the therapy is mainly influenced by the therapist's attitude as a "**raw model**" (that is stable, assertive but also relatively distant), and not from supportive interpretations.
- As a patient undergoing analysis has pointed out: ... *"The absolute frequency, the stability of the sessions and the trustworthiness, have been XXX for me..."* (M. Leuvigner-Bohleber, 2005).
- **Type B** sessions occur once a week. During this type of session the therapist focuses mainly on **current problems** and less on the interpretation of the transference, as Arieti (1983) does.
- **Type C** sessions follow the rules of psychoanalysis and are based on the **interpretation of the transference**.

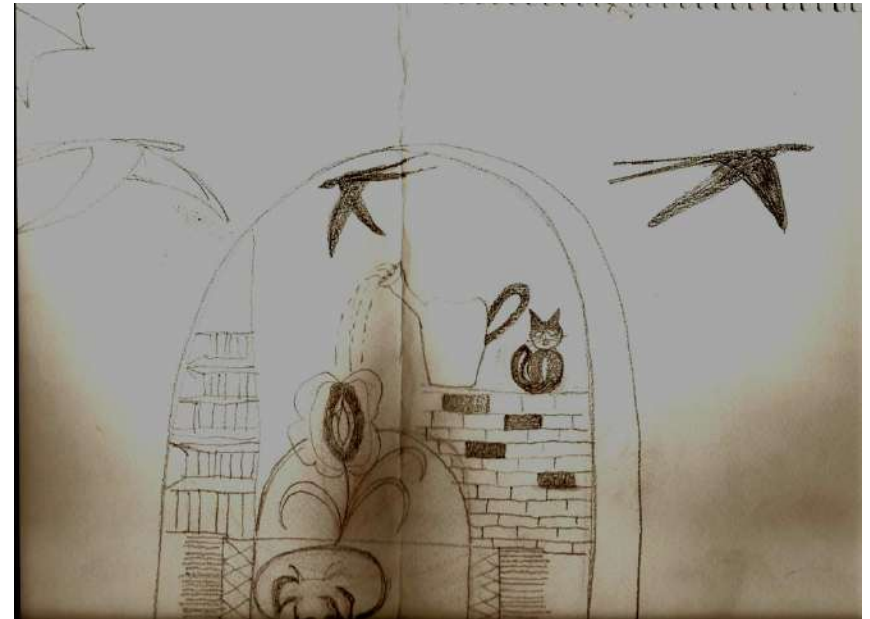


The reactivation and the process of the early disorders of “the negative transference” and the objective relationships through the transference, supported also by a “**basic positive motivation of counter-transference**” is the condition for a change in the real objective relationships, and the restriction of the XXX of the super-ego or of the ideal-ego, and results in not only **affective** but also in **cognitive and biological changes** (H. Bleichmar, 1996



Integrative psychoanalytical technique from the approach of a multidimensional therapeutical plan: the case of Mrs K

- Her speech was clear, poised and very specific. It was characterised by the lack of any imagination, XXX, symbolism and originality. This led me to use with her the psychotherapy method of Benedetti. Since it was very difficult for her to use her internal psychological material during the session I decided to use techniques from my experience with psychosomatic and XXXX patients. According to Benedetti, in order to build a bridge of communication it is possible to use the first symbolic instance, the *form* (Gestalt).
- I asked her to make a collage. In her drawings what was really impressive was her difficulty to represent a concept symbolically. They always were very specific. She drew her love with her boss as a rose. It is the case that the Japanese, but also herself, refer to the vagina as a rose. The symbolism of this drawing in particular made me ask her about her past and then she revealed to me her first psychotic event.

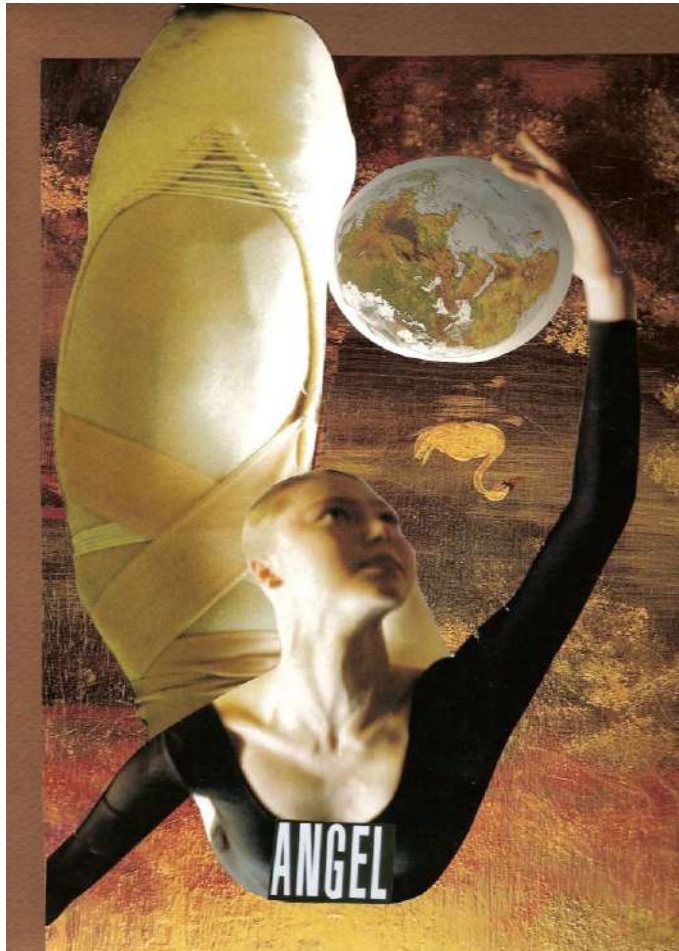




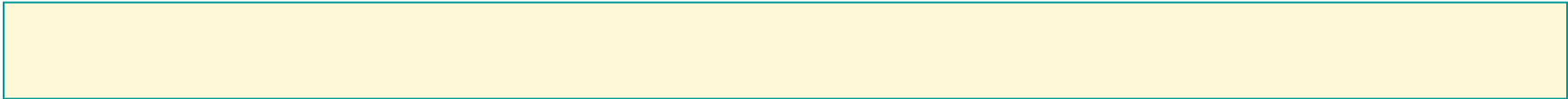
INTEGRATIVE THERAPEUTICAL TECHNIQUE:

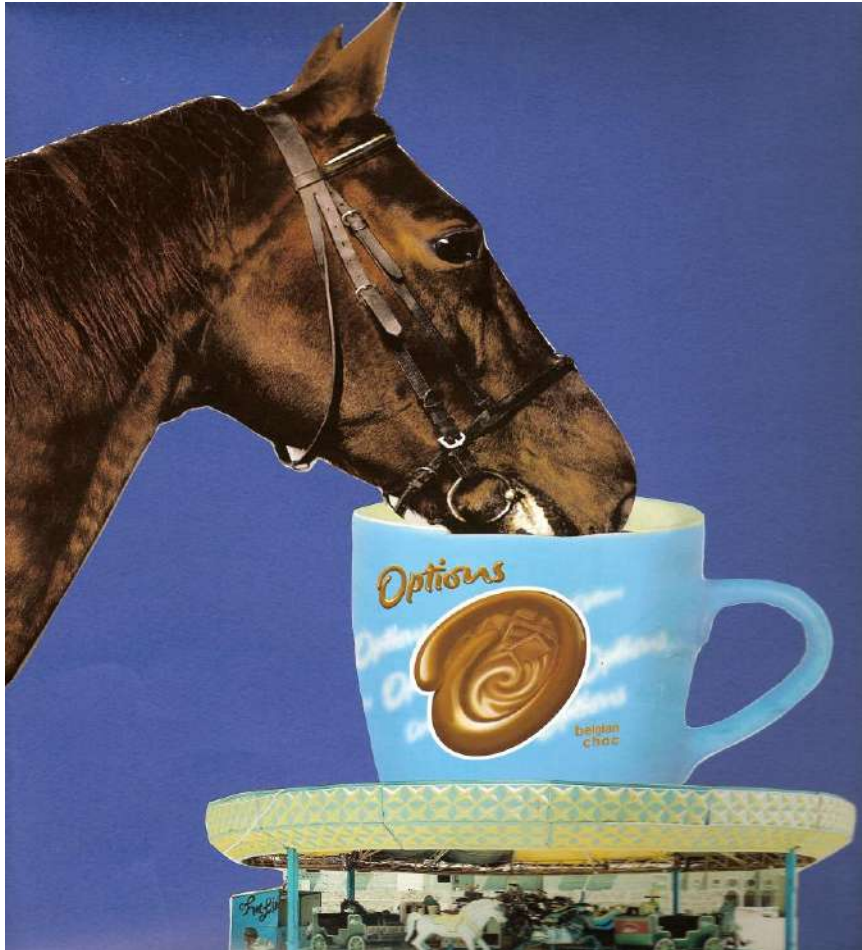
- Under the grasp of a “narcissistic depression” (Jacobson, 1971; Will, Blatt, Taylor) it tries to “rectify” (Klein, 1935) with the self-punishment.
- With a **direct technique**, as indicated by Mentzos (1931) and based on a **positive therapeutical relationship**, as in the phase of mania, I convinced the patient to push back any acting out for 15 days and to take a strong anti-depressive medication. **The worthiness of the object-therapist and his/her empathetic position (Benedetti, 1983; 1999) helps to incorporate the psychotic experience into reality and this way to regulate the anger and the aggressivity.**
- The therapist is asked to **re-symbolise** the world of the psychotic and through the inter-subjective relationship to cultivate the archaic XXX Super-Ego of the depressed patient. Not only «*through the eyes of the mother*» (Kohut), but also through the therapeutic process the patient could XXX enough good objects and generate a mature objective superego, synergetic with the ideal-ego and the ideals of the Self.
- The therapist is also frequently asked to endure an aggressive catastrophic negative transference, to put it into words and to interpret it. According to Kenberg, the more XXX is the transference, the more active and alerted should the therapist be. **ή σε ένα αρχαϊκό αυστηρό σαδομαζοχιστικό Υπερεγώ (Klein 1935, 1923), ή σύμφωνα με τον Rado, 1927 την ταύτιση του Εγώ με το Υπερεγώ, ή όπως διαπιστώνει ο Freud «στο πένθος και μελαγχολία ήδη το 1917» να ενδοβολή στο Εγώ του το ναρκισσιστικά επιλεγμένο αμφιθυμικό αντικείμενο.**

In art, the void created by the **loss of a narcissistically selected object** through the **refusal and not the XXX**, and with the **help of the XXX**, feels up by beautiful *multiple object-images*. Ενώ όταν η άμυνα είναι σύμφωνα με το Στ, Μέντζος είναι ψυχωτική, δηλαδή κυριαρχεί η **διάψευση** με το παραλήρημα. In psychosis, however, the world of symbolisms has collapsed and the delirium is a-symbolic (Benedetti).



- Her collage consisted of many (partial) objects dispersed in a apparently grandiose and uncorrelated assemblage full of colours but also loneliness. Open eyes, shut eyes, heads, planes, shoes, panthers, crocodiles, cats, cars, beaches... **All of it was related to an erotic XXX (without a conscious meaning). They could be understood only as an attempt to regain the narcissistic loss.** This loss was due to the loss of a narcissistically selected, idealised XXX object, of an ideal of the Self in a desperate attempt to save the Ego from a sado-masochist self destruction. Such narcissistic losses are surrounded and related to one another by a multitude of small objects that represent the XXXXXXXXXXXX.
- The world of some objects dances XXX but cannot be composed into an idealised group, in the direct danger of the paternal loss, the erotic ideal-object. On one end there is the acceptance of the loss and on the other hand the non-acceptance of the loss. Both poles are experienced as one within the mechanism of XXX, that is, they are experienced from the patient as a danger of loss, although the loss of the real father has already occurred.
- In the patient's experience (Erlebnis) the external reality is identified with the internal ????? The external, that is the death, the refusal of the boss.....???? Because if it didn't





Κρύβεστε! πίσω από την κουρτίνα!!!!



MEDICATION

