

PSYCHOTHERAPY

Current Trends

Under the influence of post-modernist thought, the narrative movement of constructivist psychology began to arise. Inspired by these trends, Cognitive Post-Rationalism arises critically, leaving in the past the empirical premises and rational conceptions of cognitive psychotherapy. This model had its boom at the end of the 1990s with the proposal of an evolutionary vision for the study of knowledge and the processes of the self.

Currently, the post-rationalism has continued its evolution to become an approach that could better be described as a Constructivist Psychology of "Personalistic" trends. Subjectivity, temporality and personal identity are today regarded as key in embarking, from a narrative dimension, upon the never-ending task of understanding the complexity of human experience.

This new constructivist model does not only approach to the investigation of subjectivity on the "first-person perspective", it also proposes to reformulate the nosographic classifications of established psychiatry constructed in the "third-person perspective". In parallel, pursues an approach to the construction of the therapist perspective positioned in "second-person".

Consequently, the Constructivist Personalistic approach demands a psychology and a psychopathology that - in the construction of categories that integrate subjective experience, objective phenomenology and invariable operational relative forms - correspondingly, develop a methodology oriented to the comprehension of the unitary personal experience and its history.

Nowadays, there is a worrying lack of harmony among the rapid cultural, scientific, and technological advances that characterize the entrance in the new millennium. This situation shows the importance to be approached from different perspectives and to study the changes for the multiple dimensions of contemporary consciousness. At the same time, current trends in psychology present new themes to investigate in the future, so they improve the principles of the traditional constructivist psychotherapy.

Constructive-Subjectivistic Therapy

Diagnosis, in the terms that today is defined, consists of a comprehensive approximation to the total, so much mental as corporal processes, of the person that requests psychological aid; including not only the symptomatic aspects, but also its potential (adaptive abilities, network of support, quality of life, etc.). In these terms, diagnosis develops from the beginning of the therapy as a process of comprehension of the person in its totality.

The clinical expression is understood as a loss of the natural equilibrium of the person, which not only constitute a medical-biological fact, but also a process linked to the history of the individual and the society. In this sense, the recovery of the equilibrium involves a process of re-establishment that returns the person also the vital equilibrium in which previously felt "him o her self".

From this perspective, psychotherapy could be understood as a therapy of "self-analysis". Since, becoming from a subjectivistic vision of psychopathology and using diverse methods for self-reflection, promotes a greater level of self-comprehension and self-consciousness on the person that requests psychological aid. It is a matter of the therapeutic encounter to seek the comprehension of the individual experience (first-person perspective) and to intend the development of an evaluative and critical distance of this experience.

In this context, the psychotherapist is encountered as a mediator that is concerned in the imaginary reconstruction of the client's experience. The therapist accompanies the client assuming a second-person perspective strategically oriented to clarify the construction of the sense of coherence of his or her imbalance ("thematic of the imbalance").

Independently of the techniques or chosen methods - narrative or symbolic - it is a matter of orienting the look of the person toward the comprehension of his or her own style of personal functioning. Discovering the sense of internal coherence of the critical experience that is found on the base of his or her clinical expressions. It is important the flexibility that the therapist should have in every moment to respect and to synchronize with the rhythm of the client's personal processes.

This change of focus towards understanding one's interiority and the continuous differentiation between inner and outside worlds are key tools for a psychotherapist who aims to ensure that a patient improves and recovers their psychological well-being. Instead of trying to overcome perceived negativity by controlling or correcting aspects of a patient's body or environment, the focus is redirected towards aspects related to their own interiority.

A greater sense of their own subjectivity is promoted, to obtain greater clarity with regard to the issues to be dealt with in psychotherapy, redirecting the patient's potential towards improving and surpassing themselves. For example, cases exist of anorexia in which the individual can die whilst attempting to correct their negative self-perception, focusing solely upon correcting purely aesthetic issues, without ever realizing that, to overcome these issues, they must observe and overcome issues in their inner world.

Secuencialization of the experience of emotional imbalance in the space-temporary dimension of personal history enables the person to take a distance through the construction of consensual narratives that facilitate its comprehension from a more extensive vision. Distance that is achieved once is reached a sufficient degree of self-consciousness, leaving behind the depths of the "emotional well" in which the person has fallen and clarifying the darkness of the experiential imbalance.

Therefore, during the therapeutic process the person sets "free" from the contingent experiential flow of his or her own emotional imbalance and is positioned in a "right" path, travelling towards a horizon with possibilities. In this way, the constructive-subjectivistic therapy could be conceived as a path toward personal liberty.

Clinical Symptoms: Forms of Emotional Imbalance

Temporary flow of emotional experience progresses between permanent states of equilibrium and transitory states of imbalance. These emotional processes have possibilities of expression in diverse dimensions of intersubjectivity.

There is a "narrative" expression that normally appears on a state of emotional equilibrium. The personal experience flows under a permanent state of personal stability. The personal identity is understood and built on an extensive vision that integrates the individual historic-cultural perspective.

A "prototypical" expression (stereotyped), little articulated in the narrative plot, appears in states of emotional imbalance and threatens the sense of personal stability. The unbalancing experiences emerge through discursive and conduct forms constructed away from consensuality. The person moves away from his or her historic-cultural perspective in the construction of his or her own sense of identity that centres predominantly in the thematic of the imbalance.

A "virtual" expression that emerges normally through dreams, and also, appears far away from consensual understandings when states of intense emotional imbalance are capable to activate the interruption of the temporary sense of personal stability. The critical experience remains "hidden" under discursive and conduct forms separated from consensuality and the construction of the personal identity is split from the historic-cultural perspective.

Normality, Neurosis and Psychosis Continuum: Forms of Emotional Expressions

Traditionally, from a third-person perspective, psychopathology has called "clinical" the emotional experience of imbalance, that is to say, the expressions of certain states of emotional imbalance declared in a therapeutic context. In this context, the "symptoms" are considered different forms of imbalance that appear in a continuous from normality, neurosis, to psychosis.

In states of normal emotional balance, a thematically-varied discourse and apparently flexible behavior are displayed. In contrast, as a person progresses towards more neurotic and psychotic states, discourse turns predominantly towards predominant themes of imbalance and behavior becomes increasingly stereotypical. In cases of chronic neurotic imbalance, discourse and behavior reach such stereotypical levels that they are easily classifiable in accordance with certain "ideal" types of personality, corresponding with different styles of emotional functioning.

Psychotic states are characterized by intense, sudden interruptions of one's own sense of continuity, which are prolonged over time and which involve loss of memory and disorientation. Discourse and behavior are focused exclusively upon discrepant emotional themes. The person descends into a state of hyperconsciousness, and deeply submerges him or herself in their inner world. Discourse shows a breaking down of the bounds between subjectivity and intersubjectivity, adopting highly personal forms, to the point of going beyond what is comprehensible and consensual.

Therefore, neurotic and psychotic states are forms of discourse and conduct which reveal emotional processes in imbalance and are therefore naturally transitory and potentially reversible to normal forms. Such states may last for seconds, hours, days, weeks, or years. The person may even become lost in its own world for the rest of their life. It is believed that chronic nature of such states of psychosis are due to a lack of suitable, timely treatment.

Schizophrenia: Form of "Psychiatric" Expression

What traditionally is grouped under the diagnosis of schizophrenia, all seem to happen heterogeneously. A significant proportion of schizophrenics have only one psychotic episode from which recovers naturally and only a small proportion become chronic. Therefore, it is considerably doubtful that the chronic character is inherent of the schizophrenia itself. Even more, it could be able to affirm that "chronic schizophrenia" is something that has to do with our culture and with the type treatment (negative effects of hospitalization, abuse of medicament and social stigmatization), and not with a proper illness.

According to this perspective, the delirious forms, main expressions of schizophrenia, are not more than moments of extreme and complete fragmentation of personal identity, and generally appear in adolescence and first youth. From a more extensive point of view, these states of fragmentation of the personal identity arise in a characteristic way in post-modern consciousness, mainly as a result of the increase of velocity and multiplicity of human interactions.