

More info about NEW ADLERIAN BOOK

The book relates to the research that is carried out for about 15 years in Turin, Italy, in order to provide a description of the Adlerian Psychodynamic Psychotherapy (APP), an Adlerian psychotherapeutic technique for a vast range of users, and to explain how it might be effective.

From a general point of view, APP is originally rooted in the Adler's definition of the "analytic method". Historically, the last disciples of Alfred Adler in Europe stayed close to Psychoanalysis. Such a theoretical approach serves as the original reference for today's Adlerian Psychotherapy "psychoanalytically-oriented" in German-speaking countries and, more generally, for psychodynamic psychotherapies according to Individual Psychology, also in Italy.

Therefore, the psychodynamic signifier is the specific theoretical orientation APP refers to.

As reported by Ansbacher, during his introductory speech at the Meeting of the Viennese Psychoanalytic Society in 1910, Adler stated that the recognition of the patient's varied ways of communicating may be achieved by relativising one's personal thoughts and being guided by the patient's psycho-emotional life (that is, his or her dynamics and personality organisation, oriented to the goal of safety and reduction of suffering), using refinement and psychological sensitivity (that is, empathy). In this sense, Adler's psychology also clearly differs from rigid determinism of Freudian Psychoanalysis.

So, according to APP, it is not possible to understand how to encourage the patients without having understood their pathologic safeguard tendencies and defence mechanisms. In this way, a careful assessment of personality organisation with reference to different levels of psychopathological functioning may guide the choices of treatments. In this way, APP aims at being a psychopathology-based treatment, as mentioned in the subtitle of the book.

In more detail, consistently with the bio-psycho-social unity of the personality that Adler foreshadowed and current scientific research, APP treatments are conceived to be tailored according to each patient's specific suffering dynamics that interweave both on an intra-psychic (inner) and interpersonal level.

APP technique is devoted to treat both severe and milder mental disorders, but it is not suitable for schizophrenic and bipolar patients, due to the fact that a major cause of these disorders is genetic in nature, which requires a further adaptation of the modalities of psychological and relational approach with these subjects.

According to the international scientific standards, APP and its time-limited derivatives (Brief-Adlerian Psychodynamic Psychotherapy, B-APP and Sequential Brief-Adlerian Psychodynamic Psychotherapy, SB-APP) showed to be effective for patients with Generalised Anxiety Disorders, Eating Disorders, Personality Disorders, Depression and Cancer Pain, and these results have been overall cited in more than a hundred articles in European, Asian and American scientific journals indexed or with impact factors.

The book is accompanied by a significant introduction by Chris Shelley, from Vancouver, and the English translation benefits from the competent editing by Paola Prina, from London.

Indeed, since 2002 a group of clinical psychologists and psychiatrists of the SAIGA (which is Member-Group of IAIP), with extensive clinical and research experience, decided to join forces with a view to

developing an update of the theory and practice of Individual Psychology, named the Adlerian Psychodynamic Psychotherapy (APP).

Concerning the psychopathological model to which I refer in my book, I would like to point out that it is not a primarily medical model, although I am a psychiatrist. Rather, it is a model that is rooted in clinical psychology, and analogous models that serve as a reference for psychotherapy have been formalized mainly by psychologists, also in the European Adlerian context.

In this regard, I also want to better clarify that [APP technique is devoted to treat not only severe mental disorders, but also the milder ones. Instead, I would report that this kind of treatment is not suitable for schizophrenic and bipolar patients, due to the fact that a major cause of these disorders is genetic in nature, which requires a further adaptation of the modalities of psychological and relational approach with these subjects.](#)

The starting basic assumption of the book can be summarized as follows: an effective psychotherapy, although rooted in a coherent theoretical frame, has to adapt to the unique Life Style of each individual, as Adler claimed. In a more specific way, treatments have to be tailored according to a patient's specific disorder and its origins and purposes.

As that the treatment of psychic disorders can not avoid the issue of recognizing their causes, a specific psychopathological model, the Vulnerability Events Personality - Psychopathological Model (VEP-PM), has been developed together with the methods for evaluating and diagnosing different levels of mental dysfunctions and Life Style.

Moreover, concerning the question of causality, I obviously believe that the treatment of diseases can not avoid the issue of recognizing their causes.

Concerning the Adlerian approach on this topic, I agree with you that Individual Psychology has the merit of explaining and highlighting the relevance of goal-directedness in human behaviour, against the rigid determinism of Freudian Psychoanalysis.

So, in my text finalism is not ignored or rejected at all (see, for example, chapter 2: "The Historical and Methodologic Premises of APP", p 39 and following), with particular reference to the concept of compensation for different feelings of inferiority (p. 44).

This approach is based on the original Adler's insights on the role of compensation of organ and psychic inferiority. This concept is taken up in the light of current scientific research in terms of both genetic and psychosocial vulnerability and personality organisation.

The clinical perspective of APP does not refer to a medical model, but rather to the developmental psychopathology. It can be conveniently applied for the understanding of all mental disorders, not just the most severe ones. In the dynamic history of the genesis and the unfolding of the sufferance and its compensations, the Adlerian concept of psychic movement towards a goal is recovered within the theoretical system.

Concerning this point, I am therefore not entirely in agreement with Paola Prina. A cooperative and fruitful debate between us has often accompanied the realization of the book, and I think that this kind of comparisons can really be one of the most important goals between the members of our International Society.

The therapist can seek to encourage a change in the style of life and in personality organisation by changing at least some of the defence mechanisms that are significantly connected with the

pathology (using a mutative strategy), or else to keep patient's defence functioning in a more evolved, healthier and adaptive way (by a conservative strategy).

At the same time, in the mutual construction of the working alliance, we can describe two prevalent stances along a dimensional continuum, according to which the therapist can assume to have fulfilled the needs of a patient: an encouraging disposition towards observing and an encouraging disposition towards providing.

The first one may convey a friendly encouragement for patients to broaden their sense of freedom and opportunity of choices, while the second one to respond as much as possible to the patients' need for co-operation.

In a general perspective, I hope that the publication in English of APP's technique may have some importance for all the Adlerians, since similar formalisations are available for all the other psychotherapies that aspire to be recognised as being effective, and only partial descriptions of the APP technique were included in the outcome research articles published so far.

Nowadays, there are many evidences that both intra-psychic (inner) and relational dynamics, within the bio-psycho-social unity of the personality that Adler foreshadowed, strongly correlate with the onset, the course and the outcome of psychic disorders, and they are considered to intertwine in a dynamic way, both on an intra-psychic (inner) and interpersonal level.

Finally, to my knowledge, APP and its time-limited derivatives (Brief- Adlerian Psychodynamic Psychotherapy, B-APP and Sequential Brief- Adlerian Psychodynamic Psychotherapy, SB-APP) are currently the only Adlerian therapies with initial evidence of effectiveness, according to the international scientific standards. APP showed to be effective for patients with Generalised Anxiety Disorders, Eating Disorders, Personality Disorders and Cancer Pain, and these results have been overall cited in more than a hundred articles in European, Asian and American scientific journals indexed or with impact factors