

The Psychotherapeutic Work with the Healthy Identity Parts of Patients

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Lecture held at the panel at AMEPSA,
Buenos Aires (Argentina),

23. Septembre 2011

Introduction

- worldwide discussion about the understanding of health.
- One-dimensional, deficit-oriented disease concepts are replaced in favour of perspectives that take into consideration the comprehensive context of health and integrate positive health-, resilience- and recovery concepts in a holistic sense (Amering & Schmolke 2010).

Psychotherapy

- Currently, observable a substantial interest in an integration of resource-oriented, treatment-methodical approaches with the aim.
- To improve the psychotherapeutic treatability of the often severe structural mentally disturbed patients.

Constructive Identity Parts

- since the sixties of the past century they are the foundation and integral part of Günter Ammon's Dynamic Psychiatry.

Constructive Aggression

- As an activity aimed at a healthy development inherent in the human nature

Identity Development

- As a lifelong process structural-dynamically internalised in a more constructive, destructive or deficient way depending on the relevant group-dynamic conditions of life, especially in the preoedipal time of childhood development.

Healthy Identity

- Structurally seen, as an open system, which is differentiated, integrated and well regulated, flexible demarcated, with mainly constructively developed identity functions.

Destructive and Deficient Identity

- As the structural result of a predominantly destructive and deficient group-dynamic experiences with the development of a deficiency within the central, unconscious core of identity, connected with destructively and deficiently developed identity functions as well as arrested processes of demarcation, differentiation, regulation, and integration of a personality.

Recovery of Identity (Structurally Scene)

- Reactivation of the healthy identity parts.
- Integration of dissociated identity structures.
- Transformation of arrested, destructive and deficient parts into constructive identity structures.
- Development of human potentials in a framework of a constructive, group-dynamic, social-energetic, verbal and nonverbal field of relationships.

Healthy Identity Parts

- Are not isolated qualities.
- But in mutual synergistic connection with destructively and deficiently developed parts of a identity always considered in their dynamics with regard to a patient's identity as a whole.

Identity Therapy

- As a mainly structural-working and group-dynamic single- and group therapy for patients with “archaic identity diseases” (**Ammon, 1972**).

Identity Therapy as Single Psychotherapy

- Shows fundamental similarities with other psychotherapeutic treatments “which work successfully with structurally severe disturbed patients, even if the core of the effectiveness of their respective technical proceeding is described theoretically and terminologically entirely different” (Dammann 2010, 69).

Resource-Oriented Work

- „..... rather represents a different kind of perception and way of thinking, and a different form of therapeutic attitude and basic view“ (**Wöller & Kruse**).

Identity Therapy (1)

- Is not working directly on the symptoms but with the anxiety of identity, abandonment anxiety and –aggression.
- Construction of therapeutically stable, security-providing and reliable therapeutic relations as transparent as possible.
- To go into direct contact to the patients with few transference interpretations.
- To take patients seriously with their desires, needs, questions and experiences and to express those for them as an auxiliary ego.

Identity Therapy (2)

- Without including the resources it will be therapeutically very difficult to form a work alliance.
- They are change-relevant, intermittent variables of the therapeutic transformation process and only with their aid the work to integrate the new gained experiences can be made possible.

Identity Therapy (3)

- The awareness, encouragement, strengthening and particularly the appreciation of the healthy identity parts of patients-, as well as the discovery of creative potentials plus the not yet used possibilities form a central part of our resource-oriented identity therapy.

Healthy Identity Parts

- are understood as interpersonally developing relation functions always including a “personal history of early relations”.
- The “positive re-staging of this interpersonal dimension of psychotherapy during the transference/counter transference situation within the frame of the therapeutic relation establishes a relation-dynamically expanded treatment-methodical access to our resource-oriented work (**Fabian 2010**).

Identity Therapy (4)

- The transference- and counter transference has to be focussed on the 'Here and Now'.
- The therapeutic work has to be directed at the future, to possible developmental changes as well as providing hope and courage. A solution-oriented work by appealing to the self-responsibility of the patient.
- To articulate already attained achievements and success.

Identity Therapy (5)

- To integrate deficiencies and deficits into the context of the personality as a whole.
- To widen narcissistic narrowed views and memories of experiences through new perspectives.
- The overcoming of irrational feelings of shame- and guilt.

Identity Therapy (6)

- Also the positive aspects of relation experiences with important attachment figures are worked out and consolidated: With which identity parts the patients could identify themselves positively.
- Diagnosing - the so-called “free personality areas” patients could develop, i.e. personality areas that could be developed without pathological prohibitions.

Identity Therapy (7)

- A continuous detailed health diagnosis should be carried out

Identity Therapy (8)

- The previous achievements should be recalled and strengthened time and again with the aim that the patient is capable to integrate these results and experiences also into his daily life.
- This applies especially to the very important work with separation out of the outpatient and inpatient psychotherapy by integrating achieved aims of the therapy into the identity of the patient and demarcating not accomplished developments.

Identity Therapy as Group Therapy

- This applies especially to the very important work with separation out of the outpatient and inpatient psychotherapy.
- The therapeutic catalysts are the “emotional correcting” (**Franz Alexander**) inter-human experiences in the sense to repair and develop the structure of an earlier neglected identity.
- The internalised group-dynamics of the often described pathology of compulsive repetition have to be repeated until they are modified through new group experiences.

Dynamic Psychiatric Hospital Menterschwaige

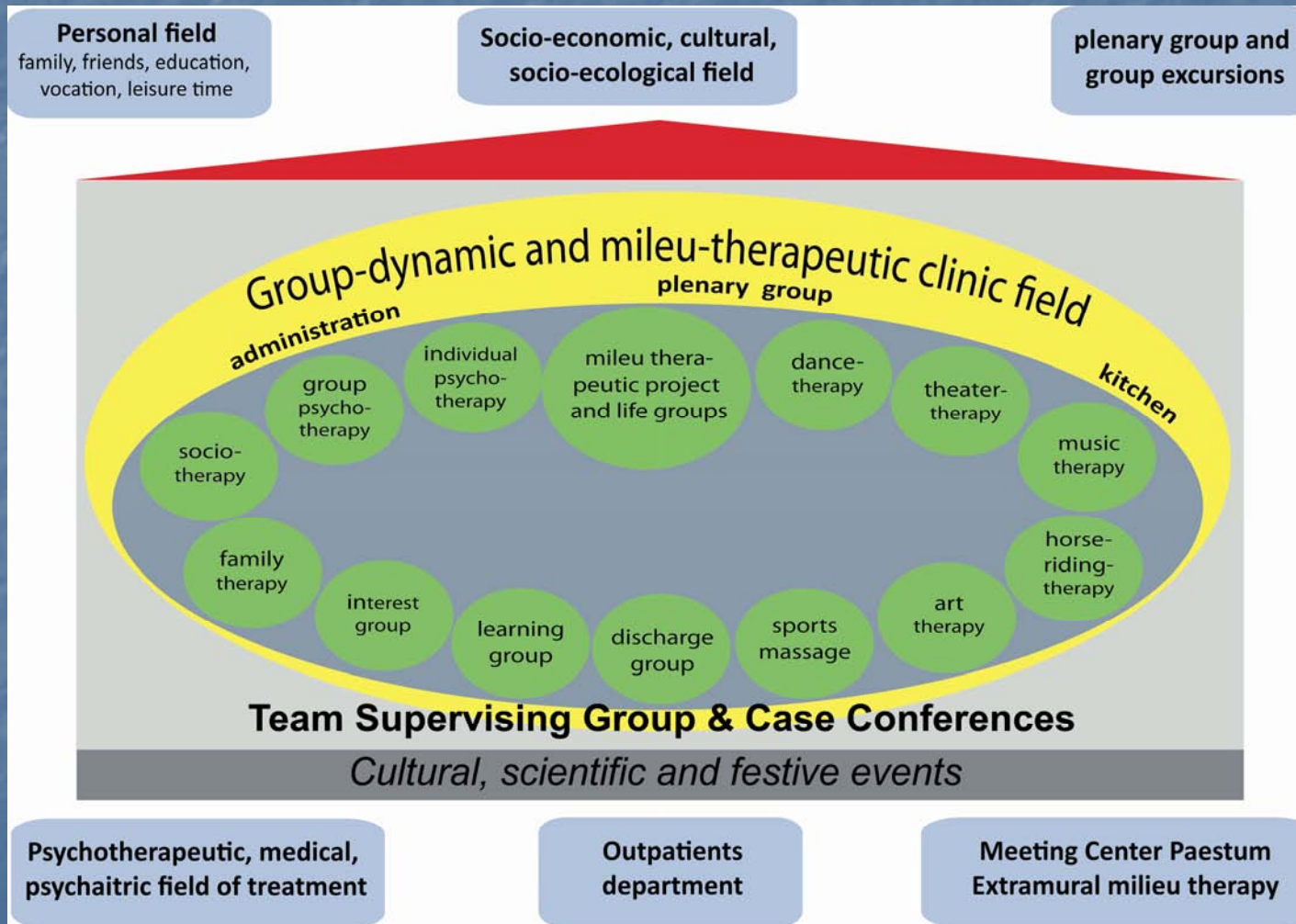


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Dynamic Psychiatric Hospital Menterschwaige

-designed as a multidimensional, group-dynamically structured space for development, where a multitude of unconscious and conscious group-dynamics develop in simultaneous and coexisting processes and interconnect into the dynamics of a large group.

The Dynamic Psychiatric Hospital Mengerschwaike



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Group Dynamics

- That patients are able to internalise new beneficial experiences the leaders have to ensure that the group-dynamic process within the groups -and this applies to all groups- develops as constructively as possible. The basis for this work is the analytic group-dynamics.
- It becomes apparent that this group-dynamic work builds an essential part of the work with constructive identity parts.

Identity Therapy (9)

- Is a resource-oriented word mainly in and with groups.
- It means not only a single-therapeutic but in particular a group-therapeutic work on the identity of each patient.

Identity Therapy (10)

- Work constantly on the identity of the whole group.
- Identity rejecting processes of the psychotherapists as a defence of their own identity anxieties have to be made transparent.
- Psychotherapists and patients are often entangled in an unconscious 'complicity, in conflict-bearing reproductions and re-enactments.

**Thank you very much for
your kind Attention !**