

[The compensations in Individual Psychology](#)

Paper presented at the XXIII S.I.P.I. National Congress - "The network of the compensatory functions in the Adlerian theory and practice", Milan, 2012.

The full article is available for download in Italian only.

Summary. Adler, extended the theory of compensation to include all aspects of man's life, not just his biological functioning. The child's guiding function, his goal, is established as means and direction - given for his striving to compensate for his perceived or felt inferiority. At the same time, the goal becomes the activator of his struggles to compensate. Compensation is then, a part of the human condition. It may become magnified under some conditions - notably in cases of organ inferiority. As a construct in a psychotherapeutic strategy, through the empathy we can utilize the concepts of resistance, resilience and encouragement.

[CD_075_Milano_Rovera](#)

[Dreams: a way of resistance but also a way of changing in Adlerian analysis paths](#)

[CD_065_Bosetto](#)

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Summary. Dreams get a fundamental role in psychodynamic therapies. As soon as we tell patients that dreams are "useful" to analysis it's likely to occur that either they bring up several of them or they say they do not remember any. In this work we intend to reflect upon resistance and change dynamics put to use through dreams during a path of analysis. The dream of a patient who's acting for a change in her way of life is related in the work. From a methodological point of view, it is necessary to help patients to select the valuable materials connected to state dream that they offer us. It is necessary to focus on the first dreams they've brought up to us and on the last ones; in the meantime identifying crucial dreams could represent, in this perspective, a useful tip for developing of the analysis.

[The resistance to treatment in anorexia nervosa: has the Adlerian psychodynamic psychotherapy a specific indication?](#)

The full article will be available for download in Italian only, from December 2016.

Summary. Anorexia Nervosa (AN) is a serious disease difficult to treat and resistant to treatment. To date, evidence is lacking that the treatment modifies the outcome. A review of studies on resistance in AN highlights four main themes: denial of illness versus insight and motivation to change, maintenance factors, management of treatment resistance and treatment outcome, the therapeutic relationship and countertransference. In the treatment there is too much emphasis on cognitive and explicit factors, while the problem may lie in a failure to authentic encounter between patient and therapist. After the examination of research on family dynamics and personality of AN patients they are considered recent studies on the attachment style in AN, and the psychodynamic model. Thus there is a need to redefine the role of the therapist in the dynamic psychotherapy of AN. Recent studies on the attachment style in AN support a psychodynamic model of pathogenesis and treatment which considers the AN as a disease caused by an abnormal development of the self. To live without eating, and sometimes rather die are grandiose compensations for severe feelings of unworthiness and rooted discouragement, as proposed two decades ago by H. Bruch. It is necessary to redefine the role of the therapist in the psychodynamic psychotherapy of anorexia nervosa, that considers the lifestyle of the therapist and the patient. The reference to a network model consisting of psychiatrists, psychotherapists and nutritionists is indispensable. As the process of encouragement is the heart of change, phenomena as embodied simulation, intentional attunement, meeting moments, implicit communication, which have been conceptualized with reference to recent neurobiological findings and brain imaging, help to validate the empathic understanding as the core of the process of encouragement. The early experiences are repeated in the transference reaction, and affect emotional contagion and contamination, countertransference and metacountertransference in the therapist, including the risks of excessive zeal and discouragement. The Adlerian Psychodynamic Psychotherapy, whose structure, theory and technique is always been the strategy of encouragement, even in the light of evidence-based reports, it seems particularly predisposed to the treatment of this severe disease of youth, enigmatic expression of post-modern cultures.

[Transference, parataxic distortion and Adlerian therapy](#)

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Summary. This paper explores an Adlerian approach to 'transference in psychotherapy. It shows that Adler was the originator of interpersonal theory and therapy. Adler developed a new concept of the unconscious and of transference on the basis of an interpersonal perspective. Adler recognised the transference and gave it a new significance in theory and practice.

[The silence of the patient in the psychotherapeutic setting](#)

[050_Giovanna Cazzaniga_ITA](#)

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Summary. The author examined the different meanings the silence of the patient may take on in the psychotherapeutic setting and the related ways of intervention of the therapist, according to some Psychoanalytic schools and the Individual Psychology. According to depths psychologies taken into account, silence is communication even when is an expression of resistance to treatment. It may direct feelings, emotions, experiences, wishes, needs, particular for each patient and therefore should be interpreted only in an individual way. The silence as a way of resistance, according to Individual Psychology, is an expression of the instance of self-assertion which has the aim to safeguard the Self-Style of life and to search for security. Resistance and symptom considered as Selfdefence, oriented in a finalist way, are being taken back by some psychoanalytic currents of thought and inserted in their theoretic pattern. The Adlerian psychotherapist flexible, empathic attitude, aware to be involved in the relationship with the patient is even considered as the most effective behaviour to have facing a silent patient. The silence analysis is not only a tool to point out the resistance to psychotherapy and to the changing process, but may result, if the psychotherapist interacts in the corresponding way to the emotional states of the patient, a precious occasion to grasp and promote the expression of the emotions and creativity of the patient.

[From Adler's language of organs to the new psychomatic medicine "per se"](#)

[071_Secondo Fassino_Matteo Panero_ITA](#)

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Summary. Adler's theorizations foresaw the recent development of psychosomatic medicine: organ inferiority, psychic compensation, organs' language are essentially psychosomatic concepts and predict the rise of the biopsychosocial (BPS) model in clinical and basic research. The BPS model showed that, together with biological factors, psychosocial ones can be evidenced as causes, co-factors or consequences of many illnesses. The allostatic load, defense mechanisms and personality profile predict the response to different stressors. Neural processes, underlying these mechanisms, interact with the biological substrate of somatic illnesses. Recent advancements in brain imaging on neurobiological and behavioral interactions of empathy and alexithymia support the crucial role of the (psycho) therapeutic relationship in the medical practice as a whole. Because all these aspects influence the duration of illness and the quality of life - both for the person/patient and their family - the economic consequences of this psychosomatic approach are important in general and speciality medicine. To keep up its ethics and to be appropriate, current medicine will growingly become an integrated science. It's therefore necessary to reconsider the doctor-patient relationship as a psychotherapeutic process.
