

**A Psychotherapy Perspective: what about on the Process and on the Outcome in a Functional Approach for Clinical and Personality Disorders?**

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**Abstract**

The psychotherapy perspective deals with the points of connections between body and mind in a modern functional approach. Through the study of Metacognition, which is intended to be a connection that verifies the integration of different emotional and cognitive, and sensory and motor systems, we evaluated if is possible identify a overlapping between bodily change and metacognitive functions change.

**Key words:** Research in Psychotherapy, Functional Psychotherapy, Metacognition, Process, Outcome

## Introduction

The therapeutic relationship is based on both verbal and nonverbal communication (Klopstech, 2008 - 2010 - Lowen, 1958 -1975 - Reich, 1942 – Totton & Edmondson, 2007). Although psychotherapy is focused on the verbal, symbolic or phantasmatic aspects, the body expresses very interesting suggestions through periods of silence, voice inflections, gestures, and patient. Many studies have focused on the importance of the body expressions, and the important connection between body and mind (Gabbard, 2000 – Settineri, Rizzo, Liotta & Mento, 2017).

This perspective is based on the functional interaction between the psyche and the soma. This area of psychotherapy decades ago incorporated a number of previously unframed phenomena, reactions, and processes (Lowen, 1965 - 1967). To explain how the body is not an obstacle to therapy but rather can be a major help, it is necessary to consider that mental processes (symbolic elaborative) do not control every operation, and that bodily processes influence thoughts, patterns and mental representations. Lost processes of symbolization that otherwise would have remained undetected might be recovered through the body. We have to think of a sort of body memory, a peripheral memory consisting of the permanent traces of past experiences, which include repetitive and habitual postures, permanent alteration of the perceptual thresholds, chronic changes in basic muscle tone and movements sculpted over time. To sensibly use the body in psychotherapy, we must assume that through direct intervention on the body we can produce real changes, not just feelings or experiences, which can be analyzed. In other words, we must assume that one of the factors of change is bodily expression. This is not just a matter of merely releasing emotions or find creative expression. Rather, it involves expression of the entirety of ones' (and, therefore, also with the body) emotional states and ways of relating that are essential in our lives (Marlock & Weiss, 2006 – Rispoli, 2016).

Although these fundamental premises, the body must not be seen as the truth, as words, thoughts and feelings are not always conveyed through it. Yet, archaic experiences – the so-called “basic experiences” – manifest themselves through

our body movements and/or static positions. This is vital, as a major aim of a therapy is to modify, reconstruct and open in a healthy way these experiences that were once suppressed by some type of alteration. The modern conceptualization of this approach describes the development of the functional psychology, the current functionalism and its aspects, which include development theory, etiopathogenetic theory, the treatment technique and the psychotherapeutic process (Ogden, Minton & Pain, 2006 - Porges, 2014 – Rispoli, 1993-2004 – Ventling, DPHIL (SGBAT) (SIAB), 2009).

According to this approach, change is achieved when the patient becomes conscious that his/her verbalization of experiences and emotions is linked to the body experience induced by the therapist during the sessions. Functional psychotherapy aims to reconstruct the basic experiences of the “self” that allows a real change overcoming dysfunctional patterns, changing the way the experiences and emotions are expressed. This “functional model” is a multidimensional clinical assessment approach based on the mind-body continuum.

The goal is the reconstruction of the basic dysfunctional experiences to improve the outcomes of the psychotherapy. The organism can be seen as a unified functional system, in which the parts interact through their functional changes. “Modern functionalism” looks at the person as a body-mind whole. The self is not divided in parts, but rather into so-called functions, which represent each of the whole self with its various important vital systems. These are termed integrated systems, with neurological, vegetative, endocrine, emotional, cognitive, sensory and motor domains being integrated. The self is considered an organization of functions (and therefore systems) that are equally important. Taking into account so many variables is difficult (despite looking at it in terms of functions and as integrated systems) without another important step. This is the concept of “basic experiences”, the ways in which the entire self is and related to the world.

Basic experiences are made of the essential elements of all the various systems and of their well-identified configurations. In this way, we can look at a person with all his/her psycho-bodily variables and complex systems, and can know what

happens when we act on either of them. But, this knowledge can be gained only by considering several and concrete basic experiences, where the essential elements allow us to understand how the whole person is working and functioning, and allow us to really change basic experiences and the several systems. These changes are not generic or vague, but rather are specific in the way they manifest (Meyer, Maurer, Rispoli, & Zaruchas, 1993 - Rispoli, 2014 – 2016).

In a new psychotherapy perspective:

- can linked changing processes of these functions to the metacognition process (Caviglia & Perrella, 2014 - Perrella, Semerari & Caviglia, 2013);
- can linked metacognition—which is intended to be a connection that verifies the integration of different emotional, cognitive, sensory and motor systems—to a multidimensional function that can be evaluated in a functional approach (Allen, Fonagy & Bateman, 2008 – Carcione et al., 2008 – Caviglia & Perrella, 2014 - Perrella et al., 2013).

Metacognitive functions are skills that enable:

- recognition of mental states in oneself and in others (from facial expressions, bodily states, behaviors and actions);
- thinking and reasoning about the mental states;
- use of the information about mental states to decide and solve problems.

Particularly, in reference to the Clinical and Personality Disorders (American Psychiatric Association [APA], 2013), some deficits can be seen as part of the metacognitive functions (Ronningstam, Gunderson & Lyon, 1995 – Zarrella, Russolillo, Caviglia & Perrella, 2017), and looking at the basic experiences, we can recognize the general skills that form precise metacognition and specific basic experiences, which are extremely important and decisive for health in general and

with respect to the process and outcomes of psychotherapy. The metacognitive function corresponds very clearly to the basic experiences that we call feelings (or sensations). It concerns physical sensations, emotional states, activations of the endocrine system and neuro-vegetative signals that accompany tightly integrated thoughts in an individual and others, and constitutes the material that makes up mental states and their recognition. The future perspective is certainly to manage the connection of some basic experiences to all metacognitive functions and sub-functions. The points of departure are known and have been developed (Lysaker & Dimaggio, 2010). In fact, the metacognitive function operates in a context of consciousness, while playing a constant and active role in achieving an adequate affective regulation and processing of unpleasant and/or traumatic experiences (Main, Kaplan & Cassidy, 1985). This construct can provide, in clinical contexts, various elements that might be helpful in the diagnosis and prognosis of various psychopathologies. For example, a failure in metacognition may offer the key to interpret etiopathogenetic mechanisms as well as the persistence of severe psychopathologies and personality disorders (Allen et al., 2008 – Fonagy & Bateman, 2005 – Semerari et al., 2005). The ability to reflect and operate on mental states is often a deficit in severely disturbed patients, and so has clinical significance (Baron-Cohen, Lesli & Firth, 1985 – Carcione, Falcone, Magnolfi & Manaresi, 1997 - Fonagy et al., 1995 – Fonagy & Target, 1997 – Semerari, 1999).

This viewpoint to evaluate the effectiveness of the functional approach involves assessing metacognition in the psychotherapeutic treatment of a patient diagnosed with clinical or personality disorder. We have been collecting preliminary data since 2013 that will be used for heuristic purposes.

Further are needed on the functional approach to verify the results, to clarify if functional psychotherapy effectively increases the levels of metacognitive activity and whether this strengthening is indicative of the effectiveness of psychotherapy (Allen et al., 2008 - Bucci, 1997 - Caviglia, Perrella, Sapuppo & Del Villano, 2010 - Fonagy et Bateman, 2005 – Perrella, Del Villano & Caviglia, 2016 – Perrella, Russolillo, Tammaro & Caviglia, 2017).

In fact, in a preliminary and exploratory study, we begin emphasize how the body can influence the psychological processes, focusing on metacognitive functions changes. Six subjects adhered to a functional orientation psychotherapeutic intervention protocol. The cases under examination, evaluated by a clinical approach and MMPI-2 (Hathaway & McKinley, 1997) and DSM 5 (American Psychiatric Association [APA], 2013) based assessment, all presented either a non-psychotic class clinical disorder or a personality disorder. The subjects followed a functional psychotherapy program for at least 9 months; twelve sessions were recorded, transcribed and examined (four at the start, four in the middle, and four at the end).

Observations of the metacognition progress through the use of the Scala di Valutazione della Metacognizione – S.Va.M. (Metacognition Assessment Scale – M.A.S.) (Carcione et al., 1997), as in the previous studies of Caviglia and Perrella (2014) and Perrella, Semerari and Caviglia (2013), which were applied to the transcripts of the psychotherapy sessions, indicated a positive trend and a change in the metacognitive functions which, if at the beginning of the therapy appeared to be greatly deficient, notably improved during the meetings and predominantly in conjunction with the specific bodily techniques.

Research results, which are still underway, aimed at providing evidence of the effectiveness of the functional psychotherapy model, will be disclosed as soon as possible.

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