

A photograph of a child's playroom. The room features white shelving units filled with various toys and objects. A large yellow giraffe toy stands on the left. In the center, there is a round wooden table with a tiger figurine on it. The room is well-lit with overhead fluorescent lights. The floor is covered with a light-colored carpet. The text 'spielzeit' is overlaid in the center in a blue, lowercase font with yellow dots above the 'i' and 'e'. Below it, 'Child Psychotherapy SPKD' is written in a smaller, blue, uppercase font.

spielzeit
Child Psychotherapy SPKD

Psychotherapeutic Treatment of Mentally and Physically Handicapped Children

Integrating Empirical Regulative Cycles
into Classical Treatment Methods

Robin Mindell



2007, Robin Mindell & The M.-L. von Franz Institute for
Studies in Synchronicity, Zurich

Our Organization

- 1984: Research Project...
 - at the Zurich Children's Hospitals
 - affiliation: St. Mary's University of Minnesota
 - ... and several Swiss foundations.
- Study and Research...
 - support of severely ill children and their families
 - study inner psychological processes of these children
- Today: Interdisciplinary Work with...
 - Pediatricians of the departments for neurology
 - Internal medicine
 - Orthopaedics
 - Nephrology
 - Oncology

Our Organization

- Population: Children with...
 - Group 1: physical and/or mental disability
 - Congenital Oligophrenie
 - Cerebral Palsy
 - Spina Bifida, Scoliosis
 - Down Syndrome
 - Cerebral Spectrum Dysfunctions (like ADS or ADHS)
 - Progressive Muscular Dystrophy
 - Neurofibromatosis
 - Group 2: (Early) childhood trauma
 - with a variety of psychological disorders

Our Organization

- Children suffering from impaired psychological development:
 - Chronic or Acute Trauma
 - Depression and Suicidal Tendencies
 - Dissociative and Psychotic Disorders
 - Communicational Difficulties
 - Anxious and Compulsive Behaviour

Our Organization

- Research...

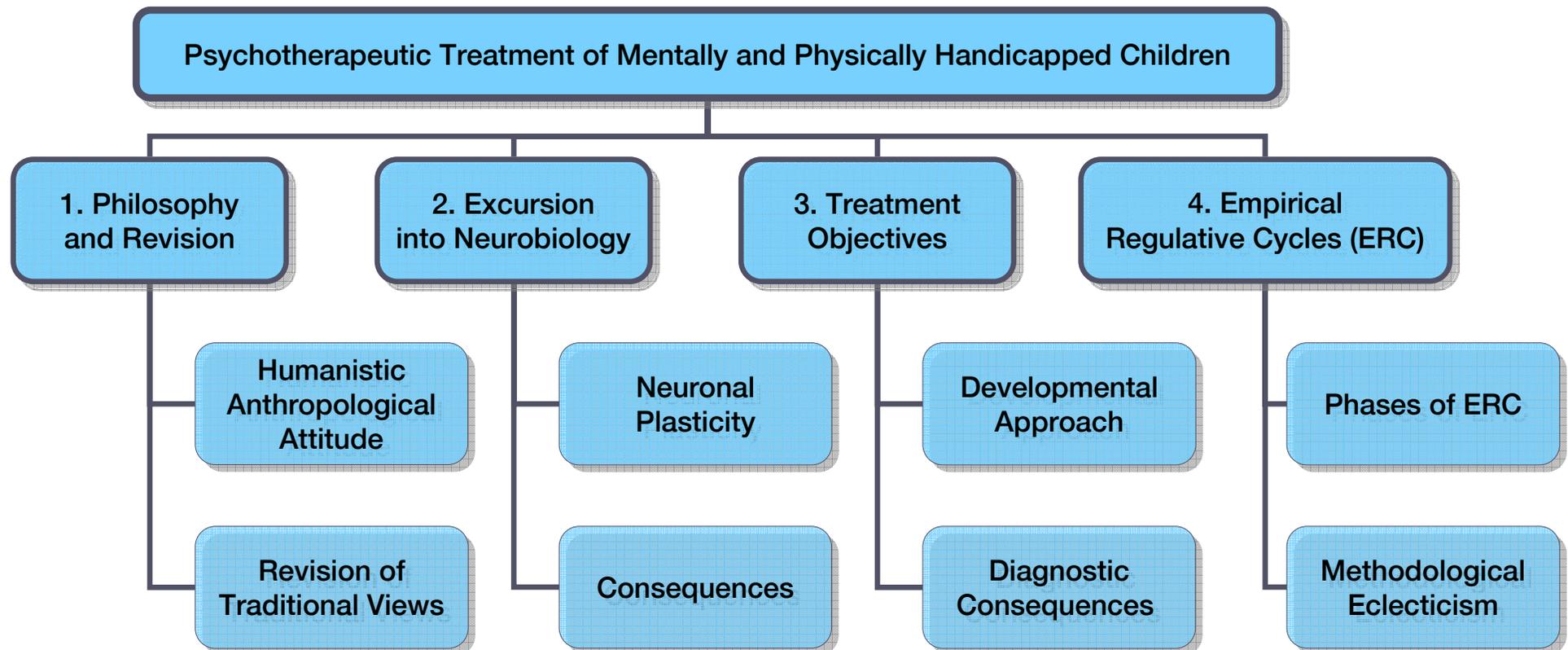
- focused largely on case-studies concerning

- physical disability
- mental retardation
- life-threatening illnesses

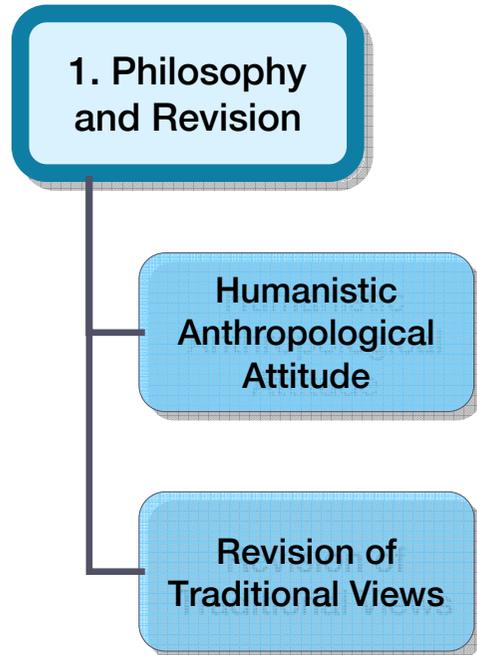
- Psychotherapeutic Treatment

- Practice-based Approach
- Empirical Regulative Cycles (ERC)
- Digital Recording

Overview over Lecture

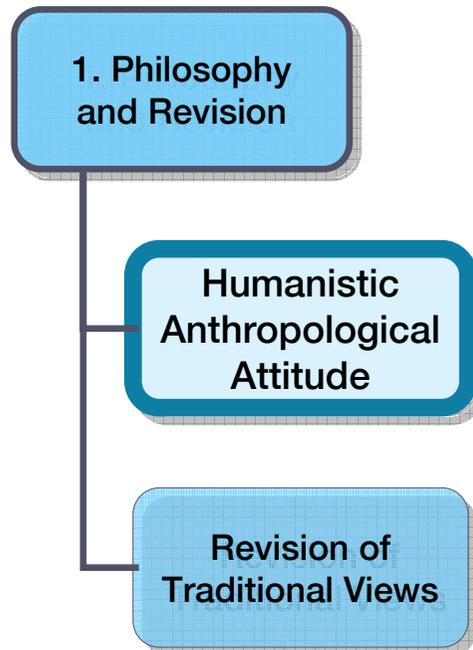


Philosophy and Revisions in Attitude



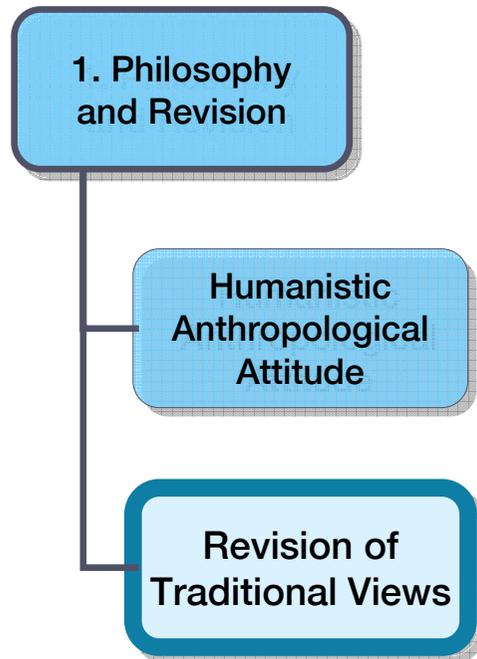
- Psychotherapeutic instructions have almost exclusively derived from social interaction with mentally impaired, yet non congenitally disabled healthy human beings.

Humanistic Anthropological Attitude



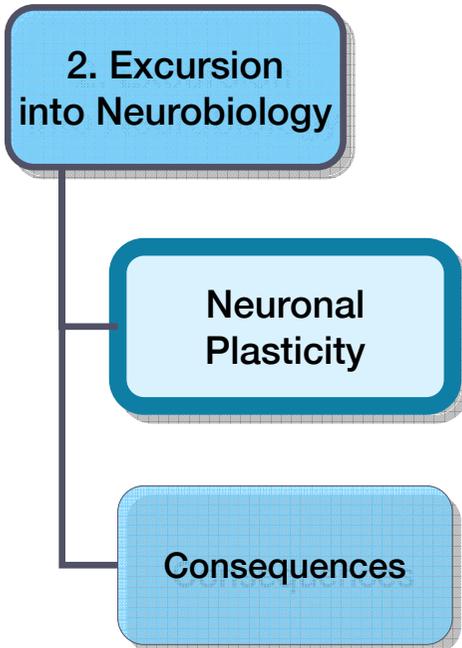
- Reinhard Lempp:
Handicap is “a just so being different as a structural variation of the different psychic factors among themselves.”
- Ludwig Schlaich:
calls for the departing from views of disability and handicap as „devious deformity of human nature“ and defines it as an „exemplary appearance of human existence“.
- Karl Neise:
The psychology of disability and retardation “is still in its beginnings and can therefore only claim preliminary results.”

Revision of Traditional Views



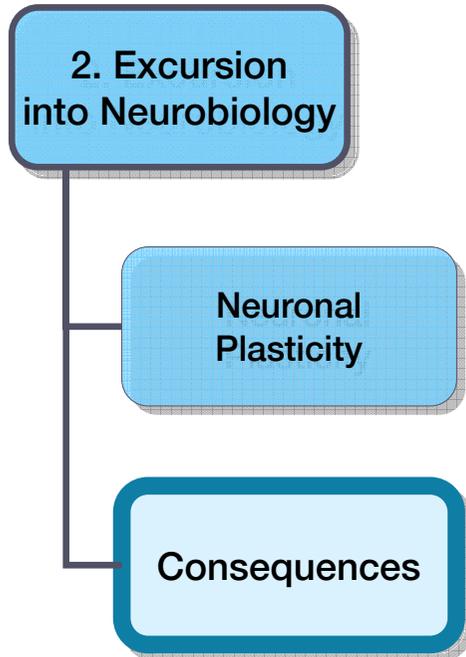
- The totality of the inner psychological condition is not to be seen as deficient in spite of reduced physical or mental capacity.
- Psychic factors are in all children potentially designed to keep a dynamic equilibrium.
- Despite high vulnerability for psychological disturbances, the psyche still contains the capacity for self regulation and self preservation through the means of dynamic homeostasis.
- “Impaired soma cannot be equalized to a broken self.” (Leyendecker)

Neuronal Plasticity & Self-Organization



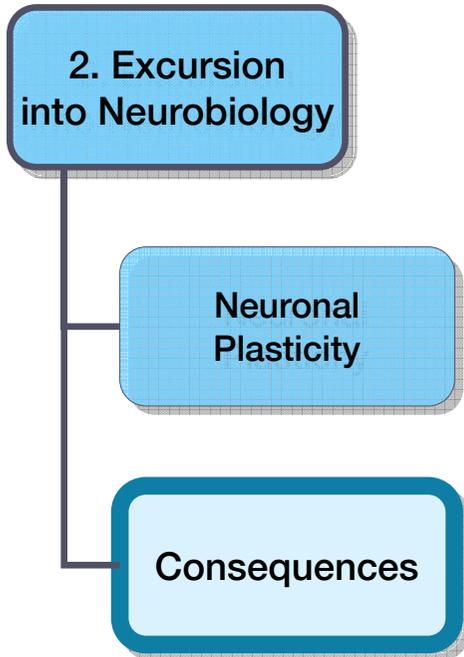
- Paradigm Change
 - from a linear to a dynamic outlook on development
 - as a self-organizing process
 - guided by interactions with the environment.
- Neuronal self-organization begins already in the mother-womb.
 - Inner representations.
 - Body and neuronal activity together form a unitary reality.
- After birth and particularly in the critical phase of childhood and early adolescence...
 - impact of experiencing the environment
 - and the importance of emotional experience.
- Neuronal plasticity is a precondition to different kinds of learning and development

Consequences



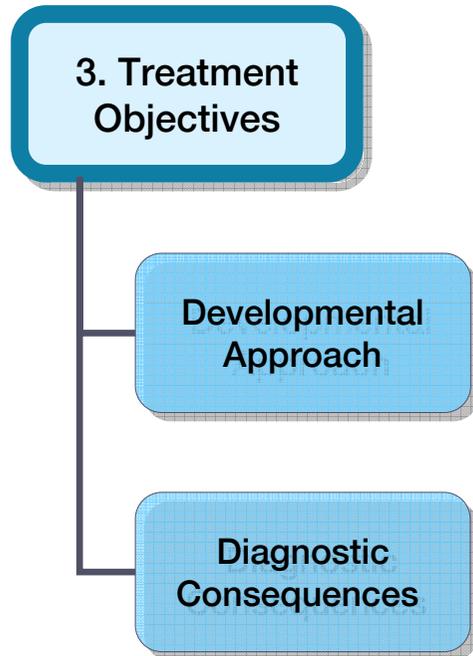
- Coping with a birth deficiency or early trauma constitutes an enormous challenge for the relationship of body and mind.
- Should the child suffer from physical impairment in utero or severe early trauma it will need to develop in a different way.
 - Body-scheme
 - Relational-experience
 - Self-efficiency
 - Self-image
 - Different developmental tasks

Example



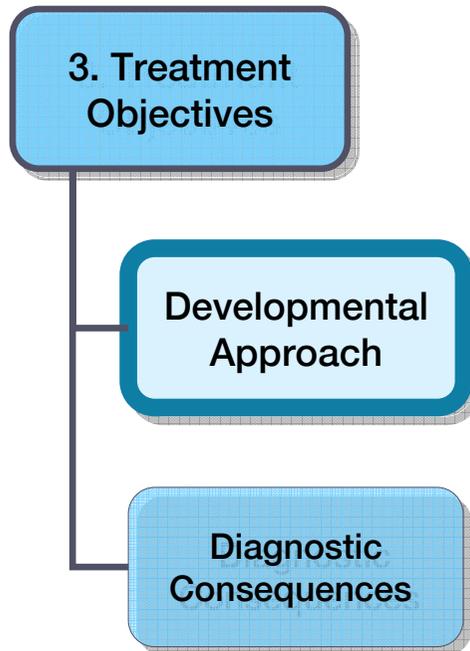
- Physically disabled boy at the age of six:
- Suffering from a two sided lesion of the basal ganglion with hemi-chorea due to a sudden severe psychic trauma:
 - ADEM (Acute Disseminated Encephalo-Myelopathy)
- After two years of psychotherapeutic treatment:
 - “nondescript neuronal status with full recuperation of choreic symptoms; the diagnosis of ADEM has to be revised due to the untypical recovery.”

Treatment Objectives



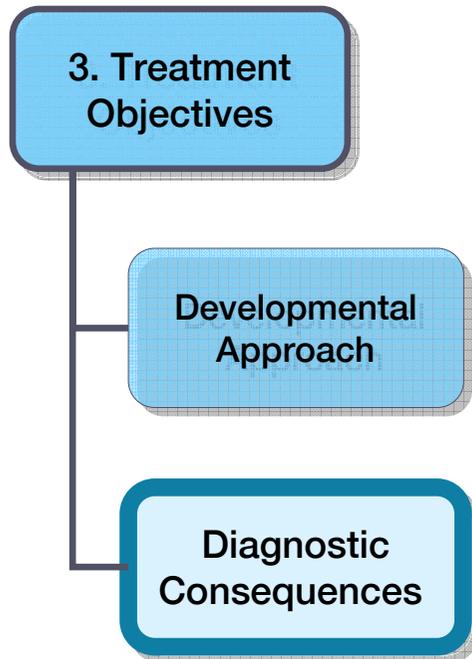
- What can we call a personal norm for this individual child?
- What is the right proportion and “variation” of emotion, social functions and cognition for this child, in order to keep a balance of the personality as a whole?
- We focus on psychic phenomena through the means of experience, rather than intellect.

Developmental Approach

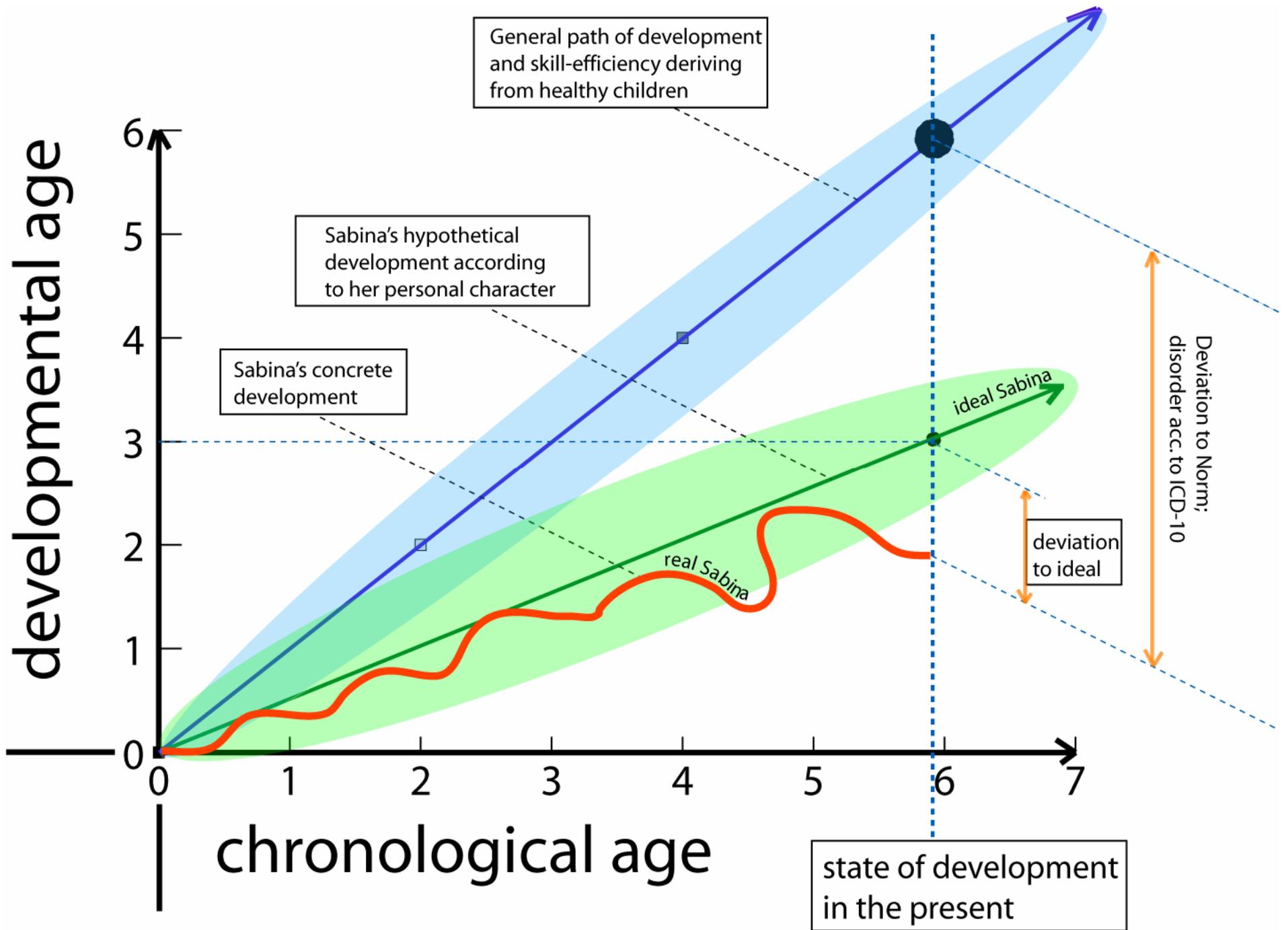


- Development as process of coping to age specific social tasks.
 - Havinghurst, Erikson
- Transactional dynamic and interaction-oriented model of the development.
 - Sameroff
- Psychopathology can be seen as a natural consequence of specific developmental paths that differ in their capacity to reorganize and self-organize.
 - Maturanda & Varela
- Behavior is the consequence of genetic and environmental factors and preceded physical and emotional experience.
- “Development is controlled by the inside and influenced by the outside.” (Haupt)

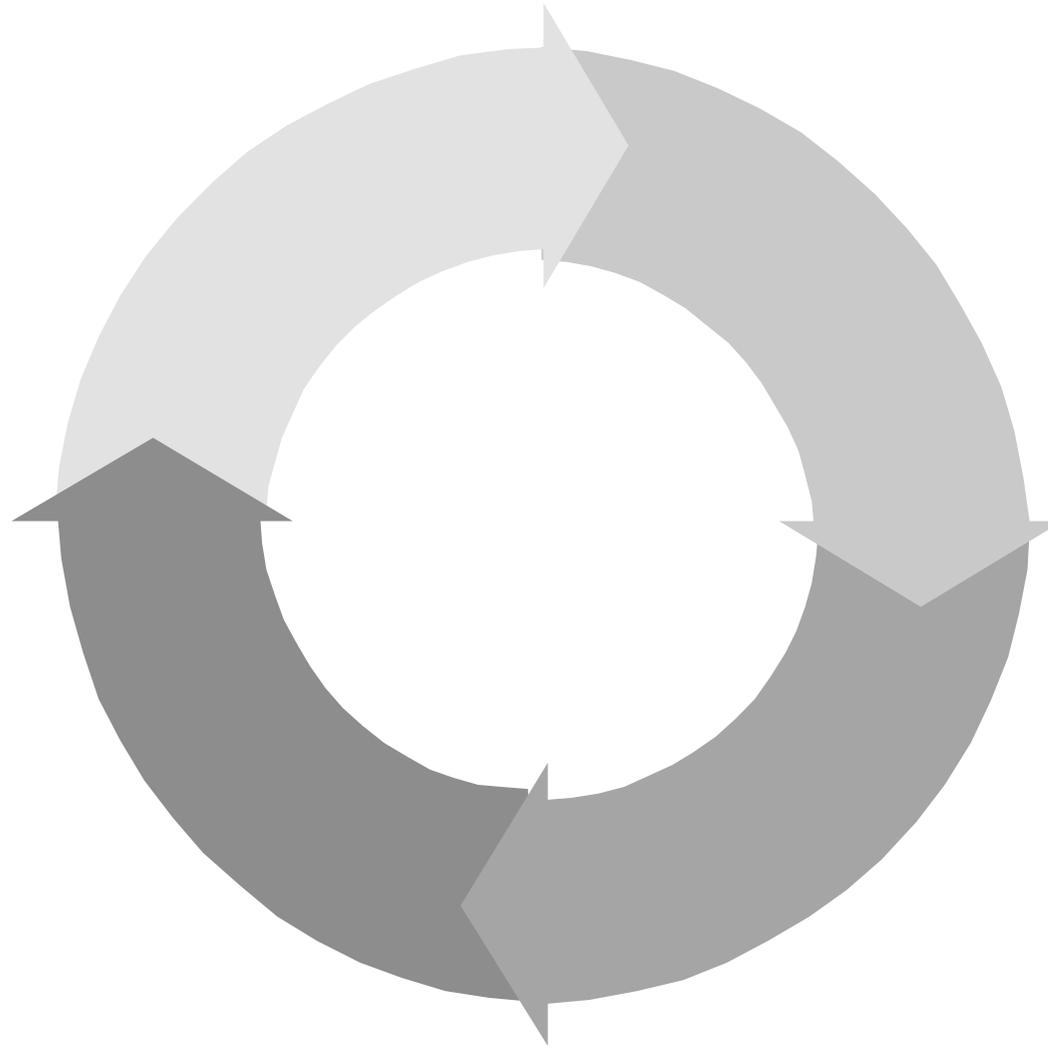
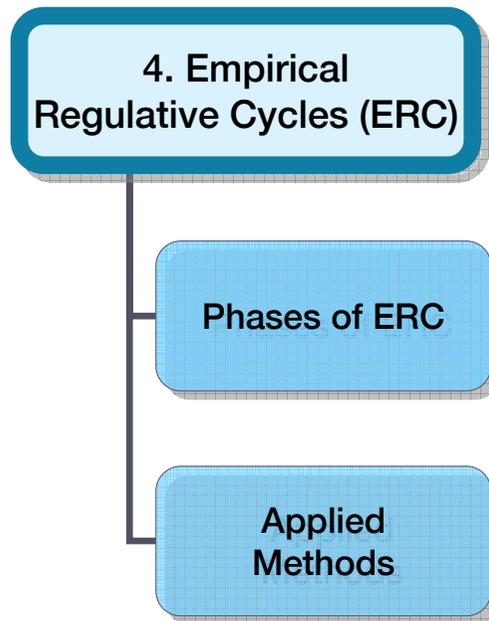
Diagnostic Consequences



- Behaviour in reality relates to clusters or trends rather than to exact norms.
- We focus on the deviation between existing phenomena and individual path of development.
- What is the intra-individual norm of development? What developmental path can be expected to be the “healthy one” for the specific child?



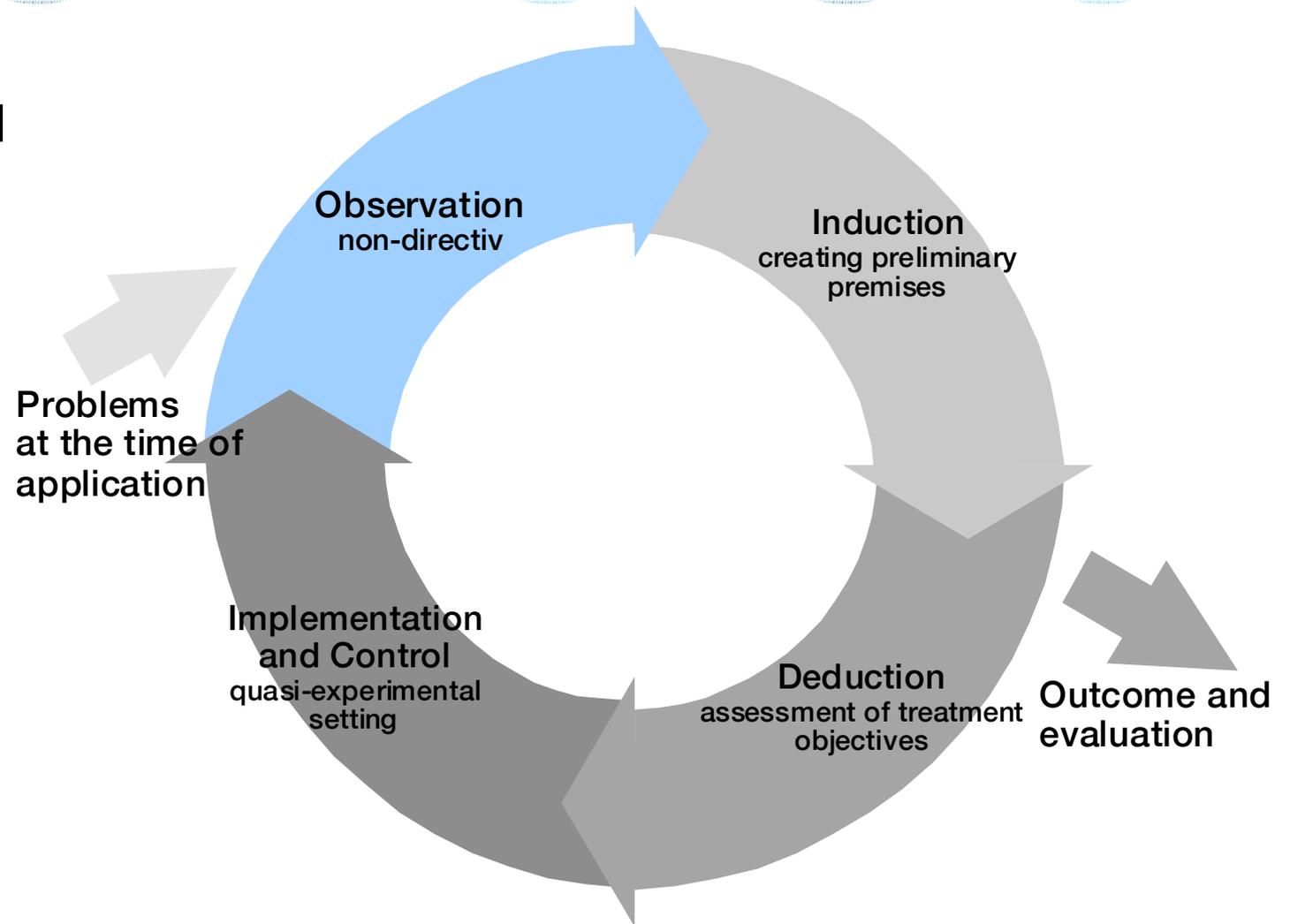
Empirical Regulative Cycles



Empirical Regulative Cycles

1st phase: Observation

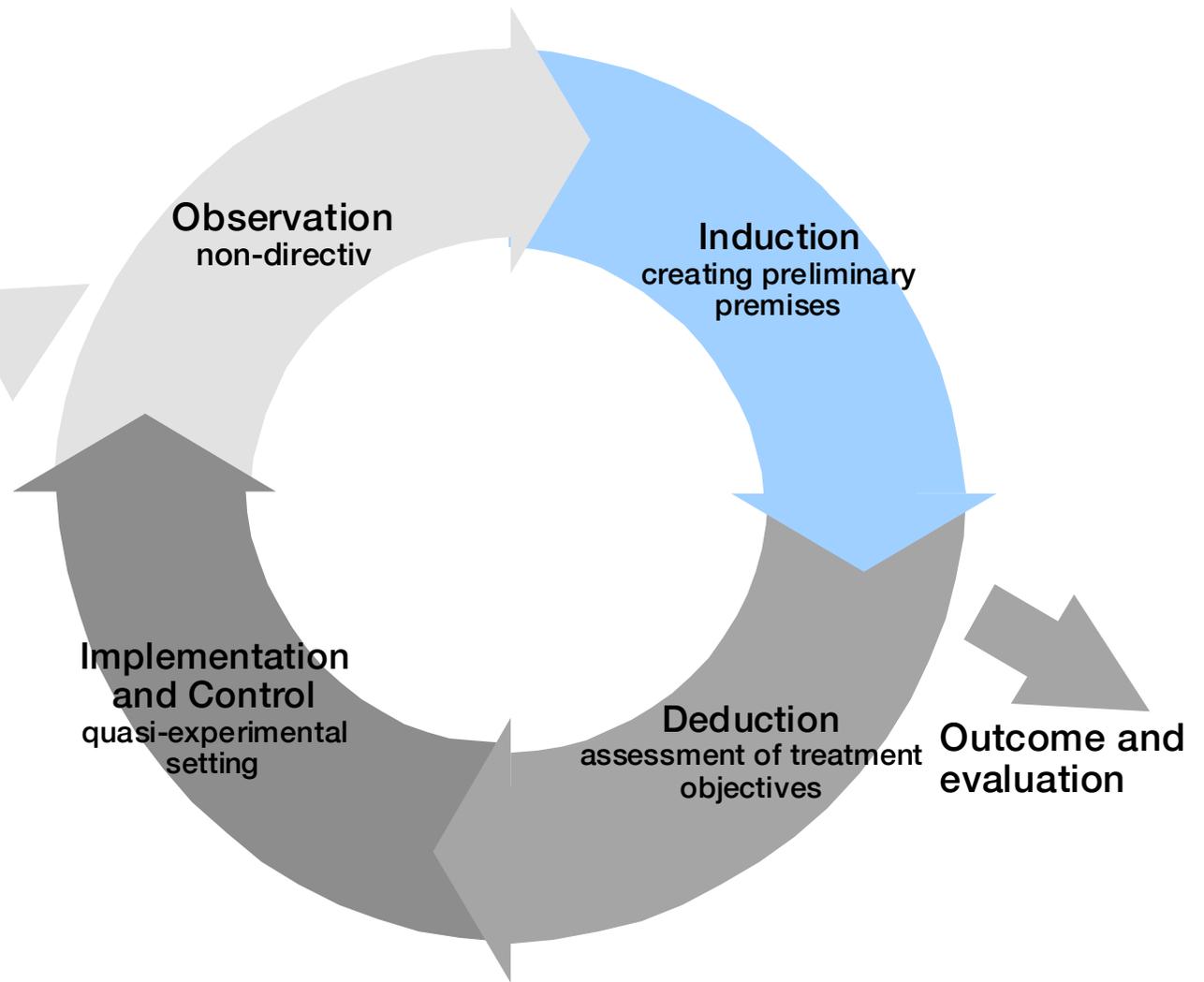
- Phenomenological observation
- non-directive procedure
- assessment of capacity to satisfy basic needs
- temperament and disorder



Empirical Regulative Cycles

2nd phase: Induction

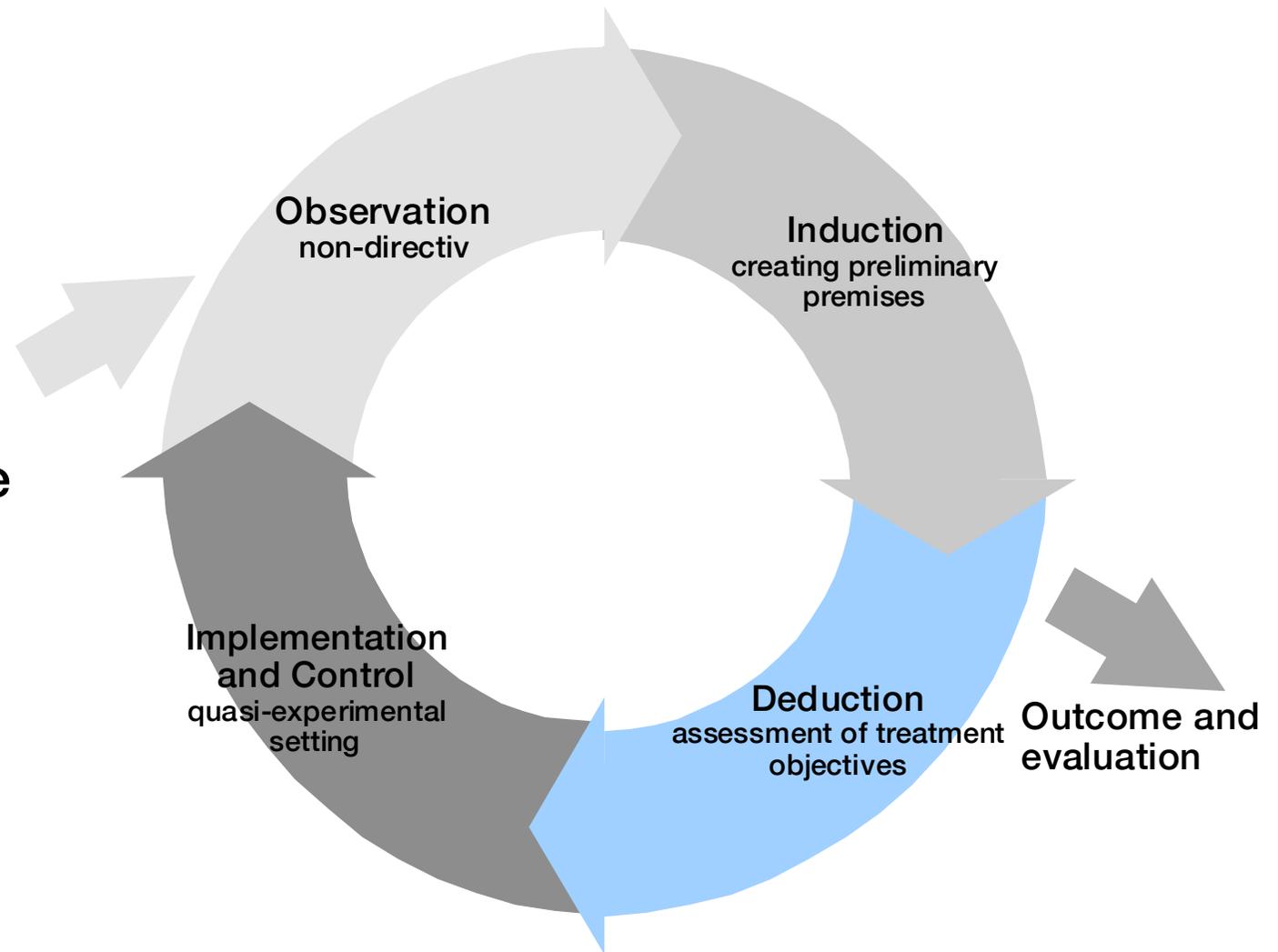
- assessment of developmental stagnation
- looking for symbolic expressions in play
- the Gestalt of behaviour, art, speech or emotion
- bottom-up procedure
- induction as scientific method



Empirical Regulative Cycles

3rd phase: Deduction

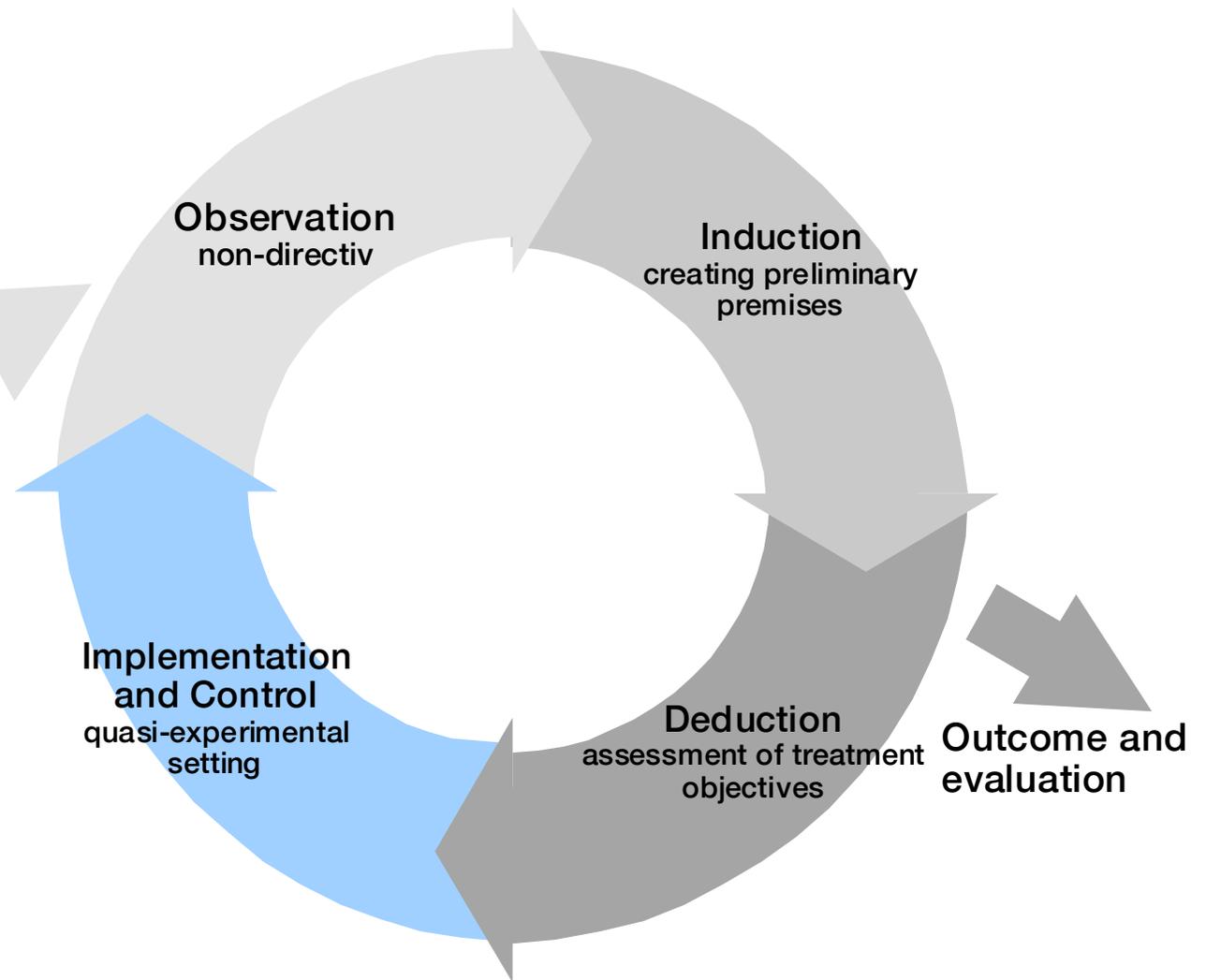
- assess treatment objectives
- attitude in the therapeutic relationship
- framework of directive guidance



Empirical Regulative Cycles

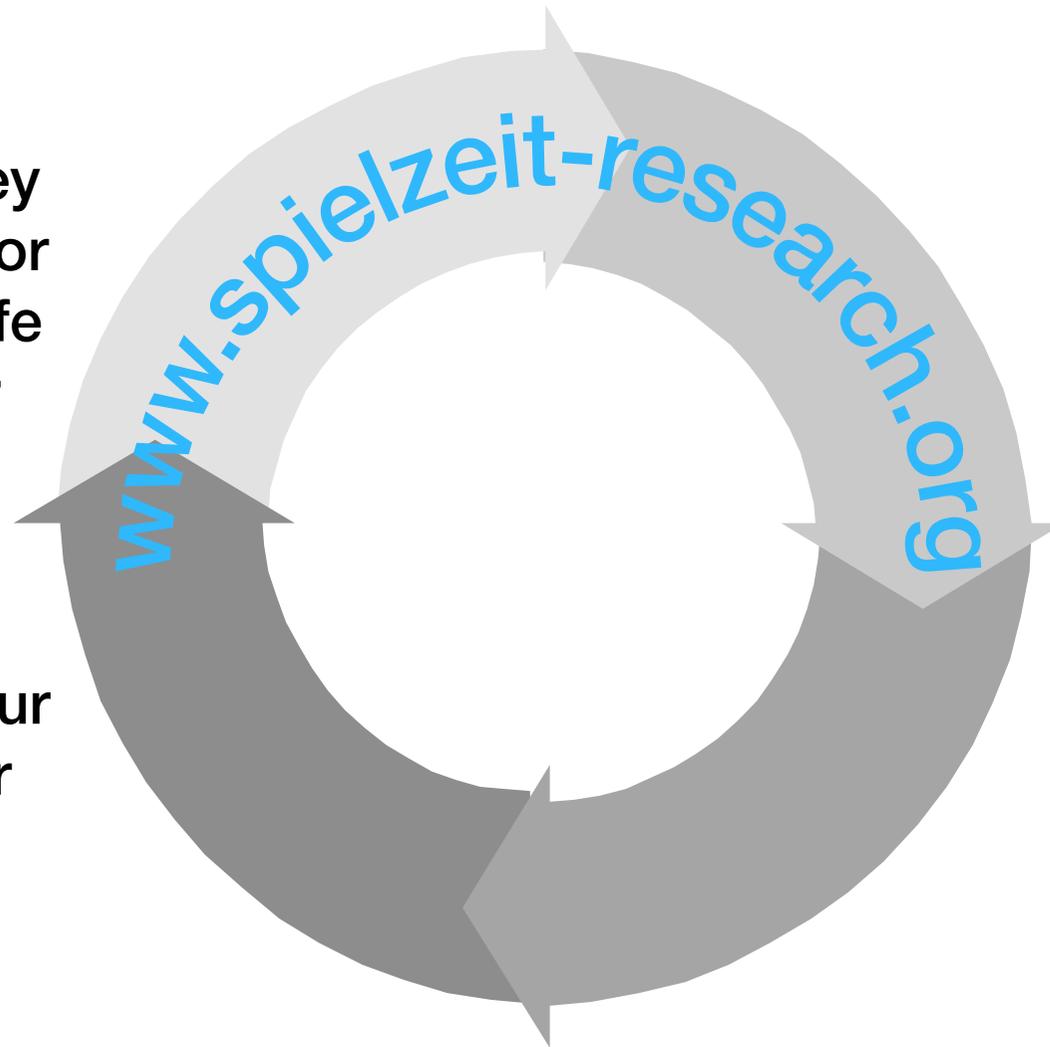
4th phase: Implementation and Control

- quasi-experiment
- gather feedback
- differentiate treatment plan
- until premises allow meaningful description of actions, emotions and play
- feedback control system
- create scientifically governed actions



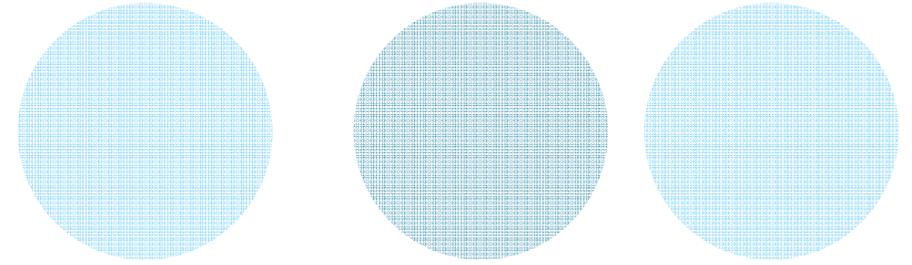
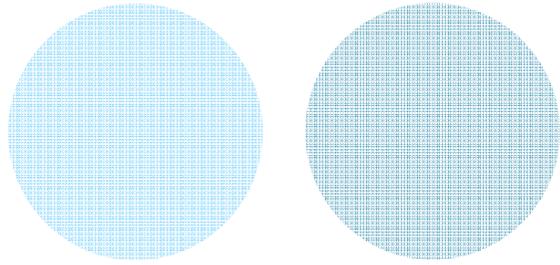
Empirical Regulative Cycles

- “How can challenged children be optimally supported, so that they can regain their zest for life as well as a vital life quality in view of their burdening experiences?”
- Research enhances our therapeutic skills prior to its practice.



Summary of Most Instrumental Elements

1. Psychotherapeutic process research
2. Case-study research encompasses clinical work
3. Revise traditional views and acquire special clinical skills
4. Developmental paths instead of normative procedure
5. Treatment objectives in relation to personal needs
6. Relationship quality instead of effectiveness
7. Empirical regulative cycles



**Thank you
for your attention!**