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A Tribute to Vittorio F. Guidano (1944-1999)

Vittorio Filippo Guidano, father of modern constructivist and post-rationalist cognitivism, prematurely died on August 31, 1999, in Buenos Aires, where he was holding a cycle of lectures at the local University. Born in Rome on August 4, 1944, he had both humanistic and medical formation. As neuropsychiatrist, he was in the staff of the Institute of Nervous and Mental Disorders of the University "La Sapienza" of Rome, where he began his experience in the field of behavioural and cognitive psychotherapy. Promoter in 1972 and first President of the Italian Society of Behavioural and Cognitive Therapy (SITCC), he developed a new post-rationalist approach (systems and process-oriented), founding in 1997 the Institute of Post-Rationalist Psychology and Psychotherapy (IPRA).

He held many professional trainings, in Europe, in North and in South America and he wrote innovative scientific contributions which are basic both for epistemology and clinical practice in modern cognitivism, as the followings: *"Cognitive Processes and Emotional Disorders"* (with G. Liotti, Guilford, New York, 1983), *"A constructivistic outline of cognitive processes"* (in: Reda M. and Mahoney M.J. Eds., *"Cognitive Psychotherapies"*, Ballinger, Cambridge, Mass., 1984); *"A constructivistic foundation for cognitive therapy"* (in: Mahoney M.J. and Freeman A. Eds., *"Cognition and Psychotherapy"*, Plenum Press, New York, 1985); *"The Self as a mediator of cognitive change in psychotherapy"* (in: Hartman L.H. and Blankstein K.P. Eds., *"Perception of Self in Emotional Disorders and Psychotherapy"*, Plenum Press, New York, 1986); *"A systems, process-oriented approach to cognitive therapy"* (in: Dobson K.S. Ed., *"Handbook of Cognitive-Behavioral Therapies"*, Guilford, New York, 1988); *"Affective change events in a cognitive therapy system approach"* (in: Safran J.D. and Greenberg L.S. Eds., *"Emotion, Psychotherapy and Change"*, Guilford, New York, 1991); *"Constructivistic psychotherapy: A theoretical framework"* (in: Neimeyer R.A. and Mahoney M.J. Eds., *"Constructivism in Psychotherapy"*, American Psychological Association, Washington, 1995); *"Self-observation in constructivistic psychotherapy"* (in: Neimeyer R.A. and Mahoney M.J. Eds., *"Constructivism in Psychotherapy"*, American Psychological Association, Washington, 1995); *"A constructivistic outline of human knowing processes"* (in: Mahoney M.J. Ed., *"Cognitive and Constructive Psychotherapies: Theory, Research and Practice"*, Springer, New York, 1995). His main works remain the two books *"Complexity of the Self"* (Guilford, New York, 1987) and *"The Self in Progress"* (Guilford, New York, 1991).

The Guidano's approach has pointed out importance of affective and emotional aspects for development of Self and has focused subjective manner of experience rearrangement, operating in experience/explanation interface, to identify basic aspects and processes that lead to knowledge

of Self and others. Continuous swinging from immediate experience and explanations of such an experience produces two levels of knowledge: "tacit" (emotional, scarcely defined and conscious) and "explicit" (rational and conscious). Individual development is characterized by a self-referring process of a more and more complex arrangement of continuous and heterogeneous flowing of external stimuli, perceived and elaborated as identity and knowledge of Self and world. Attachment patterns (concerning quality of parental expected response, intrusion, interference and control levels, and invested empathy), can produce, on one hand, early emotional control disorders, and, on the other hand, can compromise further evolution of attachment patterns during late infancy, preadolescence and adolescence, impairing affective style and ability of engaging valid couple friendships.

Observing that each person develops an own self-organization of personal meaning dimension based on attachment patterns, he developed the concept of "personal meaning organization" (P.M.O.). Such a definition refers to the specific assemblage processes for organization of a personal meaning dimension, by which one can maintain his/her own sense of personal uniqueness and historical continuity, also experiencing various changes along his/her life.

Therefore, in life cycle (which stability is kept by an "order through fluctuations" between balancing and unbalancing forces, developmental events can produce embarrassing, unstable and severe changes in self perception, which consequences depend on subjective competency in arranging internal affective-emotional and cognitive aspects in a new and coherent manner.

In Guidano's approach, any psychopathological disorder (neurotic or psychotic, with respect to one's flexibility, abstraction and self-integration abilities) reflects a perturbation of self-organization processes, essential for one's internal coherence maintenance, with arising of a critic phase resolved by getting a newer and more complex and adaptive equilibrium; any symptom, independently by its semeiological characteristics, must be referred to an alteration of internal balance and coherence.

Guidano's psychotherapeutical approach, performed by reframing subjective negativity themes, according to the personal meaning organization, can allow a more adaptive and viable reading of one's own experience over time. In such a way, during therapy, feelings of self-negativity, perceived as objective and unchanging aspects of Self, can be focused as subjective patterns in organizing experiences, giving them more adaptive directions.

The importance of Guidano's approach was recently discussed in several conferences, at the Congress that we organized on his figure and work at the University of Ancona on May 19 and at the 7th International Congress on Constructivism in Psychotherapy, hold in Genève on September 19-23, 2000.

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Psychotherapy and Clinical Psychology in Austria

ABSTRACT

In Austria ten years ago two different laws came into force adjusting the professions "Psychologist" and "Psychotherapist". The curricula are presented and settings of psychological counselling, psychological treatment and psychotherapy on this basis are discussed.

On the motorway approaches to Vienna there have been large posters in recent years, displayed at the entrances to the city and proclaiming "Vienna is different". Since Vienna is the capital of Austria, where the laws of the country are made, this is also true in terms of official regulations. In particular, we find it in the regulations governing psychotherapy and clinical psychology.

Two laws came into force in Austria on 1.1.1991. The first of these concerned the legal protection of the professional title of psychologist and the activities relating to the practice of the profession; the second concerned those of the psychotherapist.

This legislation laid down definite boundaries. Since the effective date, psychologists in clinical practice or the health service must have successfully completed a course of postgraduate training (Psychologists' Act – "Psychologengesetz"). The right to use the professional title of psychotherapist and to practise as such is limited to those who have completed the appropriate training leading to full official recognition (Psychotherapy Act – "Psychotherapiegesetz"). Many psychologists are also psychotherapists, meaning that they have completed both ways of training.

Significant features of the PSYCHOTHERAPY ACT are:

- The training concerned is not an "academic" one; it is not offered by universities, and is therefore subject to the regulations of the free market economy.
- Access to this training is open to individually qualified persons, who have either the final secondary school-leaving certificate (which entitles the holder to university entry) or its

equivalent. Access is also open to qualified members of certain professions ("Quellenberuf") such as health care workers, teachers, social workers, psychologists, members of the medical profession, etc. Individuals may also be admitted on the grounds of suitability by decision of the Federal Ministry for Social Security and Generations (former: Labour and Social Affairs) on the basis of a report by the Psychotherapy Advisory Committee declaring the individual qualified to take the course. This provision is known as the "Genieparagraf" ["genius" paragraph].

- The Psychotherapy Advisory Committee (Psychotherapiebeirat) referred to is the ultimate supervisory authority. It also maintains the list of qualified psychotherapists, the register of those who have duly completed the course of training and are thus qualified to carry out the independent practice of psychotherapy.
- The course of training is composed of two parts: a general course in psychotherapy (Propädeutikum) whose minimum length and content are defined in the Act, and a specialised psychotherapy course (Fachspezifikum) with various different specialist emphases. (There are currently 31 training establishments offering these particular courses, 17 concerning the specialisation.)
- The duration of the general training is approximately 6 semesters (exemption may be granted for elements of study covered in university-training – medicine, psychology, teacher training, etc.). A period of 4–6 years has to be allowed for the specialised training. The cost of training is approximately 100,000 DM.

PSYCHOLOGISTS' ACT:

According to Austrian law, the exercise of the profession of psychologist within the health service is "the investigation, interpretation, alteration and prediction of people's experience and behaviour by the use of scientific and psychological understanding and methods, through the acquisition of specialist skills" (Psychologists' Act, Section II, § 3 (1)). The professional title of clinical psychologist (Klinischer Psychologe), health psychologist (Gesundheitspsychologe), or both, may be obtained. A course of postgraduate training comprising at least 160 hours of theory, together with 1480 hours of psychosocial practical experience (equivalent to approximately one year of full-time work), are required. There is a further requirement of 120 hours of accompanied supervision. According to this Act, the practice of the profession of psychologist comprises:

- clinical psychological diagnosis
- the application of psychological treatment methods for the purposes of prevention, treatment

- and rehabilitation in the case of individuals or groups, the provision of advice to legal entities, and teaching and research in the specified fields, and
- the development of measures and projects for the promotion of health.

The term "psychological treatment" in the Austrian Psychologists' Act consequently means the areas of therapeutic competence of the clinical psychologist and of the health service psychologist. The concept is not further defined in the text of the Act, there is no differentiation in terms of content, and it is not distinguished from psychological counselling or psychotherapy.

Diplomas of the Österreichische Ärztekammer (Austrian General Medical Council, ÖÄK) in psychosocial, psychosomatic and psychotherapeutic medicine

In 1989, the Austrian General Medical Council established a further training option for qualified and registered medical practitioners in the form of a series of diploma courses, with the aim of deepening the understanding of psychosocial and psychosomatic matters, and increasing physicians' use of psychotherapeutic treatments. The courses consisted of training in psychosocial medicine, training in psychosomatic medicine, and training in psychotherapeutic medicine, each designed to build on the previous course of training. This means that the ÖÄK Diploma in psychosocial medicine is the prerequisite for those wishing to take the Diploma in psychosomatic medicine. These two Diplomas are the prerequisite for the ÖÄK Diploma in psychotherapeutic medicine. The diploma course in psychosocial medicine has as its central theme a comprehensive understanding of medicine that takes account of the unity of body, mind and spirit and recognises the human being on the biological, psychological and social levels. The module on psychosomatic medicine sets out to convey a knowledge of various conceptual models of psychosomatic matters and how to apply them. It also aims to enable the physician to combine the insights of empathy with thinking on diagnostic and therapeutic aspects. The training in psychotherapeutic medicine aims to develop an all-embracing form of psychotherapeutic medicine not confined to any single "dogma", i.e. behavioral or analytic or cognitive or systemic, interactive a.s.o.

In order to embark on these courses, candidates need not only to have completed their medical training but to have taken up practice, the prerequisite for entry in the Medical Register. Only recently, a training in psychotherapy was made compulsory in the training of medical specialists in psychiatry.

What have been the consequences of this fragmentation of psychotherapy, and in particular of the separation of psychology and psychotherapy?

- A rude awakening for psychologists. They saw themselves deprived of an area of competence that had been part of their remit as psychologists and felt their existence to be under threat. Yet, viewed optimistically, it could represent a start to the creation of a new identity.
- Among psychologists, there is increasing interest in the subject of health. The health aspect is consequently better understood within the profession and this has an effect on the public (it also opens up, it is hoped, new career opportunities).
- Within psychotherapy, the incorporation of new specialisms has led to an increasing diversity of methods. Together with this has come the development of (provisional) criteria establishing scientific credentials and approach. These criteria should probably be seen as "work in progress".

Based on the Austrian experience, the following considerations appear to be important:

- A distinction must be made between the aspects of the regulations relating to social law and those relating to occupational law (and thus content). The act of wrenching apart this particular professional branch has blurred the allocation of areas of therapeutic competence: which treatment falls under psychology, and which under psychotherapy? What is the rightful place of specialist training for physicians? This can be seen particularly in examples of "neuropsychological rehabilitation" (following accident or stroke, for example), the care of the chronically sick (e.g. pain management and pre-operative preparation) and the care of relatives (e.g. in geriatric medicine).

The current situation in Austria is that a partial refund of costs by the various social insurance schemes may be applied for by patients diagnosed as having a mental disorder (according to ICD classification). However, this is only applicable if the patient's care is in the hands of a psychotherapist (a different financial provision again applies to physicians with the ÖÄK Diplomas). These preconditions that decide the choice of psychotherapeutic or psychological treatment need to be discussed and re-thought. Similar re-thinking is required for the field of prevention and the understanding of clinical psychology and psychotherapy in relation to existential questions and response to life issues (such as marriage and partnership difficulties, redundancy, problems at school, etc.)

- Another matter that frequently gives rise to discussion concerns the issue of (psycho)therapy that transcends the various individual methods. Whereas the training provided for by the General Medical Council rests mainly on an eclectic approach, entry in the register of psychotherapists – as described above – rests on a training in a specific discipline. The individual's entry is in the first instance as a psychotherapist, and goes on to state the area in which the specialised training was completed. Psychologists on the other hand increasingly speak of "psychological therapy". This is mainly structured around psychological models (development psychology, social psychology, cognitive psychology, motivational psychology, neuropsychology and theories on problem-solving, coping strategies, stress-management, etc.)

- Last but not least, many Austrian psychologists and psychotherapists are concerned about the "Europeanisation" of this training sector. The first step, in view of the specific situation in Austria, would be to analyse the position of psychotherapy and psychology at the postgraduate level in Europe – to what extent does the right to practise in various professional areas in the different European countries depend on this? What sort of mutual recognition exists in this right to practise? (see "MAPS-C", Pal & Kryspin-Exner, 2001)

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