The Art and Science of Psychotherapy

The Art and Science of Psychotherapy:

In Search of Inner Freedom

By

Piero Ferrucci

Translated by Vivien Reid Ferrucci

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The school I belong to, Psychosynthesis, is a movement that started at the beginning of last century, and extends to people all over the world. It is a choral undertaking, to which many individuals have made contributions of great value. First, is the founder, Roberto Assagioli. Never more than in writing this book have I felt part of a group that, through time and space, has worked on one and the same project. It is a wonderful experience to belong to this group, and I am grateful to all its members, those who are here, and those who are no longer. In all these years, we have supported one another.

I thank my clients and my students, who are a continuous source of discoveries and surprises. Without them, it would have been impossible for me to write this book. In a sense, it is they who have written it.

I thank my wife Vivien, who gave me the idea and the courage to embark on this challenging and laborious work, who gave me some excellent advice, and who, with her phenomenal instinct for the right word, translated it.

My thanks, also, to Diana Whitmore, the person from whom, after Assagioli, I have learnt the most about Psychosynthesis.

INTRODUCTION

I AM HERE WITH YOU

Tara, 59, has good reason to feel fragile. She is afflicted with a serious illness and must undergo long and invasive treatments. Her very survival is at stake. She is my psychotherapy client.

One night she has a dream: She is in a rocky area, and has to go down into a dark, treacherous abyss. She is frightened, and doesn't know how to cope with her plight. Suddenly she feels a presence near her: it is Anna Maria, her previous psychotherapist, who passed away some time ago, a colleague and acquaintance of mine, whom I remember for her kindness and humanity. In the dream, Anna Maria tells Tara not to be afraid: she will be at her side throughout the descent. She tells her to trust and let herself go, without gripping onto the rocks. She does not help her in the descent, just walks by her side, so that Tara will find her own strength and do it alone. At the end of the descent, she hugs her and says: "I shall take you to a very beautiful place." Both in the dream and afterwards, when she wakes up, Tara is more serene.

When I heard this story, I straightaway thought: this is what psychotherapy is all about. It is to walk side by side with another person who is feeling lost, and to give our presence and support, by accompanying her in rough, inaccessible, at times terrifying places; to offer directions now and then, but most of all to let the person find her bearings and decide for herself; and then help her to get to where she has never been before. Thus, trust is born. This is the helping relationship. To be by a person's side, giving our empathy and attention, encourages her to find her inner resources, to discover her freedom.

I have been a practising psychotherapist for half a century. I trained with Roberto Assagioli, the founder of Psychosynthesis. Every day I wonder what are the ways that can make my work more fruitful. I believe I have learned a few things (from my mistakes too); and my teachers have been first and foremost my clients. In this book, I present fifty plus one (later I explain the "plus one") essential points for improving the quality of our work and making it more meaningful and effective. Each theme has strong

empirical foundations, and finds confirmation in scientific research. Each theme is also an invitation to revisit an aspect of ourselves.

What I say in these pages is compatible with any kind of psychotherapy. The spirit is that conveyed by Assagioli's historical address to the International Congress of Psychotherapy in London back in 1964: every school has its limitations; psychotherapists can learn from all orientations instead of remaining closed and parochial; the Psychosynthesis model is open. The account I give of it in this book is one of the many possible. May our only concern be not to affirm a school or point of view, but to let our clients find wellbeing and realization!

The psychotherapist's most precious virtue is perhaps humility. The biggest risk is hubris. We run the risk of interfering in a clumsy fashion with other peoples' lives. In Dante's Inferno, the punishment for clairvoyants and magicians is the violent metamorphosis of their anatomy: their heads are twisted backwards, their tears flow down their backs. Dante's wizards are those who manipulated others, tried to mould them as they please, burst into their lives with arbitrary advice, and exerted arrogant pressure on them. They wanted to distort the people's nature, hence their own bodies are distorted.

The danger of interfering exists for everyone, including the most competent and sincere. We often wonder: what can I do? What technique do I use with a depressed, obsessive, or bipolar client? Faced with the frightening reality of pain, we feel anguish, and we yearn for a way of offering relief. Yet the first questions to ask are: what is this relationship like? And how do I, the therapist, feel dealing with this person? What are the fears I am hiding, the danger zones I dread the client might lead me to, and my worst fantasies? What are the stereotypes, judgments, unquestioned ideas that already populate my mind and with which I season the therapy I do? And what about my own personal background – the life I lead away from my work, but which perhaps now and then sneaks into sessions, with its miseries and burdens – how is that influencing me? These questions matter because I am the space in which clients immerse themselves. Imagine this space being upset, unwelcoming, crammed with heavy judgments, or restricted by pre-packaged diagnoses and abstruse recipes: this is where the client is received.

Our training as therapists has been tough and demanding. It began in the distant past of our human evolution. For millions of years we have survived all kinds of hardships because we learned to support, understand, and communicate with one another, and acquired tools that we apply in all areas of our life today. The evolution from our beginnings to the appearance of *Homo sapiens* has strengthened our relationships with others, thus allowing

us to develop a variety of skills. The most explicit and variegated manifestation of this process is seen in the helping professions. When I sit facing my client, I sometimes marvel at how many millions of years had to pass for this dialogue to take place. The psychotherapist's work arises out of our species' evolutionary journey.

Let us look at how this is so. Why are we able to identify such a large number of faces (between five and ten thousand)? How are we able to recognize, in a crowd, one known face belonging perhaps to a classmate from many years ago, or an actor we saw in an old movie, even if we don't remember the name? And when we hear someone speaking, why is it easy to know who it is even if we do not see the person? The other day I made a phone call to book my car in for service; the man who answered – whom I had met for a few moments a handful of times in my life – said: "I already know who you are". He recognized my voice after I had spoken a couple of words. Why do we have these abilities? It is because we developed them in the course of our evolutionary journey. Under adverse conditions, our relationships, our solidarity and support of each other, were the key to survival. What is more, we are able to discern the subtlest, most fleeting expressive variations in the human face. We read faces! And in the tone of voice can perceive countless shades of feeling. These are capacities we take for granted, yet they presuppose a highly complex brain organization. They show that the evolution of the human species has equipped us precisely for interacting with one another.

And that's not the whole story. Our organism is ready to resonate with the emotions and intentions of those we encounter. We are empathic. And the singular phenomenon of syntony, with which, without realizing it, we tend to mimic the expressions and gestures of the person in front of us, transmutes every dialogue into a kind of dance. Moreover, our brain is capable of formulating a "theory of the mind", in other words, imagining what our fellow human beings think and want – almost a form of telepathy – and thus we enter others' lives and they enter ours.

I recall an event of many years ago, when one of my children was about three years' old. We were in the garden playing together, and I got a small cut on my hand. Seeing it, he was upset, rushed to pick some grass, and placed it on the cut in a healing gesture, despite not having the words to explain what he was doing. How come? It is for the same reason that he used to like breaking open pine nuts with a stone and sharing them with me: his distant ancestors had learned to do it. They were able to survive by taking care of one another.

I predict the objection: all true, but no species is crueller than ours. We are capable of killing, dismembering, torturing, and imprisoning our

enemies behind barbed wire. This, too, is indisputable. We have both characteristics. We are tender and brutal, logical and irrational, strong and vulnerable. We are an astonishing jumble of inconsistencies; no species is as contradictory and ambivalent as we are. Exactly: This is another basic trait of human beings, and an ineluctable theme of psychotherapy. You didn't really think that in this profession you were dealing with rational and consistent individuals, did you?

One of the most recent developments in our evolutionary training is our fascination with words, symbols and meanings. We also like to play, explore and experiment. This is the basis of culture. Riddles and puzzles stimulate us, and we are happy when we solve problems. Furthermore, we, unique among animals, are able to take the time machine and go to the past of our lives, or into the future with our plans. The work of psychotherapy brims with these capabilities and interests.

Then there is our passion for stories. Sometimes, in watching a film with my wife, I arrive when the movie has already started. She is quick to start telling me what has happened so far – otherwise, how will I understand it? If I don't know that the charming man on the screen is lying, or that the two who exchange a knowing look have just committed a crime, how can I understand the film? But I tell her I'm ok with that. I like to enter the middle of a tale, even if I don't get it at first, and work it out as it unfolds.

One day I understood the reason for this. It is what happens in psychotherapy. I come into the story when it has already begun, bit by bit I try to shed light on what I do not yet understand and gradually discover. It is no chance that I am interested in human experiences: listening to them, reconstructing them, understanding their meaning. All of us, since the dawn of evolution, and in our individual way, are fascinated by stories – of love, adventure, failure and success. This is how we became human: being together and telling one another about our lives and fantasies. Stories help us make sense of life's chaos, to organize our experiences, and to strengthen the ties between us.

Finally, the most mysterious and fleeting conquest – which accompanies us in every moment of our conscious life – is the one we take for granted: the sense of identity, knowing how to recognize oneself as a self-conscious entity with a unique destiny. This is how we have evolved.

All these capacities I have just mentioned are essential for each of us, and especially in the case of those concerned with others and their wellbeing, such as psychotherapists. We have a high-level CV: our formidable relational and mental tools seem tailor-made for our work. The greatest conquests of human evolution coincide with the main themes of

psychotherapy and the helping professions. Even a beginner psychotherapist has millennia of training behind her.

Psychotherapy is a science, because each criterion, each intervention, must take empirical evidence into account. We have learned a lot about the human psyche. Yet we do not have definitive proofs or yardsticks: it is a field in which no single view can reign. We have to leave space for the unpredictable and the imponderable. This is why psychotherapy is also an art: if we apply it in a factual and mechanical fashion, it will fail. It must be based on care and attention to what is unique and unrepeatable. It calls for inspiration and empathy. It leaves space for the mystery, and often follows intuitive, non-rational paths. Not uncommonly, it is illogical and paradoxical. Yet psychotherapy as art alone risks falling into volatility and improvisation. Science is humanity's highest expression of honesty and rigour; art is creativity and the heart. In this profession we need both.

More than five hundred kinds of psychotherapy are in circulation. Which is the most efficacious? Various meta-studies have shown that for a considerable number of disorders psychotherapy is as effective as medication – and often more so. The common factors among the different schools, independent of theories and techniques, are what count: quality of relationship and the therapeutic alliance, envisioning the possibility of health, taking responsibility for one's attitudes, self-mastery.

We do not have access to a ready-made road map: psychotherapy is not like minigolf. Whether it be long or short, the therapist's whole person is involved. This job requires all our resources of empathy, inventiveness, adaptability, patience and courage. It is a great privilege and a wonderful undertaking.

Human qualities come first. Yet undeniably technique counts too. We can have confidence in our abilities, and embark on a therapeutic relationship with our client. This is analogous to starting a game of chess knowing that the horse jumps and the bishop moves on the diagonal. It's another thing to be versed in a great variety of strategies: the Sicilian defence or the queen's gambit or the Catalan opening. In psychotherapy this means that at any moment we can make a choice: interventions, mental shifts, techniques, changes in rhythm or perspective. We have to know and master the various tricks of the trade. We shall be going in depth into this.

It is important that our work have a broad perspective. Whatever our view of human beings may be, we cannot deny that some of their aspects inspire and nourish us with greater depth and meaning. These are the aspects that Abraham Maslow called "transpersonal", because they transcend the more limited area of egocentric concerns. Here are some:

- Love in all its forms: generosity, kindness, care of others, awareness of belonging to humankind, inclusiveness
- Creativity, invention, talent: in music and words, in painting and embroidery and cooking, and a thousand other activities
- Sense of beauty: appreciation of beauty in nature, art, and people's inner beauty
- The light of knowledge: spontaneous insights and illuminations
- The passion for justice and freedom, social commitment
- The sense of the sacred – for the religious, but also the non-religious – and wonder before the ineffable, awe in the face of mystery.

Seldom in therapy do we speak of these matters. It is as if clients thought: here I have to face my ills and someone will tell me how to feel better. These more delicate, intimate, at times more uncomfortable themes, are often neither visited nor encouraged. The client is perhaps not fully aware of them, because she is submerged by weightier suffering. Yet they are what the person holds truest and dearest. And they are often kept secret and repressed because other people's judgments, and the fear of feeling different, are lurking. In the end, we find that the transpersonal values, often hidden, are what matters most; when they are injured or forgotten, suffering and pathology arise.

Sometimes our work seems an impossible task. But it is not so, because the material we treat belongs to life itself. All of us can recall an episode in which, after spending time with someone, who just happened to be there – a friend, a teacher, a relative, even a parent – we felt reassured. We seemed to be stronger and more determined, or more open and capable of loving. Our wounds, the bruises from the knocks in life, did not hurt anymore, and we were ready to face reality. At times the change was more substantial and long-lasting: a new worldview emerged.

Someone has the skill to facilitate these inner events. A social role is deliberately created for this faculty: shaman, priest, village elder, wizard, curandero, philosopher. In contemporary society we also have the psychotherapist. The etymology (θεραπεύω = to cure, take care of, honour, ψυχή = soul) means the one who puts himself or herself at the service of the soul. The themes in this book refer to all those who work in one of the helping professions, or else those who are simply interested in their own personal growth.

We often encounter difficulties. The client resists, is fearful, feels at a dead end. The therapist struggles with assumptions and methods that just do not fit the client's predicament; or is stirred by unconscious emotions that hinder or mislead him.

However, when therapy works, it goes ahead by itself, effortlessly. For example: you see from the client's eyes that she has a flash of understanding. Or: at the start of the session she was distressed, anxious, angry: at the end she leaves feeling serene. Sometimes the client talks passionately about a subject that has nothing to do with the problem for which she sought therapy: without even realizing it, she has already come out of her prison. Or a project is born; a client who felt her life had no meaning, now sees the future. Or perhaps, after a long, dry winter of discontent, hope comes to light.

All psychotherapists are imperfect. Starting with me. I happen to have no particular talent for psychotherapy, of the kind I have seen in a few rare, gifted individuals. I do not produce instant healing or portentous changes. At times I cannot even manage to guess the client's state of mind: "You seem really well today"; "No, I feel terrible". All that I have achieved, I have learned bit by bit through many years of work, from the teachings I have received, observations, reflections, reading, practice, and mistakes. This has made my path at times uncertain and strenuous; yet today it facilitates the job for readers of this book, because while talent cannot be transmitted, knowledge can. And in these pages, I have concentrated all the resources I believe can help: ideas and skills which, with a little time and good will, anybody may learn.

What is the goal of psychotherapy? Healing. Here we already come to a controversy. Some authoritative psychologists like Rollo May have maintained that the goal of psychotherapy is not healing; the minute we use that word, we enter the "medical model": there is a malady that must be diagnosed and disposed of, using appropriate tools, whereas for May, the symptom is a way into exploring the meaning of life. Many others have also pronounced against adopting the "medical model" in therapy: it is a scheme that Freud and other pioneers, at the dawn of psychotherapy, borrowed from medicine and superimposed onto psychotherapy, thereby distorting it, as David Elkins[1] explains.

The doctor's aim is the *restitutio ad integrum*, that is, returning the patient to her former state, giving her back the state of health she enjoyed before she became ill: the disappearance of her symptoms. But psychotherapy does not aim at making the client become as she was before. That would be an inferior kind of psychotherapy. The true goal is to help the client, not just to feel better, but to understand her situation, become freer, forge ahead in her life, develop functions she lacks, and explore new territories. It is not a question of re-establishing a lost equilibrium, but of

[1] Elkins, David. 2015. *The Human Elements of Psychotherapy*. Washington: American Psychological Association.

going beyond that equilibrium; the symptoms are often a sign telling us that change is imminent. Let us also remember that more and more people embark on a psychotherapy not because they have a condition they want to get rid of, but because they are seeking personal growth. Nevertheless, we may speak of healing in psychotherapy too, yet with a much wider meaning, as I hope gradually to make clear, and as we shall see in the Epilogue. Healing is to be welcomed: a spontaneous process, which always fills us with joy and wonder!

Another question arises. Who are we talking about? Who are the subjects of scientific research in the field of psychology? 90% of them are those whom the anthropologist Joseph Heinrich has called WEIRD, an acronym for Western, Educated, Industrialized, Rich, Democratic. Besides, most are students at American universities. Do they really represent all of humanity? What about a Masai farmer, an elder of Caracas, a midwife from Mozambique, an adolescent from the Fijian Islands: how different are they? Very different. We know that the culture we belong to moulds our brain and profoundly shapes us. We know, too, that WEIRD individuals, compared to the rest of the world's population, are more concentrated on their own plans, more individualistic and less inclined to conformism, more analytical, and better able to delay gratification. Yet we take for granted that these subjects represent human nature at large. After Heinrich's stunning contribution, we are no longer so sure. Here is a good lesson in cultural relativism that obliges us to see the data we possess with fresh eyes.

This book consists of fifty chapters, each with a salient theme.

There is also a chapter outside the box that could be placed in any part of the book. It is on our Self or essence: the part of us, which, according to Psychosynthesis, is not affected by the flow of consciousness, and is therefore untouched by the passing of time and the constraints of existence. No scientific proof of the Self is available, only personal testimonies. Even though it is ineffable, all the great traditions talk about it, and many people, for a few moments, have attained an awareness of it with some degree of clarity. João d'Alcor, in his formidable book on Psychosynthesis, lists 567 names with which the Self has been called in different cultures: *Atman*, pinnacle of the soul, cave of the heart, jewel in the lotus, divine spark, and so forth. This is not a theoretical model: it is humanity's heritage. It is essential to talk about it, otherwise we risk leaving out the central element. The chapter on the Self is marked with the Hebrew character ℵ, aleph: the infinite.

Sixteen traditional stories (rewritten by me) are complementary to the theoretical and practical discussion. They are ancient tales, originally

created to loosen our mental rigidity. Where rationality cannot reach, intuition perhaps succeeds.

After the basic text, you will find thirty-two examples of therapy in action. There I describe phases of my work with clients, who, in keeping with qualitative research, have read and commented on my writing.

In conclusion, a memory. One morning Assagioli was waiting for me in his studio, and with a smile handed me a quotation on a piece of paper (he used to do that occasionally with his students). Maybe he was smiling at the thought of the enormity contained in those few words, which were to work on me for decades to come. It was a sentence from Goethe: "Only those deserve freedom who are able to conquer it each day anew".

Roberto Assagioli was eighty years' old when I met him, had a white beard and the air of a wise old man, but without a shred of pretence. He was a historical figure. At the beginning of the twentieth century, he had introduced psychoanalysis into Italy with his thesis in psychiatry, and Freud had seen him as the representative of his ideas in Italy. It did not go that way, because Assagioli soon created his own system, Psychosynthesis, and later participated in another great intellectual revolution: humanistic and transpersonal psychology. All this, with the dramatic interlude of Nazi-fascist persecution and the war, when he was imprisoned and wrote notes entitled "Freedom in Jail", and then fled with his son to the Tuscan Apennine mountains to sleep rough. He certainly had something to say about freedom.

The inner conquest of freedom is a huge undertaking. In the first place it means freedom from fear, discouragement and anger; and also from the past, from wrong thinking habits, prejudices, and distorted self-images. We gain freedom from the pressures of all who want to dictate our thinking, our tastes, and our choices.

Then there is another freedom, which we can attain in rare moments: freedom from the passing of time, which devours all things, empties every life of meaning, leads us inexorably to our death. We can leave even that prison, at least for some instants, which are the highest ones, those of love and beauty, when time stops, and when, for a flash of a second, we glimpse the eternal now.

In psychotherapy we stand before people who are shut in the prison of their suffering. Our task is to help them out. The goal is to accompany them as they realize they have a far vaster range of possibilities, ideas and emotions than they think they have, and that the choice is theirs. We help another human being find freedom. And when we do, we ourselves feel freer.

Bibliography

Alberti, Alberto. 1994. *Il Sé ritrovato*. Firenze: L'Uomo Edizioni.

Alberti, Alberto. 2016. *L'uomo che soffre, l'uomo che cura*. Firenze: L'Uomo Edizioni.

Alberti, Alberto. 2007. *Psicosintesi e oltre*. Firenze: L'Uomo Edizioni.

Alberti, Alberto. 2008. *Psicosintesi. Una cura per l'anima*. Firenze: L'Uomo Edizioni.

Assagioli, Roberto.1965. *Psychosynthesis: A manual of principles and techniques.* New York: Hobbs, Dorman & Co.

Assagioli, Roberto. 1973. *The Act of Will.* New York: Viking.

Assagioli, Roberto. 2018. *Freedom in Jail.* (edited by Ann Catherine Lombard). Ed. Istituto di Psicosintesi, Firenze 2018.

Bartoli, Sergio. "La sintesi come strumento di guarigione". *Rivista di Psicosintesi Terapeutica*, XVIII, 35-36, marzo-settembre 2017, pp. 135-141.

Benedetti, Fabrizio. 2011. *The Patient's Brain.* Oxford: Oxford University Press.

Berti, Alessandro.1988. *Roberto Assagioli*: *profilo biografico degli anni di formazione*. Firenze: Istituto di Psicosintesi.

Bocconi, Andrea. 2011. *La mente e oltre. Scritti di Psicosintesi*. Lucca: Zona Franca, Casa Editrice di cartone.

Bocconi, Andrea. 2016. "La psicosintesi è universale?", *Rivista di Psicosintesi Terapeutica,* XVII, no. 33-34, 73-86.

Bonacina, Pier Maria. 2010. *Manuale di Psicosintesi. Il cuore teorico dell'opera di Assagioli*. Milano: Xenia.

Caldironi, Bruno.1992. *Seminari di psicopatologia e psicoterapia*. Ravenna: Nanni.

Cozolino, Louis. 2017. *The Neuroscience of Psychotherapy.* New York: W.W.W. Norton.

Dattilo, Gianni, "Immagini per un piano terapeutico in psicosintesi", *Rivista di Psicosintesi Terapeutica*", Nuova Serie, XI, 21-22, Marzo-Settembre 2010, ed. SIPT, Firenze.

De Paolis, Daniele.1988. *L'Io e le sue maschere. Il lavoro sulle sub-personalità in psicosintesi*, Firenze: Istituto di Psicosintesi.

D'Alcor, João. 2014. *Psicossìntese – Uma Psicologia Integral*. Lisbona: Edições Colibri.

Duncan, Barry, Miller, Scott, Wampold, Bruce, and Hubble, Mark. 2010. *The Heart and Soul of Change.* Washington: American Psychological Association.

Elkins, David. 2015. *The Human Elements of Psychotherapy*. Washington: American Psychological Association.
Fani, Carla. "Il pharmakon, la parola, l'atto terapeutico. Quale possibile integrazione? Il placebo: elemento sovrarazionale della medicina". *Rivista di Psicosintesi Terapeutica,* I, 2,16-26.
Ferrucci, Piero.1981. *What We May Be.* Los Angeles: Tarcher.
Ferrucci, Piero.1991. *Inevitable Grace.* Los Angeles: Tarcher.
Ferrucci, Piero. 2014. *Your Inner Will.* New York: Penguin Publishing Group.
Finotti, Anna Maria.1996. *La grotta interiore. Simbologia e psicologia del Natale.* Àncora: Milano.
Finotti, Anna Maria. 2006. *Il canto degli alberi. Per una lettura simbolica*. Àncora: Milano.
Firman, John, and Gila, Ann. 1997. *The Primal Wound*. New York: SUNY.
Firman, John, and Gila, Ann. 2002. *Psychosynthesis. A Psychology of the Spirit.* New York: SUNY.
Firman, Dorothy.2018. *The Call of Self.* Amherst: Synthesis Center.
Goodman, Nelson. 1978. *Ways of World Making.* Indianapolis: Hackett.
Gottschall, Jonathan. 2013. *The Storytelling Animal: How Stories Make Us Human*. Boston: Mariner Books.
Guggisberg Nocelli Petra. 2017.*The Way of Psychosynthesis*. San Diego: Synthesis Insights.
Guggisberg Nocelli, Petra. 2021. *Know, Love, Transform Yourself* Vol. I and II. Psychosynthesis Books.
Haronian, Frank. 1976. "Psychosynthesis: A Psychotherapist's Personal Overview". *Pastoral Psychology*. 25:, fall.
Huxley, Aldous. 1976. *The Human Situation.* New York: HarperCollins.
Kaufman, Scott Barry, *Transcend*, New York, TarcherPerigee, 2020.
Liguori, Vincenzo. 1997. "La formazione di base e il suo contributo alla preparazione degli psicoterapeuti." *Rivista di Psicosintesi Terapeutica.* II, 43-44.
Lombard, Catherine Ann. 2017. "Psychosynthesis: A Foundational Bridge Between Psychology and Spirituality." *Pastoral Psychology*. 66,4 (2017). 461-485. DOI:10.1007/s11089-017-0753-5
Maslow, Abraham.1962. *Toward a Psychology of Being,* New York: Van Nostrand.
Maslow, Abraham. 1966. *The Psychology of Science.* Chicago: Gateway Books.
Polanyi, Michael. 1958. *Personal Knowledge.* London: Routledge & Kegan Paul.

Riccetti, Maurizio. 2021. *Divagazioni terapeutiche*. Arcidosso: Effigi, Arcidosso.
Rosselli, Massimo.1991. *Introduzione alla Psicosintesi*. Firenze: Istituto di Psicosintesi.
Rosselli, Massimo, e Vanni, Duccio. 2014. "Roberto Assagioli and Carl Gustav Jung". *The Journal of Transpersonal Psychology*. 46:1, 7-33.
Rosselli,Massimo. 2016. "Psicosintesi e psicoterapia", in: Lattuada, Pier Luigi. *Oltre la mente. Teoria e pratica della psicologia transpersonale*. Milano: Franco Angeli.
Rosselli, Massimo, ed. 2021. *Il cammino della psicosintesi.* Firenze: L'UOMO.
Russell, Doug. 1981. "Psychosynthesis and Western Psychology." *Psychosynthesis Digest*, 1:1.
Scotton, Bruce *et al.,* eds. 1996.*Textbook of Transpersonal Psychiatry and Psychology.* New York: Basic Books. 1996.
Sorensen, Kenneth. 2016. T*he Soul of Psychosynthesis: The Seven Core Concepts*. Kentaur Publishing.
Tan Nguyen *et al.*.2012. Special Issue on Roberto Assagioli & Psychosynthesis*. International Journal of Psychotherapy*.16:2.
Yalom, Irvin. 1980. *Existential Psychotherapy.* New York: Basic Books.
Yalom, Irvin. 2017. *The Gift of Therapy.* New York: Harper Perennial.
Yeomans, Tom. 2020. *Holy Fire: The Process of Soul Awakening*. Shelburne Falls: Booksmyth Press.
Wampold, Bruce, and Imel, Zac. 2015. *The Great Psychotherapy Debate.* New York: Routledge.
Whitmore, Diana. 2013. *Psychosynthesis Counselling in Action*. Thousand Oak: Sage Publications.

PART I

FUNDAMENTALS

The monkey who saved the fish

Once upon a time there was a monkey who had a lot of good will.

It wanted to relieve the suffering of all the animals, and was always ready to help – that was its mission.

It would patrol the area, and whenever it saw creatures in difficulty, would rush to their aid. "So much suffering exists everywhere", it always said.

One day the monkey was looking at the water in a lake, and saw fish swimming around. At times they swam slowly, at times they darted.

"These fish are drowning", thought the monkey. "I must do something. Never mind that the water is cold, I have to help them. It is my duty."

The monkey dove in, and tried to catch the fish, but they slipped out of its hands. "Poor creatures", it thought. "They are out of their minds. It's as if they didn't want to be helped. But I will save them!"

In the end, the monkey managed to catch them – a red, a blue, and a silver one – and delicately placed them on a flat stone. The fish thrashed about. "You are still agitated", said the monkey. "Don't worry! The worst is over."

The fish stared up at the sky with their glassy eyes, and looked at the monkey. It almost seemed that they wanted to ask for something but couldn't. Gradually they stopped thrashing about, and lay motionless on the stone.

"They are calm at last", thought the monkey.

African story

1.

CARE

I HAVE YOU AT HEART

Imagine being in a state of distress. You are engulfed by your anguish. Then a person listens to you, shows you she understands. She is able to share your suffering, without being overwhelmed by it. Her empathy supports you. You trust her and feel reassured. You sense that you are not alone anymore.

This is care. When we care for someone, his hopes become ours, his "Thou", as Martin Buber says, becomes our cosmos. Care is a motivation: the impulse to help others in their difficulties, big and small. It is often an instinctive act, such as when, seeing a person fall, we give him a hand to get up. It also happens in more elaborate ways, and in many areas of human interaction, including psychotherapy.

The work of psychotherapy has at its centre the aspiration to take care of another human being. According to philosopher Luigina Mortari's perfect definition, care is "doing good to life", and this also applies to doctors and nurses, counsellors and coaches, educators and teachers, parents and friends. In this book we deal mainly with psychotherapy, but this subject concerns other roles as well. Care is a fundamental human trait. It belongs to everyone.

In the last decades much research has shown that care is an inborn function of human beings. Before then, the dominant paradigm, still prevalent in the media and common parlance, is that beneath a thin layer of civility, we are ferocious and competitive, and survival is assured only for those who value themselves above others, and prevail by force.

Now we know it is not so. We have survived as human species precisely because we have been taking care of each other. In the depths of our ancestral brain, the care circuit is active: in the face of our fellow beings' need and suffering, it mobilizes us and makes us identify our own wellbeing with that of others. The care circuit is active first of all in mothers. But it exists in every human being, and in all the more evolved animals. A wild

boar protects its piglets, a bird feeds its young, a parent watches over his children, a voluntary worker looks after the sick: all have activated the care circuit, as neuroscientist Jan Panskepp has shown. The care circuit, like the other circuits (for instance, those of pain or aggression), is present in the subcortical region of the brain in all mammals. It is an ancient disposition in all of us.

Panskepp[1] notes that in our brain the care and the erotic circuits are distinct. Yet they have a common origin. Caring and making love are two distinct modes, but the two circuits are close relatives. We must bear this in mind if we are to avoid misunderstandings and damage. To complicate matters, therapy can have erotic overtones, such as warmth, tenderness, intimacy. If we stay within the professional boundaries of ethics and respect, and if we have mastered these elements, they are assets. Impassiveness in therapy is a dead end. Who wants to place their trust in a refrigerator.

Care is perhaps the highest, the most noble attitude a human being can display. Concern for another human being, his health and wellbeing, his potential and happiness: this is what caring is. But like all good things in life, caring can have its caricatures and distortions. Instead of nourishing and healing, it can aggravate symptoms, increase the care receiver's rigidity and resistance, push them into greater suffering.

Care is the starting point. But the disposition to care is often overtaken by other factors or mixed with them. The easiest way to understand care is to recognize all that it is not. If we examine the imitations of care, we will be better able to rediscover the genuine article.

For a start, the therapist may have in herself a store of hostility that predates the therapeutic encounter. I am not talking about blatant forms of aggression; rather, a subtler and more implicit hostility: a smirk betraying irony, an unspoken judgement (such as: you are lazy, weak, unpleasant). An indirect criticism. An implicit accusation. A poorly concealed irritation. And what easier target than a defenceless patient? On the other hand, why on earth should a client subject herself to a toxic presence? It is because she is suffering, and because, often, in therapy one may regress to an infantile condition of need: children don't abandon the adults who scold them; they don't even abandon the adults who abuse them. It seems unbelievable, and yet, in a more or less disguised form, hostility is often present and active in a session. Not surprising, since therapy can evoke the whole range of our emotions.

It is also true that at a later stage of the therapy, when the relationship is stronger, we can make more explicit and firmer interventions, perhaps use

[1] Panksepp, Jap. 2012.*The Archaeology of Mind: Neuroevolutionary Origins of Human Emotions.* New York: W.W. Norton.

humour (not sarcasm, which only makes the patient feel small and stupid), or at times confrontation. However, that must always be done while protecting the patient's sensitivity and with the purpose of healing, not hurting.

Let's look at another form of pseudo-care: that's when the therapist is a benevolent invader. Here we have an awkward imitation of care: the desire to help, to guide, the zealous haste to soothe someone's wounds. "Do not fear, now I will show you how it's done!"

This tendency easily fills the field, and prevents the client from finding his own autonomy and capacity for self-care. It reminds me of eager parents who teach their children to walk, hold their hands and pull them up, so that they are forced to take their first steps: "This is how it's done". The Hungarian pedagogue, Emmi Pikler, maintained that it is up to the child, gradually and more slowly, to work out how to pull herself up, stand, balance and take her first steps: nobody can find balance for someone else.

So it is in psychotherapy. We see other people's problems with greater clarity than we see our own. It is easy to think what might be the solution to other people's troubles, which barriers need to be pulled down, which are the capacities to develop. We can have many brilliant insights about that. But the client must find her own road. It is given to us only to help and to accompany her.

Similar to over-concern is the need to pigeonhole and define someone: the need to diagnose. As we shall see again in this book, diagnosis is a double-edged sword: the desire to understand is sacred, but beware of the dangers! Diagnosis used in clumsy fashion can be harmful. Masters of psychotherapy, like Irvin Yalom, say: "avoid diagnoses" (except for problems of biological origin). It is useful to be familiar with nosographic categories: they are precious maps. But the map is not the territory. Those who originally created the maps have never met the actual client facing me at this moment, and know nothing of her complexity. They do not know her private anxieties, thoughts, peculiarities, unmentionable secrets, or dreams… and without knowing them, what can they tell me about her?

It goes like this: a person enters my studio, and after I have examined her, I must place her in a box. In which box do I put her: "phobia", "panic attacks", "obsessive-compulsive disorder", "major depression", etc? Afterwards, I feel reassured – because diagnoses reassure the therapist. But they change our perception of the person in front of us. If we share the diagnosis with her, the label falls into her unconscious and remains there, growing innumerable insidious ramifications.

In 1973 in Los Angeles, the psychologist David Rosenhan, with a few collaborators, conducted an experiment that caused quite a stir. The

collaborators presented themselves at psychiatric hospitals throughout the country, saying they had a symptom: they would hear a voice that said "anguish" or "death", or instead a sudden thud. They were diagnosed straightaway (with diagnoses that ranged from schizophrenia to bipolar disorder) and were hospitalized. The subjects immediately explained that they were part of an experiment and that what they had said before was not true. And here is where the theatre began: everything they said was interpreted as confirmation of the symptom and part of the delirium. For example, when one of the "patients" started taking notes, a nurse, in turn, noted: "patient engages in writing behaviour". The other patients present understood right away what was going on, the doctors and nurses did not: they were victims of the collective delirium called "diagnosis". The "patients", who continued to claim they did not have symptoms, were discharged on average after 42 days[2].

Here is another piece of research: in a study conducted in 2014, three groups of psychotherapists were shown a video of a person who talked about experiencing a slight anxiety. One group was given the person's diagnosis: borderline. Unbeknownst to the psychotherapists, it was a false diagnosis. The second group was given information corresponding to the borderline pathology, but without the explicit diagnosis. The third group was told nothing. The psychotherapists then had to give their opinion. Those who had heard the false diagnosis were influenced more by it than by what they had seen in the video, whereas this did not happen with the other two groups. In short, the diagnosis had greater authority than the facts. What we believe is stronger than what we see[3].

Often clients coming ot us had to fit in categories that were alien to their way of thinking, and adapt to methods and ideas that were not their own. But now, in the therapeutic setting, on whom is the onus of adjusting? Is it the client who should find her bearings amid our maps, classifications and values? Or it is we who have to enter her world, visit it, and make the effort to adapt to it? The answer is obvious: we, the therapists, should be the migrant. It is we who must speak in our client's words, understand her concepts and emotions outside of any cataloguing. Classification may come,

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[2] Rosenhan, DL.1973. "On being sane in insane places." *Science*. 179, 250-258. Doi: 10.1126/science.179.4070.250.

[3] Lam, Danny, Salkovskis, Paul Martin, and Hogg, Lorna. 2015. 'Judging a book by its cover': An experimental study of the negative impact of a diagnosis of borderline personality disorder on clinicians' judgements of uncomplicated panic disorder." *British Journal of Medical Psychology*. 55, 3: 253-68.
Doi: 10.1111/bjc.12093.

but later. Let us meet a person without rushing to categorize her. Only this way do we truly care.

Just as we can go too far with diagnosis, so we can also overplay our hand with technique. We have classified the client, now let's get cracking with techniques. And psychotherapy has plenty of them, enough for every taste: not only do we have the talking cure, we also have clients close their eyes and visualize; some therapists study their eye-movements, others get them to move and vibrate their bodies; or observe them with their families from behind a one-way glass; or conduct the session with the patient in a swimming pool (uterine regression), or have them impersonate real or imaginary characters, or subject them to a series of tests, or get them to draw, or to laugh even when they don't feel like it, or breathe in and out forcefully, or suggest they take a walk in nature. Some psychotherapists play chess with their clients, others have them arrange figurines in a sandbox, or keep a vegetable garden. Often these are valuable techniques, tried out with success on many clients. This is all well and good, but with one mandatory condition: the warmth of true care must be there in the first place. Otherwise, any technique is meaningless gimmick, if not downright manipulation.

Many patients feel manoeuvred by a technique they do not understand. I have noticed this more than once, as I often use techniques and exercises in my practice, for instance visualization. One day, a patient said to me: I will do as you say, but when are we going to talk about me? For me, the visualization did talk about him, but for him it did not. To him it felt like a blood test or a colonoscopy: an extraneous intervention, toward which his attitude was: I will do it if I have to.

This happens because we feel we have something to prove. The client is suffering. We cannot sit and twiddle our thumbs, we want to do something. We have lots of nice toys: why not use them straightaway? Such a temptation! They give us a feeling of competence. We have come to own a Ferrari: who wants to go for a walk? And so, we subject clients to our techniques. They can work, but only if they find their place in the context of an authentic encounter.

Then we have the euphoria of rescue. The rescuer cannot bear the suffering and wants it to disappear as soon as possible. This aim is fair enough, but we must watch how we go about it. The rescuer hastens to console, calm, and soothe the patient, so that he feels better himself. But what about the client? To get rid of distress, we must go into it, not run away from it.

Many therapists are terrified by suffering. They do not understand that our job is precisely to accompany clients in their encounter with nothingness,

horror, or the supremely disagreeable feeling of having no way out. We could say that a therapist's maturity consists in being able to face, in herself and in others, all states of consciousness, including the most terrible and painful ones, because they are part of human destiny – and to do this without turning away, without pulling the client away from their misery. Often in supervision I hear students and colleagues say: I was afraid the patient might be upset or confused, so I stopped and had her think of something beautiful and positive instead. But if it's change we are after, confusion or upset are part of the game. Ultimately, while exercising due caution, we want the client's system of pathological balance to have a chance of falling apart.

The therapist has to help the client confront the origins of her pain, look inside her darkest recesses and most uncomfortable spaces, remember distressing or embarrassing events, and learn to feel at ease with all of it, because it is part of her; and it is precisely the refusal to look which so often perpetuates inner wounds. The client is afraid to go to those places that hurt or disturb her, and where shame and pain abide. Sooner or later the therapist will have to take her there: without pushing, but also without colluding with her avoidance.

Very different, yet very common, is the case of the distracted therapist. She has her mind elsewhere, a thousand thoughts draw it away: the bill she has to pay, what she will eat after the session, the quarrel with her husband the night before. But authentic care demands a high level of presence. Distracted care is not only useless: it can also be harmful, because all of us hurt when we strive to relate our pain to someone who has other things on her mind. In the Age of Distraction, full, undivided attention is pure gold.

And now we reach the most deceptive trap of all. The therapist applies the right technique at the right time – perfect for him, but not for the client. He treats in the client not her unease, but his own! A peculiar situation often takes place: the client's predicament bears an uncanny resemblance to the therapist's! Or at least that is the way it feels. All discomforts are different, yet they all resemble one another. When we see someone feeling distressed, instinctively we consult our databank: what is she talking about? Is it a problem I have experienced too? Seeing as forms of human suffering are recurrent, and often show similarities, we are led to think they are the same: your anxiety is like mine; I too have been betrayed and abandoned; I understand your uncertainty, I've been there; the terror you feel when in a crowd, I have felt also; my kids also have left home and I am alone too; and so forth.

In some measure it is right that it be so. We learn to understand the pain of others through our own, and are able to comfort and help because we too have suffered. If our life had been a bed of roses, we would have fewer