

What is E.I.T.

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Romeo Lucioni Psychiatrist and Psychotherapist created E.I.T. – *Emotional Integrating Therapy* – structuring it as a psychotherapeutic technique based on the foundations of psychodynamics and psychoanalysis, using also theoretical/practical principles of psychodrama (Moreno), psychodance (Rojas Bermudes), *sensorimotor therapy* and Tai-chi-chuan.

All these practical applications were added, no doubt to the psychodynamic observation-interpretation and gained experience of individual and group psychotherapy, so that the meaning of *integration* used in E.I.T. derives from the conceptual structure founded on the psychology of ego as cardinal or focal point of departure (analysis) and arrival (the psychological dimensioning of the subject in its conscious and subconscious dynamics).

The therapeutic model consists of a few principles that correspond to an equal number of areas of personal structure and refers to:

- ?? **Sensorimotor integration:** that develops the sensorial functions and perceptions putting them in relation with the simple and complex capacities, other than with the physical plan as oneself and oneself in space;
- ?? **Emotional-expressive integration:** that concerns the ability to modulate ones own emotions and to express them with the body, the posture, the attitudes, the motility.
- ?? **Emotional-affective integration:** putting in relation emotions and feelings, i.e. to communicate intimate feelings to the other that is observing us and that accompanies us.
- ?? **Sentimental-behavioural integration:** it is about acquiring the ability to take into account the behavioural feedback and value the experience of the other.
- ?? **Cognitive integration:** concerns the development of the cognitive-intellectual capacities also considering the atmosphere, the relationships and the emotional responses.

The paradigm of E.I.T. consists in compacting and restructuring emotional, affective and cognitive functions that are at the foundation of the adaptive-volitive functioning of ego.

Rebuilding the sense of oneself, self-esteem and self-satisfaction means producing a change of the vision of oneself in front of oneself, the family, the world and allowing to build a simple but weighty and meaningful metaphor: I CAN.

From this evidence one gains that the process of “growth” can not be based on a programming of teaching but essentially on a learning that results as self-learning at the measure in which it outlines as an individual push and will to respect and believe in one’s own potential.

For this E.I.T. allows overcoming hesitations and psycho-mental blocks that structure themselves as inevitable reactions to:

- Frustration
- Guilt (depression)
- Unjustified anxiety
- Fear of error
- Fear of rejection
- Feeling of inadequateness
- Memories of child-trauma
- A feeling not to be able to control emotions and deepest feelings.

E.I.T. was studied by Romeo Lucioni on the principles of thymology, science of affection, based on the research on **affective intelligence** that organises the psychicism of man, controlling and amalgamating the functions of **emotional intelligence** to those of **cognitive intelligence** or **rationality**.

The *world of affection* is the *world of values* that, departing from the *value of self* as **ideal-ego** can structure the *value of the Other*, therefore, the enhancement of the value of the Other as *Other to save*.

Such a poetic vision of life becomes a vitalising foundation that stimulates the attention, the memory, the motivation, the will, the wish and the pleasure. In this E.I.T. can be read as global and globalising intervention capable of:

- ?? Structuring the sense of oneself on the basis of self-valorisation and self-satisfaction;
- ?? Developing affective intelligence and the ideal ego;
- ?? Taking away the barriers that present the psycho-mental development (affective and cognitive);
- ?? Opening the doors to cognitive potential;
- ?? Eliminating anxiety and panic generated from the awareness of the concrete difficulties that have to be faced;
- ?? Structuring will;
- ?? Programming the own destiny not as an impending responsibility, but as happiness for having reached the own objectives and structured personality;
- ?? Creating in the subconscious a model that founds itself on the self-consciousness closed in the letters carved in the mind: I CAN.

From this one understands how **E.I.T.** can be considered a science (founded on a theoretical psycho-neuro-biological structure and usual procedure based on a codified operation) that deals with RECOVERY and REHABILITATION.

On those terms it reassumes its appearance of *global intervention* on the person in which functional motor, emotional, affective and cognitive aspects get considered and as rehabilitative model, it takes into account disorders, disorganisations and disabilities.

Regarding man in a holistic dimension, E.I.T. does not consider diseases, diagnoses or cures, because its purpose is not to cure traditionally, but to restore

functions in disuse (motor and/or psychic) and to reorganise them in a harmonious inter-relationship that we define *integrated*.

We can also affirm that E.I.T. only aim is self-sufficiency, like other sciences of rehabilitation, but it tends to reactivate motor and psychic *autonomy*, the expression of an efficient functioning of self-esteem, a good self-consciousness, an emotional integrated structure.

If *disease* and *impairment* refer to abnormalities of the functioning (for distinct reasons) of an organ or a system, E.I.T. restores not only one function, but the harmonic interacting between psycho-neuro-biological functions that concern intellectual (memory, thought, creativity, will), psychological (perception, attention, emotionality, affectivity), behavioural and social abilities. In other words, the disability, faced by E.I.T. does not regard one specific function, but the subject as a whole, in its holistic dimension disorganised by mistaken interactions of biological, psycho-emotional and psycho-intellectual systems. From this point of view the balance to reach is a SUPREME VALUE, a virtue that re-unites in itself intellectual parts (cognitive), creative parts (emotional) and affective (linked to desire and to auto/hetero-ascribed pleasure). The abilities to think, to create and to enjoy are after all, the functions that E.I.T. tends to restore, reinforce and integrate in one dimension that can be defined “poetic” and that gives meaning to life.

The “poetry of life” is an ecological aspect that is “respect of nature” it becomes “respect of human nature” made up from thought, emotions and affection.

E.I.T. as Therapy

When we present E.I.T. as a therapeutic operation, we refer to a “therapeutic culture” that is based on a theoretical position founded on the principles of psychology of Ego, to a codified praxis and a careful valuation of the results. On the other side our “therapeutic culture” gives a total pre-eminence to an unambiguous and global conception of man for which we put ourselves in front of an individual that suffers and has problems. In this way our statement responds to the parameters of an “anthropological science that beyond what the clinical rules dictate, suggests a “personal meeting”, able to seize existential modulations, the conflicts, the blows and the successes.

E.I.T. therefore is based on:

- Group work
- The use of music
- Movement and dance
- Symbolical and transitional objects
- Reconstructing symbolical relational situations

With a constant check and a careful interpretation of the experiences read phenomenological expressions of explicit and/or implicit deep psychodynamic processes.

In E.I.T. the therapeutic process is innovative, since it:

- Puts the subject in the centre of the operation;
- Values the potentials, as well as the individual capacities;

- Aims to a global vision of the “system” that is recognised in the relationship;
- Tends towards rehabilitation, more than to the cure, proposing as goal the social re-integration and in this, real quality of life;
- It is structured on multidisciplinary principles and methods, other than theoretical foundations that come from praxis (and that do not generate it).

Looks for constant improvement, because it is:

- Structured on the person, on its anatomical-functional characteristics, but also emotional/affective other than behavioural;
- Takes into account the transformations that are established in the relationship based on the analysis of transference;
- Organised globally, therefore taking into account motor, emotional, affective, cognitive, behavioural and learning aspects considered to be in continuous and reciprocal integration.

It self-regulates on the basis of results that become monitored through steps studied and organised ad hoc.

This “global” approach becomes therefore a “journey” established of biological, psycho-dynamic, cognitive, social and cultural aspects, but where the singularity and coexistence is taken into account, so that the meeting with the other is always an “*entre deux*” that, therefore requires also the involvement of the therapists.

The “sittings” transform into “shared experiences” and it is this aspect that gives therapeutic meaning to the work for integration of the personality, through an “existential strength of our intuition of similarity” (as A. Ballerini and B. Callieri) and a weighty and anthropologically valid “sharing”. This conception of the “therapeutic function is carried out in the need of empathy, in an attitude of tolerance and acceptance and supportive reassurances, in containment with the aim of inciting and overall, in commitment and “presence” that structure a model and a “desirable object”.

Clinical Cases

Over the period of fourteen months the following cases were followed at the Tavernerio Institute: Ivano, Massimiliano, Milena, Alessandro (little), Valentina and Rosa of which the therapeutic story is requested in brief.

1 – Ivano: 13 years

Autistic diagnosed since the age of 3 years; was followed by several specialised institutions with no important results. Starts E.I.T. in November 2000 showing:

- Autistic closure;
- Serious emotive incontinence;
- Affective cooling and violent refusal to the interpersonal approach;
- Serious behavioural difficulties with pronounced aggressiveness (scratches, spits on, kicks grabs the ear-rings, the necklaces and the clothes of the operators) in relation to the teachers, the educators and their assistants;
- dyspraxia and grave difficulty in carrying out complex movements;
- Depressed mood highlighted by a “sad” look;

- alexia;
- agraphia;
- Difficulty to comprehend and impossibility to carry out even simplest orders;
- No control of the sphincter.

In the space of fourteen months of therapy the first observations were gradually modified and at present this is highlighting:

- The autistic closure “melted” since Ivano participates to the rehabilitation activities and to the interpersonal relationship, accepting group-work also;
- The emotional incontinence is under control even if, often through physical contact with the therapist that holds him by the hand;
- Affectivity is controlled and positive towards oneself (appearance of initiative; acceptance of new experiences and “testing oneself”; satisfaction for the obtained results) and others (warm welcomes at the beginning of therapy; adaptation to orders; affectionate approach with all the components of the therapeutic setting; acceptance of physical proximity);
- Solution of the serious behavioural trouble since Ivano behaves perfectly in the therapeutic setting. Even in community life he is much more controlled and, if he is close to the therapist, he expresses affection towards his mates, teachers, educators, assistants and attendants;
- By this time he manages to move correctly: runs, jumps, turns on himself, walks up and down the stairs correctly without help, gets on and off the slide, catches the balls and the hoops (after the first six months he learnt to extract his tongue on order);
- He is relaxed and often smiles and/or laughs in front of a situation that appears to be emotionally satisfactory;
- The language is probably the area that least changed and the boy only says few words, even if, usually he articulates the syllables almost musically;
- Starts to accept to sit down at the table with the therapist, to take the pencils and to colour even if for the time being we are still far away from real graphic;
- Ivano has shown to be a boy with undeniable cognitive capacities and now understands perfectly the orders and all he is being told;
- The control of his sphincter is almost completely reached and he started to urinate in upright position;
- His *capacity* has improved remarkably and by now he can work without interruption for nearly three hours;
- Since he was a young boy it was not possible to take him by car since he was destroying everything; now, with the therapist, he sits in a car, accepts the seat belt, participates actively to the experience with little cheers of satisfaction and with hoos! Of surprise for a tight bend or a “slide”, greets with his characteristic “Hello” people that travel by foot or bicycle on the same road, recognises the places that were already visited and, for instance, makes the sign of the cross when he approaches a church where we will stop to light the candle that he indicates with a blow (as though he would like to put it out);
- Starts to take initiative and autonomously doing exercises that previously he would not have accepted in the least.

Observations:

The work done with Ivano was really useful and large possibilities of recovery and rehabilitation open, even social other than behavioural, emotional, affective and cognitive. The therapeutic work must continue to reach personal independence and the development of symbolical thought that will bring the subject to widen the sphere of learning and most of all to generalise, that is to bring the improvements not only in the relationship to the therapist, but also with the other characters of the family institution.

2 - Massimiliano: 13 years

The autistic symptomatology that was highlighted cannot be ascribed to a true autistic picture, since the boy shows a series of somatic data that bring us to retain a picture of “development trouble on a dysmorphic basis”.

Followed for many years from specialists the positive results achieved to overcome the psychomental development block and the behavioural disorders that brought him to being institutionalised had been few.

When in November 2000 he started E.I.T. therapy the clinical observation showed the following characteristics:

- Does not speak or understand what he is being asked;
- Closed in himself (round shoulders and hands to a claw) and shows considerable muscular rigidity;
- Is mostly lying down with the hands in the trousers in a masturbatory pose;
- Is very lazy and refuses any type of activity;
- Does not accept to look at his image reflected in the mirror and tends to look at people stealthily;
- Unable to do complex movements for a heavy lack of coordination;
- Manifests his opposition with stereotyped shouts;
- The emotive tension induces a compulsive motor attitude that brings him to violently catch anything that happens to be within range giving rise that way to ecchymosis on the arms of the operators;
- Understands the simplest orders, even if he does not spontaneously carry out the requested tasks and has to be repeatedly stimulated by the operator.

After fourteen months of E.I.T therapy the observations are:

- The gait is easier and the movements less rigid; he learnt to go on and off the stairs alternatively using the legs autonomously;
- Accepts to look at himself in the mirror, in fact he smiles happily, maybe even recognising himself;
- Sometimes he has initiative and leads the operator towards the places that he prefers;
- He opposes himself less violently to carry out exercises that need physical effort;
- He does not hold the hands in the trousers any more, avoiding to paying with his genitals (this conquest is highlighted at home and at school);
- For short lapses of time he looks at the people in the setting;

- The emotive incontinence is partially overcome, even if too intense stimulation still causes critical hypertonic reactions;
- If held by the hand he starts to kick the ball interacting with other mates too;
- It still is difficult to get him to work with the ball, but he accepts the hoops more easily even if they too give rise to fears;
- The capacity on the task has increased and can even reach the hour, but more involving work tires him more.

Observations:

The therapeutic work brought some improvements into the psycho-mental development, but the results are insufficient showing the anatomical-cerebral component of the syndrome to which the subject is affected.

3 - Milena 12 years

This girl is affected from a complicated psycho-mental syndrome with physical-genetical and psychological components; she was followed for many years with poor evolutionary results.

At the beginning of E.I.T. therapy she showed the following clinical aspects:

- Very evident motor hindrance with considerable difficulties in coordination and posture;
- Very scarce balance and stiff upper and lower limbs; does not bend the back for fear of falling;
- Inability of going down the stairs alternatively using both legs;
- Stimulated to carry out any motor activity, she shows intense emotive reaction: anxiety attacks, cries of fear;
- During the first therapy sittings she stiffened, started to flutter about with her hands repeatedly, she looked around perplex and lost;
- Difficulty to relate to the operator, highlighting a scarce trust towards him/her and insecurity towards herself;
- She smiled to her image in the mirror (self-identification) and showed to have a good conception of her physical outline;
- Scarce cognitive capacities (attention, concentration, memory) and remarkable difficulties of capacity on the task;
- The movements were always slackened and the language flowed in a chanting manner.

After fourteen months of therapy the observations are:

- Clear improvement in the execution of fine and complex movements, showing to have acquired more balance and coordination (goes down the steps with both legs and autonomously);
- Greater emotive containment, controlling fear and the reactions and accepting the innovations of the therapeutic setting;
- Establishes relationships with different people acquiring more self-consciousness and accepting the different;
- Can choose between the mates those to whom he requests more affectionate attention;

- Light improvement in capacity and attention;
- Shows a mnemonics acquisition of the necessary form to carry out the different rehabilitative exercises and sometimes anticipates the operator in the adaptation of the setting to them;
- Speech is looser and more comprehensible;
- The understanding of orders turns out to be more precise, inclined and efficient to produce an answer.

Observations:

The work with Milena has given good results, but further and definite operations are necessary to improve not only the practical functions but also those more specifically cognitive.

4 - Alessandro: 15 years

Affected from Down syndrome the boy has reached institutionalisation because of the grave behavioural problems and the insufficient psycho-mental and educational-instructive development.

At the beginning of E.I.T. therapy (November 2000) the psycho-mental organisation was characterised by a deep sense of mistrust towards the Ego that translated in a sense of inability, an inadequateness that the youth ascribes with "...I know that I am different, even my father tells me... I know that I can not do those things that the others do ... do you know that I am a Down?"

This attitude organised a contro-phobic ideation that led to a sense of almighty superiority and a "pseudo-certainty" to be and to carry out any professional activity.

The capacity on tasks was reduced to a few minutes and the boy immediately tended to lie down saying to be "exhausted".

What also stands out is:

- Strong emotive incontinence, that was being structured in a true fear of facing "the new";
- The non-acceptance of life in the institute, the imposed rules, the relationship with the mates considered "inferior, incapable and disabled";
- eidetic hyper-production with unbridled imagination in creating situations almost always catastrophic;
- Uneasiness in accepting to be part of a therapeutic setting, preferring to establish a privileged nearly symbiotic relationship with the operator;
- The psychomotor development was definitely inadequate, since the feelings of inadequateness have always inhibited the initiatives and the execution of exercise-sportive activities;
- Serious behavioural mistakes in the domestic environment, that even brought him to throw a knife towards his mother. This environment seemed to be particularly conflictive, also because, sometimes the father seemed to react with violence to the incomprehensible and unjustified hyper-stimulation provoked by the boy. The figure of reference always seemed to be the grandfather towards whom, however, Alessandro highlighted a symbiotic attitude;

- Often the emotive tension was controlled through contro-phobic forms that consisted in verbally giving oneself, behavioural rules in a low voice: "... you have to try to control yourself ... I. (the therapist) is right, you should behave properly ...".

With fourteen months of E.I.T therapy specifically addressed on the interpersonal relationship, achieved was:

- Improvement in emotive containment, which is how the boy can take part with more positivity to the various therapeutic activities. This has induced the management of the institution to propose work for "pre-insertion into working life" attending daily with wavering benefit, but with evident improvements in capacity and precision;
- Acceptance with less fear of new experiences, managing the respective anxiety;
- Possibility to work in group, establishing diversified relationships, although preferring the one on one relationship with the therapist;
- Working without interruption for acceptable spaces of time;
- Acquiring a discrete sense of reality, often succeeding to detach from his phantasies.

Although always showing pronounced "lack of affection" Alessandro succeeds to find the modality to accept the rules and adapt to life far from his family. At home the behaviour is more suitable; there are no more outbursts and the family accepts his presence with greater willingness.

In the therapeutic setting the boy makes himself useful, although for short periods only, as "helper" (receiving a minimal payment), especially because he started to demonstrate his remarkable talent of dribbling and football player. The capacity on the task and the behavioural suitability also allowed starting sessions of hippotherapy with great benefit regarding the sense of oneself, self-esteem and self-satisfaction.

Observations:

The improvements obtained with E.I.T. give hope to be close to a social integration, taking into account the age of the young that in short will have to leave the institution.

5 - Alessandro (little) 11 years:

In Alessandro's psychopathology what prevails is trouble in communication. Observing him we discover that the boy has a precise and rich ability to articulate words that get joined, not in structured sentences and of accomplished meaning, but put near in a casual way, without any link nor assonance, nor by meaning, nor even less to express a thought and/or to react to stimulus, to a question or an answer. Sometimes they are repeated in a stereotypical manner, perhaps matching a gesture or a movement, without however there being a logical connection.

The affective cooling that characterises the relational form of the boy attracts attention, since the interpersonal contact always results fleeting, imprecise and above all, dominated from wriggles and sudden flights.

It gets extremely difficult working with him, also because an exercise never seems memorized and, although repeated many times, it represents a novelty. The mimic expression is removed from the experienced, but grimaces of pain and intense suffering, seem to be generated from frustration, containment and constraints.

E.I.T was interrupted following the introduction of a pharmaceutical therapy with neuroleptics that has determined, first narcoleptic reactions and subsequently, dis-kinesis, psychomotor excitement, opposition, aggressiveness and self- and hetero-inflicted wounding.

After approximately six months of taking up E.I.T the following can be highlighted:

- Containment of instinctive and non-communicative verbosity;
- In communication the boy replaces words with movements of the mouth, without emitting sound; it seems to be an attempt of controlled response from the impossibility to remember exact words. As though verbal articulation is possible if done in an automatic form but becomes unlikely when the words have to be articulated respecting a precise meaning; we can talk about a dyslexic phenomenon;
- The possibility of executing exercises or motor work (football, throwing the ball and the hoops) is there only through a precise and constant containment that prevents flight and/or automatic motor responses;
- Affective expressiveness is always very limited, but reveals a certain approach that presumes recognition and a certain degree of acceptance of the physical relationship that, in any case has to be limited, since if too intense, generates refusal and flight;
- The group work is even more difficult, since Alessandro misses continuity, precision, goal and concentration.

E.I.T. requires the use of music and the boy loves this kind of stimulation through which moments of relaxation and activity can be obtained, according to the piece being played: this is how music becomes a means for communication, capable of causing interaction and to develop the rehabilitation. This was achieved also by improving the sense of self-identification using hoops in which the subject had to keep.

During therapy there was a period where Alessandro brought everything to the mouth (collars, sleeves,) and particularly the neck of a plastic bottle, that he kept in his hand obsessively. Continuing the rehabilitative activity this attitude decreased gradually until vanishing.

The control of the sphincter is totally missing and no kind of autonomy has developed.

Observations:

Although E.I.T. therapy did not succeed to solve the serious question marks of Alessandro's psychopathology, it stays however an essential means for trying to re-establish ways of communication, interpersonal and social integration but above all, to activate his psycho-mental potentials in a project of development and growth.

6 - Valentina: 12 years

This girl, diagnosed autistic, was institutionalised for the serious behavioural trouble,

- Autistic isolation was stabilising, in this case, with a violent and catastrophic opposition to any approach, that was manifesting with:
 - Mannerisms over the whole body
 - Tics and grimaces
 - Uncontrolled movements of the legs
 - Provoked efforts to vomit
 - Spits
 - Urinary and faecal incontinence
- Highlighted furthermore:
 - Completely missing initiative
 - Opposed to relation (even with the therapist) perceived as a form of physical control
 - Minimal capacity for any motor activity leading to a flight from the setting
 - Non-acceptance of her own image in the mirror (when we try to impose it onto her that provokes aggressive reactions towards the operator).

During the therapy sessions that are in progress from approximately fourteen months, we noticed gradual and constant improvement; at present:

- Some behavioural mistakes disappeared, the spitting on the operators, the attempts to vomit, incontinent stool;
- Control of urination is improved remarkably, by establishing precise rules (it was possible to go to the toilet just once);
- Mannerisms, tics and uncontrolled movements suffer fluctuations, they vary from session to session as new or different reactions/situations;
- She succeeds to establish an affective relationship with her therapists: he recognises her and runs towards her, giving her the hand straight away to be accompanied to the setting;
- She manages anxiety in group work too (with operators and mates) and restrains reactions of flight in the face of “dangerous children”, trying with them timid ways of approach that lead to tender hugs;
- Insecurity in executing difficult exercises has improved a lot since Valentina uses confidently the springy carpet and the balance beam, she throws herself from the vaulting horse on the foam rubber mattress and does not fear to slip into a tunnel created specially;
- Initiative is good and is highlighted by the capacity to choose favourite activities;
- Accepts to work in front of the mirror and stimulated she succeeds to put out her tongue.

Observations:

The therapeutic prospects are overall positive even if the potential of cognitive development cannot be valued yet especially because Valentina cannot pronounce a word.

7 - Rosa: 16 years

This girl characterizes her psychopathological profile with cognitive inadequateness, incapacity to adapt to group and/or social relational situations. Refuses decisively any educational/formative intents, while she shows predilection to carry out "housework" and to look after seriously disabled friends. The sense of oneself is really impoverished, therefore it results difficult to have her carry out activities even motor ones which, in turn, are possible during games/recreational programmes in which Rosa shows transport, but a very weak capacity.

In E.I.T. rehabilitative activity she was given the task to help the therapist in his work with other children; this brought to:

- Improvement in the capacity of motor coordination;
- Affective and participative enrichment;
- Enlargement of self-esteem and self-satisfaction.

During this work a certain erotic-sentimental attitude was highlighted both towards operators and mates, but it was also easy to put limits, establish rules and in latest analysis come to adequate behaviour.

Unfortunately the capacity on tasks is not sufficiently valid and for Rosa continuous recalls, spurs and satisfactions are still necessary.

Observations:

Rosas cognitive-rational insufficiency proves to be an important limit for the positive gait of her rehabilitation, but the proneness to charity work and the possibility to establish sound interpersonal relationships give hope in sufficient functional recoveries that will allow social and working integration.

8 - Ketty: 10 years

This girl institutionalised in January 2001 for familiar problems, was not given an accurate diagnosis for the complexity of the psycho-pathological picture and the complications determined by history.

She shows:

- Extremely inhibited, whining, closed inside herself and fearful, with rigid and depressed facial expressions;
- Physically crooked, with feet rotated inward; insecure and clumsy in complex motor behaviour;
- Replies to requests by catching and/or hugging, nearly with a compulsory attitude towards symbiosis;
- With the mates she is not communicative and reacts to intense stimuli with screams and psychomotor agitation;
- With the significant characters she assumes a seductive attitude that is made explicit through caresses;
- The language is inconsistent, limited and some sounds are guttural;
- Fairly good adaptation to institutional rules.

She starts E.I.T. therapy in January, showing:

- Adaptation to orders especially for grabbing hold of and dependence towards the operators;
- Good capacity more for respect than for self-determination.

With the passing of time, up to the fourteen months, Ketty showed the following changes:

- Motility is much more fluid, automatic, precise even in complex movements;
- The answer to orders depends more from sharing and motivation than imposition; accepts to go to the gym without hesitation in fact with decision, confidence and proneness;
- The psychic attitude is not dominated by fear any more, showing more trust in oneself and the operators;
- Greater self-consciousness proves even in the test of the mirror that begins to be accepted even if insecurities in recognising herself (mostly follows the imitation of the operator);
- Catching hold of people, as a reaction to tension caused by the exercises, are now limited to group work were they take place with the closest operator;
- The tendency to isolation persists, especially because the mates tend to be avoided;
- Shows a greater ability to express opposition to orders, giving up on grabbing hold of the operators to show tiredness or desire to finish;
- There are moments of frustration when she does not manage to carry out some orders or, especially, when she can not express herself with adequate words;
- The language did grow, remaining limited to a few “syllables” (at school she started to copy out words);
- The capacity on the task, in the rehabilitative setting is adequate;
- In cognitive rehabilitation “concrete reasoning and learning through imitation” are highlighted; the puzzles get reassembled based on the shape of the card not based on the illustration that is being reassembled.

Observations:

The therapeutic-rehabilitative work has brought to clear improvements of the motor, emotive-affective structure, of the cognitive/learning capabilities, even if the goal of independence is still far away.

There still are doubts on the clinical diagnosis, that not being supported by the instrumental exams, still stays addressed to psycho-mental block, that however can not be considered of an autistic type, but rather, reactive and/or conflicting.

9 - Luca: 9 years

Institutionalised for serious behavioural trouble before starting relational psychotherapy he showed the following characteristics:

- Emotive incontinence with aggressive reactions towards his mates as well as the therapists: both the frustrations as the personal gratifications provoke inadequate answers, sometimes violent;
- The psychic attitude is definitely marked to challenge and to mistrust in the own potential, with a sense of inadequateness for any task (“... *I am not able!*”);
- The “fear” blocks the adequate motor mechanisms, so it is almost impossible to work with him because the response to emotive tension leads almost always to refusal into flight and/or into aggressiveness;
- Attention and capacity on the task are always very limited and uses personal “pretexts” to deviate attention from the operator;
- The behavioural trouble refer especially to an easy aggressive response (spits, scratches, kicks, slaps) followed, often by irritant and provocative smiles;
- In front of “pranks” he asks “... you hit me?” as though he would always be waiting for repression and/or the necessity to be contained from precise and rigid limits;
- Important cognitive deficiencies are highlighted and trouble in understanding both in symbolical aspects, but also in concrete and representative ones.

After the therapeutic-rehabilitative operation of fourteen months we can underline that:

- Trust in his own functional potential has improved and the “fear” in executing the exercises has remarkably decreased (catching the ball even if thrown from some distance, throwing himself off the vaulting horse; getting the hoops);
- The psychomotor capacity is much more efficient, directed and precise so that the movement is more harmonic;
- The attention on the task is better, but always linked to the personal motivation and not much to making the most of the received order; a need of continuous support, cheers and/or promises of gratifications;
- Hetero-direct aggressiveness is reduced and above all more contained from the “rules”, but the tension does not get sublimed, on the contrary, deviated on oneself through bites on his hands, the pulses and the arms, or contained through repetitive and compulsive form that get manifested as: stiffening of the upper limbs against the body and bends to touch the floor;
- He does not need to ask if he will be punished for his non-fulfilments, however a certain attitude of challenge and provocation stays;
- The frustration is mostly contained and does not provoke uncontrolled and catastrophic reactions;
- Accepting the consequences of his behavioural mistakes and/or refusals to tasks and rules start to be more frequent showing the beginning of adapting functions;
- The “affective” stimulus continues to prevail; consequently the loss (moment of parting at the end of the session) is reason for disillusion, frustration and refusal;

- The tangible thought was strengthened giving space to the affective thought; not the symbolical thought, even if remarkable, progressive and constant improvements.

Observations:

The therapeutic-rehabilitative work has explained the psycho-pathological characteristics that, in their reactive character, can be ascribed to a “serious psychologically disturbed disorder” that therefore justifies the complexity in the picture but above all, the difficulty to obtain positive changes. The experienced self-syntony of the expressiveness and the impossibility to value the other (missing affective development) leads to make acceptance of rules, refused as an expression of a sound “participation and/or communion” difficult result always experienced as impositions and, therefore an unbearable loss of individual freedom.

The therapeutic perspectives stay, however very good, even if they require a constant control of the methodology application and the obtained results.

B:

At the “Presidio Diurno di Riabilitazione per il Recupero Funzionale e Sociale di Soggetti Portatori di Disabilità Psicica, Fisica e Sensoriale” (Day-Center of Rehabilitation for the Functional and Social Recovery of Subjects Carriers of Psychic, Physical and Sensorial Disabilities) the following cases were followed for periods varying from a few months to three years:

1 - Frank: 6 years

Comes to our observation nearly by chance, on advice of a mother’s friend whose daughter comes in for hippotherapy.

When she was three years old the pre-school teachers noticed characteristics of isolation, unwillingness, indifference towards the educative activities for which they had got the family alarmed for a possible “autistic picture”.

The infantile neuropsychiatrist of the ASL (National Health Service) had identified a “serious form of autism” and the parents, referred to a specialised University centre, were surprised by the difficulty of the “professors” to produce a precise diagnosis, even after an observation period of a year and a half.

The boy started a “psychotherapy” that could be defined more a game-therapy (once a week) rather than a psychodynamic or psychoanalytical operation.

To the observation at the E.I.T. Centre, Frank, was already five and a half, shows to be an extremely insecure and immature boy:

- Whines continuously;
- Gets frightened of anything he is being asked to do;
- Cries desperately when one tries to put him on the cylinder;
- Emotive incontinence is accompanied by a very poor sense of oneself, that manifests in not being able to bear even, in the game, the minimal confrontation with the children of his age;
- The relation with objects is good;

- The psychomotor development is inadequate and the motor capacities fine and complex;
- The capacity on the task is very limited;
- Containment of frustration non-existent.

The psychic picture can be ascribed to a structural deficit of the ego as a “weakness of the adaptive functions of the ego”; on the other hand, no signs related to a psychic structure of an autistic child can be highlighted.

In those conditions Frank starts a relational psychotherapy

- Good cognitive qualities and an adequate predisposition to learn;
- His weak Ego brought him to find enormous difficulties to integrate into group work (although he is small);
- The commitment of the therapists and the parents has allowed offering sufficient support to improve his performances gradually and evidently.

At the beginning of school it was rather stormy particularly because the teachers found themselves in front of difficulties that had not been reported to them, but professionalism allowed them to create conditions that showed clear possibilities of improvement for the child.

Beside therapy Frank starts TyLA (Tymology Learning Approach) that are sessions specifically addressed to cognitive rehabilitation, centred on the acquisition of pre-scholar abilities (formation of words, reading, writing, recognition of geometrical shapes, measurement in the space of a line and the exercise book), the development of the sentence and the understanding of the text, in tune with the school curriculum.

The boy also starts hippotherapy that rapidly brings him to acquire the specific functionalities specific for riding, vaulting and carrying out exercises on the back of the horse as it is kept still.

All these activities lead Frank to a:

- Better sense of oneself;
- A more valid capacity on tasks;
- A more resolute “will” in carrying out the exercises;
- A new ability to compare oneself with the children of his age and the other.

Self-confident and pushed by the desire to “do” and to “be seen doing” he is removed from the lucid psychotherapy (considered of damage since it was conditioning the boy too much to close up in “imagination, dreams, illusions”) the therapeutic and rehabilitative operation gets addressed towards dedication, growth and confrontation with reality.

The assessment with the TINV test (Non-Verbal Intelligence Test) highlighted:

- Mental age suitable since he is “roughly six years old” (the boy will be six in December)
- A quotient of a nine year old for geometrical drawings.

Frank gets removed from state school where the teachers insist on not being able to follow a “child with problems” and apply for a “diagnosis of handicap” to find an assistant teacher for handicapped children and put him on a private school. In the new environment the boy finds incentives to dedicate himself and efficiently prove his potential and his abilities.

After this analysis, we can say that Frank has received all the support that we believe is essential to face the trouble referred to as retardation of psycho-mental development. He was treated multidisciplinary in a support network that involved parents, therapist, rehabilitation therapists, hippotherapy and able and sensible teachers.

Today, after a year of treatment, we can say that he is completely “normal”, grows with normal rhythm and is considered absolutely equal to the other children of his age that started to visit him at home or to invite him over.

There was a short period where he preferred the company of female friends, but now even this “limitation” was overcome and he participates to all the activities that get proposed to him.

He continues E.I.T therapy and hippotherapy (TyLA treatment was interrupted) showing:

- Excellent fine, complex and balance motor control (he quietly stands on top of the roll better still he carries out the exercises from there);
- Good abilities and speed of comprehension of orders;
- Good abilities on the assigned tasks;
- Fairly good initiative in suggesting activities and exercises;
- Ability to face the confrontation with the children of his age;
- Dedication and attention in the execution of the activities;
- Excellent relations with operators and children of his age too.

Observations:

Some difficulties can be written down for which it results suitable to keep the therapy going especially because improvements are constant but the following still is highlighted:

- Slowness in starting;
- Tendency towards distraction that is however more linked to tiring easily than to a lowering of interest;
- A certain lack of “boasting” in posing, but his somatic conformation (quite minimal) does certainly not help him;
- Some insecurities in the discharge of multiple activities;
- Some insecurities in memorisation of complex “runs”;
- Uncertainties in the discrimination and the activity of deduction;
- Difficulties in the processing of the phrase;
- Tendency to look for personal satisfaction in the game.

2 - Matteo (little): 2 years

He comes to our observation brought by his mother that noticed changes in the last few months:

- After the first fifteen months in which Matteo demonstrated a normal development and pre-consciousness in waling (nine months), articulation of the first words;
- Has started to prefer isolation: plays alone, does not approach the older sister; does not look into his mothers eyes;
- Strongly reduced initiative;
- Only emits “sounds” or words without meaning.

The consulting specialists did not give a precise answer if not the doubt for it being “initial autism”.

To our observation we can point out:

- Cries continually (with no tears) and/or whines also in presence of the mother that he leaves with no great difficulty, accepting to be held by any operator;
- Tends to leave the setting for which he decidedly goes to the door and tries to open, showing to know the meaning and form of using the key;
- Often he looks for the shoes and points out that he “wants someone to put them on to him”;
- In front of the mirror he seems not to be interested to look at himself;
- Accepts to be held, but also in this position, he does not like visual contact;
- Walks and runs on his tips, but does not show particular motor, psychomotor and practical difficulties;
- Is opposed to the exercises, but if held by the hand he makes any proposed activity even if the capacity on the task is minimal and tends to throw himself on the floor;
- He finds little interest in objects that surround him and isolates himself to play alone (tries to run away);
- When he is being carried he keeps his arms crossed on his abdomen;
- Not even the other children interest him;
- The only word he uses is “no” that apparently is being used with the right meaning.

Observations:

The therapy gets set up on a free programming, with activities that the boy will do even if he will have to be taken by the hand, avoiding that he throws himself on the floor trying dynamical physical contact (no tenderness in one’s arms) to try to make him work out the sense of loss.

Given the psychic picture of the boy, rapid and drastic changes can be foreseen; therefore a precise monitoring will be necessary, other than a constant adaptation of the practise to the shown psycho-mental situation.

Matteo

- Does not look into the eyes, but cries, with or without tears, and does everything when he is allowed;
- He has a beautiful memory and an ability to organise the concrete thought:

- ~~///~~ Takes you by the hand to bring you to open the door;
- ~~///~~ Can take his shoes;
- ~~///~~ Tries to put them on alone;
- ~~///~~ If he does not manage points at someone to get help;

- Has developed a good motor coordination to straighten up;
- Balance is good;
- He is not particularly fearful;
- At home he remembers us and cries when he arrives to A.G.R.E.S.

We indicate that the first good relationship was with the father that was the first to be called; then, almost suddenly, there has been a separation (the father remained very hurt and explained this with his “temporary absences” for work, mingled with periods of longer permanence at home).

From this moment on he did not call “dad” and showed a certain affective coldness. We can also talk of “the father’s name” even if this particular situation normally is in relation with a specific modality exercised by the mother.

The observation done in the therapeutic setting, when the boy is not restless if the mother goes and does not give importance to her when she is there, gets important since it is clear that the function of the “name of father” gets assumed from anyone that is working with him even if this choice does not seem to acquire empathic value and/or a particular affective meaning.

3 - Federica: 10 years

She comes to our centre accompanied by the mother that heard saying that hippotherapy can help solving trouble with “timidity”.

The family has a complicated story since it has settled recently in the area where it moved from South Africa: it had followed the father (for two years) who went there for work.

Mother and daughter (there also is a sister) had considerable difficulties in this “Anglo-Saxon” country, relational and of adaptation to the language, but thought that the beginning of school would have resolved at least the problems of the daughter.

To the contrary this demonstrated such difficulties to be defined “mentally insufficient” and, therefore got addressed to a differential school.

In front of such a diagnosis and a choice that dramatic, the mother decides to face her daughters difficulties in Italy, considered to be a “known place and therefore more welcoming and favourable”.

Insertion in and Italian school was not positive especially because the little showed serious difficulties in relating to children her age other than to the teachers.

The observation shows:

- Picnic physical appearance, with regular distribution of adipose deposits;
- Infantile clothing, not suited for her age and her growth (the clothes are rather tight);
- Very little controlled anxiety in the interpersonal relationship;
- Feeling of shame and shyness;

- Difficulty to carry out orders (that have to be repeated a few times);
- Infantile stubbornness and inflexibility in her own determination;
- Inhibition of the psychomotor activity and of the expressiveness, so that the mimic results rigid and inexpressive;
- Articulation of words is so blocked that she does not even succeed to say her own name;
- Clear difficulties in complex motility;
- Inhibition of initiative;
- Incapacity to maintain the relationship if not on basis of dependence.

Starts E.I.T. and shows good abilities to learn the different practices. In the space of a few months Federica highlights how she:

- Recovers the ability to perform exercises of high coordination difficulty;
- Structures a commonsense of herself and a fairly good self-esteem;
- Improves relational abilities with the children of her age and the operators;
- Participates enthusiastically to the therapeutic work and arrives to the setting cheerfully;
- Shows an improvement in affective bursts until to declare to “be fond of” an operator;
- Greets all the participants of the therapeutic activities with a kiss both when she arrives and at the time of leaving.

The mother reports that the daughter has improved in performance at school even if she still has difficulties in interpersonal relations, takes care of her clothing and starts to have and see girlfriends.

The improvement is underlined in hippotherapy too (that she started almost at the same time as E.I.T.); showing security in herself and in carrying out the movements in front of others, riding the horse with precision and skill.

All this does not go with recovery of personal initiative and most of all, in the ability of verbal communication.

She started an E.I.T group therapy where she shows totally blocked when she must “speak”, does not even succeed to say small simple sentences and also to repeat what the therapists prepare for her.

The language stays the main and little resolved problem that has all the characteristics of behaviour, comparable to the reaction of “shame”.

Therapy brought Federica to completely recover the functional motor and psychomotor capacities, but also to turn the subconscious material in which the following was highlighted:

- Anger towards the mother that does not understand the necessities and the weaknesses of her daughter;
- Putting down the Other that on one side (the children of the group with more difficulties) gets assimilated and moreover scotomized and denied (the good mates and/or operators);
- Egocentricity and megalomania expressed as falling in love towards “the most beautiful of the group” (an operator) and negation of the own limits, above all, her own impossibilities;

- Incapability to enter into analytical-deductive cognitive processes which is why the judgement is altered, rigid and irremovable even if the most logic arguments are being used;
- The “shame” does not grasp her motor behaviour any more, but the psychic processes, for which a block of thought and language are showing;
- Impossibility to precisely value the mental abilities since, even though there are hesitations, not to speak is a mask, a refusal to “being seen”.

In underlining the great improvements of the girl, the mother tells us how today (“... result from the therapy”) she usually speaks in an easy-going manner with the younger sister, while she does not do this with girls of her age; “... I don’t know what to say!” is her justification.

This situation nearly gives the impression that the family lives that soon Federica speaks and that, by the time being, it is only a question of “good will”.

The Oedipus triangle is sufficiently complicated for Federica, in fact the father is never there (“... he always travels for work!”); the girl tries out ways of “falling in love” that are in contrast with the other aspects of refusal and putting down the Others in the relationships; she reports about dubious attitudes of the mother that wants the therapy, but opposes it (“... I don’t know if I will be able to know, whether I can continue to pay for it ...”) particularly inculcating fears (“... be careful not to say certain things because the therapist could get angry ...”); a certain desire of replacing the daughter in the therapy is highlighted, to ask for more attention regarding her personal appearance and her “difficult” role.

In Federica there is an always-present ambiguity:

- Wants to go, but remains without problems even if her therapy “time” is finished;
- Does not speak, not answer even if the questions foresee only a yes or a no or a very short phrase, then she does not show particular difficulties to give orders (even raising her voice) to the mates of the group who show to be less able or that she guides in the exercises;
- Entering or exiting the setting she kisses all those present, without a problem or hesitation, but jeers at herself and refuses in those moments that she decided, “... not to stay any more!”

4 – Francesco: 6 years

Enters A.G.R.E.S. in March 2002 because his parents found the relational difficulties and a good amount of hyper-kinesis; the child does not manage to stay relaxed and is always restless, troubled and not very careful.

For these attitudes he is not sent to elementary school and in pre-school reports mention: absent-mindedness, opposition and clashes with the mates.

He seems to be a spoilt child: always grumbler, in opposition and in fact, when he enters the therapeutic setting for the first time, he gives the immediately gives orders such as: “... put off the radio ... I do not want it”. This opposition is shown towards any activity that is proposed to him.

In Francesco the tendency to isolate himself from the group and favouring own activities is evident. He loves to draw and his creativity is particularly

accentuated; draws inspiration from situations and real events to make products that are peculiar and rich of personal detail.

His ability in drawing is definitely superior compared to the other children of his age; in fact when the drawings are carefully observed, the elements of movement that characterise and distinguish the characters will be noticed.

The tendency to cut himself off the group is in harmony to the predilection for games to play by himself and he particularly ventures on so-called "logical games".

Only if called back he participates to group activities or to suggested exercises, but the capacity is still very limited.

Good prove to be understanding and the production of language.

A scarce ability of emotive containment, endurance and elaboration of frustrations is present that is manifested through protracted whining until he turns to an operator looking for comfort.

After a few E.I.T. sessions he starts to accept the rules (does not complain about the music any longer) and the activities even if he is often reluctant and lying down on the floor shortly after one has unhooked him from somebody.

He has in himself a deep self-discredit; always says that this is the reason that he is not able and for this refuses to dedicate himself. He even seems to be "mentally retarded" (is not capable to catch a ball nor to throw it; is clumsy in the complex movements; does not succeed to have movements and/or activities that require skill).

Does not bear frustration and starts to whine as soon as he realises not to manage to do or understand something.

Functional motor recovery is immediately quite clear, but it is in the sense of oneself that Francesco shows the strongest weaknesses: does not have capacity on the task; he is easily distracted; does not show will; he is never satisfied of himself not even when he gets gratified; does not get on well with his mates towards whom he shows a sense of inferiority that brings him to withdraw. His special gifts in drawing stimulate him to choose this activity to go away from the group.

In one of those drawings he shows his psycho-mental limits that are structured in difficulties to find a personal "phallic" dimension of power. In front of reality he seeks refuge in "fantasy" and enters into a "representative negation" (like for instance a not very structured sky) or, even in a negative *-scotomisation* of those elements that represent a phallic value (scotomises the houses of the town; does not find the way to reproduce skyscrapers that get reduced to small trees at the right hand of the paper).

This underlines the difficulties of Francesco to identify with the "paternal dimension" that corresponds to a continuous need for dependence, stimulus, to be "seized". In "special" occasions "the maternal instinct" particularly emerged and, even, the flight in a "comfortable breast" that the mother is always ready to offer without limitations is present.

Comments:

A more rigid operation is necessary that is set up on the limits of which the mother should integrate herself to, accepting more definitely the detachment and the opening of the son towards growth, independence and self-identification.

OBSERVATIONS REPORTED

1. **IVANO**: 13 years
2. **MASSIMILIANO**: **13 years**
3. **MILENA**: **12 years**
4. **ALESSANDRO**: 15 years
5. **ALESSANDRO** (little): 11 years
6. **VALENTINA**: 12 years
7. **ROSA**: 16 years
8. **KETTY**: 10 years
9. **LUCA**: 9 years

1. **FRANK**: 6 years
2. **MATTEO** (little): 2 years
3. **FEDERICA**: 10 years
4. **FRANCESCO**: 6 years