



ORIGINAL ARTICLE

Brief focal psychoanalytic psychotherapy. A modality of intervention for university students: "ESFORA Psychological"

Psicoterapia breve focalizada psicoanalíticamente orientada. Una modalidad de intervención para jóvenes universitarios: "ESFORA Psicológica"

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ABSTRACT

Background: The current individual and sociocultural conditions of subjects require technical adaptation in the modalities of psychotherapeutic treatment. In this article, we present a psychotherapy brief focal psychoanalytic model for young people adapted to their university context. We begin by describing the characteristics of brief psychoanalytic psychotherapy and the peculiarities of the transition of young people entering the university environment who deal situations that cause emotional tension and distress. In a second section the model is described, both in its theoretical and technical foundations. **Method:** Theoretical review. **Conclusion:** We consider the usefulness of implementing the model in an educational center with university students and it is concluded that, by analyzing and solving their problems with the psychotherapy used, it will allow them to represent their experiences in a different way and make changes in them.

Keywords: brief focal psychoanalytic psychotherapy, university students, emotional distress, ESFORA Psychological.

RESUMEN

Introducción: Las condiciones actuales individuales y socioculturales de los sujetos requieren de la adaptación técnica de las modalidades de tratamiento psicoterapéutico. En este artículo se presenta un modelo de psicoterapia breve focal psicoanalíticamente orientado para jóvenes, adaptado a su contexto universitario. Comienza describiendo las características de la psicoterapia psicoanalítica breve y las peculiaridades de la transición de los jóvenes que ingresan al ámbito universitario, quienes se enfrentan a situaciones causantes de tensión emocional y desencadenantes de malestar psíquico. En un segundo apartado se describe el modelo, tanto sus fundamentos teóricos como técnicos. **Método:** Revisión teórica. **Conclusión:** Se reflexiona sobre la utilidad de implementar el modelo en un centro educativo con jóvenes universitarios y se concluye que, al analizar y resolver sus problemáticas con la psicoterapia utilizada, les permitirá representar de una manera diferente sus experiencias y hacer cambios en ellas.

Palabras clave: psicoterapia psicoanalítica breve focal; jóvenes universitarios; malestar psíquico; ESFORA Psicológica.

BACKGROUND

Mental health care for the general population requires specialization and technical flexibility to reduce the discomfort that afflicts individuals seeking help for specific problems. Freud, in his article "New paths of psychoanalytic therapy" (1919 [1918] / 2006), announced the possible ways for the further development of the technique. In this sense, brief psychotherapy with psychoanalytic orientation arises in response to a growing demand for psychological care, to the opening of the application of psychotherapies in public institutions and not only in private clinics, to the acceptance of technical modifications according to the type of disease, based on the psychoanalytic referential scheme (De Santiago & Gardeta, 2010; García, 1997; Poch & Maestre, 1994), and the current social conditions that would make it difficult to attend a psychological treatment for a long time (De Santiago & Gardeta, 2010; García, 1997). This modality of psychotherapy has become a viable treatment alternative for a number of emotional and cognitive problems, as evidenced by research and periodic and systematic reviews in specialized scientific circles in the international arena (Abbas, Town & Driessen, 2012; Chen, Ingenito, Kehn, Nehrig & Abraham, 2019; Leichsenring & Leibing, 2007; Leonidaki, Lemma & Hobbis, 2016; Lewis, Dennerstein & Gibbs, 2008).

In the antecedents of this psychotherapy it has been mentioned that some of the cases treated by Freud are considered as brief treatments when they are approached in a short period of time, among them, for example, the cases Catalina, Dora and little Hans (De Santiago & Gardeta, 2010; Poch & Maestre, 1994). Ferenczi (cited in De Santiago & Gardeta, 2010), for his part, used therapeutic techniques and strategies in which the analyst played an active role with the patient. While Balint and collaborators (Balint, Ornstein & Balint, 1986) developed focal therapy, whose main axis is a focus elucidated from the problem and diagnosis from a metapsychological perspective. Since then, models of brief intervention have been designed with psychoanalytic guidance that are generally based on these technical principles: brevity, focus and an active role of the therapist.

Brief psychoanalytic psychotherapy

Brief focused psychotherapy with psychoanalytic orientation is based on this frame of reference and promotes, from the patient-psychotherapist relationship, self-knowledge -intrapersonal and interpersonal-, significant psychological changes and modifications in the responses that subjects give to their problems. This is achieved through insights that relate current conflicts with past events and their subjective significance, as well as by elucidating the usual defenses, affects and associated vulnerabilities (Freiré, 1997; Pérez-Sánchez, 2014). The characteristic of this psychotherapy is its short duration, which is achieved by the selection and condensation of the work in certain conflictive focuses, or particular areas of the subject's problem that turn out to be critical for being the cause of more or less acute suffering and for limiting their daily performance in the social or academic spheres, among others. Underlying these problems is a nuclear conflict whose origin is from early times and is latent, with which factors are linked, such as the current situation of the subject, their characterological or psy-

chodynamic aspects, individual and group historical aspects, needs of the personal moment and the social context in which the subject is found, which are reactivated with the problem. In addition, within the aspects to be considered in the focus are regulatory instances, such as the patient himself, the family, the therapeutic process, and the institution where psychotherapy is carried out (Fiorini, 2012).

This concentration on the focus is also achieved by the greater activity of the therapist and the emphasis on the patient's associations on the focal areas (De Santiago & Gardeta, 2010; Freiré, 1997; García, 1997; Pérez-Sánchez, 2014). The therapeutic objectives are set in relation to current problems and the reduction of symptoms, that is, to more or less immediate needs that affect patients and are manifested in that focal area (Braier, 2006). Interventions in the brief treatment (question, pointing, clarification, confrontation, interpretation and construction, among the most important) seek to deepen the focal conflict, the motivation for change, an expansion of the Self and modifications in the responses to conflicts (De Santiago & Gardeta, 2010; Fiorini, 2012; Pérez-Sánchez, 2014). It works predominantly with positive transference; if the negative transfer interferes it is interpreted; regression is facilitated only up to a point that favors insight, and the use of defenses that do not represent significant negative consequences is not questioned (García, 1997; Pérez-Sánchez, 2014).

Focusing, greater activity, alternation between floating attention and selective attention on the focus, are characteristics that are required by the therapist (Fiorini, 2012; Gutiérrez, Iturriza & Finol, 2003). Likewise, characteristics of the consultants are taken into account that, due to the briefness of the intervention, are important to be able to carry out the process. Among these, their emotional, intellectual and symbolization resources are considered that favor insight, understanding and motivation that the patient has for change (Gutiérrez et al., 2003; Pérez-Sánchez, 2014).

Brief psychotherapy has been included in various intervention programs, among them, in psychological care centers within universities, aimed at their student population. The population of these institutions mainly comprises young adults who, after their adolescent stage, continue in the process of structuring and consolidating individuality. The years of university training also represent a phase in your life with symbolic and real attempts to become independent from your family that may include, among others, finding housing, confronting parents' expectations and exploring your own interests. attempts to establish emotional relationships that allow one to experience intimacy outside the family nucleus and, on some occasions, a certain economic independence. This is coupled with the addition that, upon entering university, young people face a new and different environment that fosters a psychic and social reorganization, and a different perception of themselves (Adamo et al., 2012).

Incorporation into university life makes young people a heterogeneous group who carry out the same activity, share some problems and situations typical of their development process, and present certain peculiarities, for example, their insertion in the field of education and employment from a university edu-

cation that enables the practice of a profession (Chávez, 2005). This transition in youth does not follow a linear pattern and is in a psychosocial construction, due to a moratorium whose cultural reference frame is conditioned to a structure of educational and occupational insertion, delaying the possibilities of participation and reinforcing the marginalization and dependence of the young (Krauskopf, 2004).

It can refer to the incidence of young people with internalized problems (such as depression and anxiety) and externalized (such as substance abuse and behavior problems) that can worsen over time. This supports the idea of supporting and treating young people in a flexible way adapted to individual needs, even in cases where the difficulties have not yet been severe enough (Philips, Wennberg, Werbart & Schubert, 2006). Brief psychotherapy appears to be a viable alternative in this regard.

Hetherington (1999), based on several investigations, considers that according to the particular characteristics of brief psychotherapy with a psychoanalytic approach, it may be suitable for young adults, since in this evolutionary stage they face transitory difficulties or typical crises of that age (related with psychic conflicts that interfere with their academic work and their social life at the university, mainly, but also in their social environment in general, and that involve their self-esteem, sense of competence and autonomy). At this stage of their life they face transitory difficulties or typical crises, so going to long-term psychotherapy could evoke past experiences of great dependency. That is why, for this author, short-term psychotherapy in a university scenario helps young people to continue with the tasks of their age, favors the visualization of themselves and the way of interacting with others, this through the transfer and connections between the inner world and the external world.

It has been documented that brief psychotherapies with a psychoanalytic approach offered in university centers allow students to approach their discomfort, talk about their own experiences and questions that are asked, explore their internal world, link internal and external aspects with their current development, as well as talking about their decisions and directing them towards other directions that were not previously considered, such as the change of career, the choice of a new one, the decision to enter the world of work, and others; problems related to its vital phase and, in most cases, not associated with a serious pathology (Adamo et al., 2012).

In addition to the above, international research has shown the viability of this modality of psychotherapy for young people who are studying at university (Arenas, 2005; Gullo, Lo Coco & Gelso, 2012; Michel, Drepeau & Despland, 2003; Searle, Lyon, Young, Wiseman & Foster-Davis, 2011). Considering that students are complex subjects and not only people who have to complete their university studies, we have proposed a model of brief psychotherapy, focused and based on psychoanalytic theory, taking into account the existing approaches to short-term psychotherapy that integrate a variety of psychoanalytic theories that have evolved from the original ideas of Freud: the structural approach, emphasizes the conflict between the drive, anxiety and defenses; and the relational approach that the conflict assumes in terms of intersubjectivity, that is, the

experience of early relationships and its impact on the present reality (Fiorini, 2012; Safran, 2002; Velasco, 2009). In this work we present a synthesis of the model, in order to make the work done understandable.

Psychotherapy model: "ESFORA Psychological"

The theoretical and technical basis of this model considers the foundations of the brief psychotherapies already exposed, together with a psychoanalytic framework, for the exploration of the psychic functioning of the subject and to achieve modifications that allow us to glimpse the origin, motives and course of pathological phenomena (Freud, 1905 [1904] / 2006). We consider it as an evolving model, with adjustments and reworkings that arise from clinical experience. It is important to mention that the model, implemented in the Program "Space for Orientation and Psychological Attention (ESFORA Psicológica)" in academic entities of the UNAM, was originally conceived as a psychotherapy framework with a special emphasis on listening and psychoanalytic look at the suffering of young people, their discomfort and its repercussions on the insertion to the school institution, academic and social performance. In this way, the model starts from the assumption of offering young people a space in which they can historicize and transform areas of their lives that affect their current well-being.

Its elaboration is the result of the way in which we conceive the work with young people and of the particularities observed in this population. The objective is to reduce mental discomfort, its disabling effects in the different areas of your life and promote processes that generate change. The task is carried out in their school building, in a space adapted for these purposes, and in a joint work with the interacting institutions and the support of specialists outside the Program, such as psychiatrists.

The theoretical support includes, in addition to the foundations of brief psychotherapies, some fundamental conceptual and clinical principles:

- 1) The inhibition of any function is due to the fact that its action produces anguish. Due to this, it is preferred to give up said function, for example, the intellectual one (Freud, 1926 [1925] / 2006).

- 2) Affective disturbances can inhibit the normal course of thought, affecting the ability to remember, reflect, and attend to aspects other than those that endanger the subject (Freud, 1950 [1895] // 2006).

We also understand that the anguish generated by the transition period in which young university students find themselves can generate symptoms and inhibitions that cause discomfort and possible repercussions in various areas of their lives.

- 3) Psychoanalytic treatment "must create the most favorable psychological conditions for the functions of the ego, with this, its task would be processed" (Freud, 1937/2006, p. 251). We consider that this also applies to brief focal psychotherapy under this approach, since it seeks a deepening of the predominant focal conflict and a greater awareness of the patient regarding its contents that make it possible to

re-signify the intrapsychic conflict and make it more congruent with their reality (Freiré, 1997).

4) Focused interventions can produce chain reactions, influencing the complex structure of the subject, in such a way that the therapeutic actions will have an effect not only on the central conflict, but also on the entire psychic apparatus and the actions of the subjects (Fiorini, 2012).

Another principle has to do with duration. The professionals who have worked with the psychoanalytic brief psychotherapy models vary in terms of the proposal to define the maximum number of initial interviews, as well as the duration of treatment. On the one hand, sessions of 45 to 60 minutes per hour and the interval of one week have been considered the standard (Koss & Shiang, 1994). On the other hand, what has been seen in terms of effectiveness in the review of clinical trials and in reviews of brief psychotherapies of different approaches has been that psychotherapies have 12-13 sessions on average, for a significant improvement between 13 sessions may be sufficient. and 18 sessions, and improvements can occur in the first sessions (Fernández et al., 2010). With regard to brief psychoanalytic psychotherapy whose duration has been 12 sessions has been shown to be effective (Crits-Christooh, 1991; Mann, 2015).

Taking these principles into account, the intervention proposed in the model consists of a diagnostic phase of 2 interviews of 45-50 minutes, where we investigate exhaustive information from the consultant's data, with the aim of having prior knowledge to delimit the focus. We elaborate a clinical history and formulate a presumed predominant initial diagnosis from a metapsychological perspective, exploring the functioning of the psychic apparatus, the unique historical and cultural inscriptions that produce the emergence of malaise, and the psychic symbolic formations, that is, the psychic conflict underlying the malaise. from the topical, dynamic and economic criteria (Bleicher, 1988), in order to collect the necessary information for a nosographic-dynamic (MacWilliams, 2011) and descriptive diagnosis of the patient. Based on the data explored and following Fiorini's proposal (2012), in the interview we take into account the following information: reason for consultation, history of the symptoms and / or major problems that trigger the search for attention, vulnerable aspects, strengths and yotic abilities of the patient, the family group, the success-failure relationship in the behavior of the subject referring to different adaptive areas with evolutionary perspective (some emphasis on academics), and interactional aspects of the patient with the psychotherapist.

When carrying out the targeting work, we consider not only the proposal by Fiorini (2012), previously mentioned, but also the review by Braier (2006): the focus is on the task of exploring the reason for consultation, the problem situation that triggers difficulties of a psychic nature, the nuclear conflict rooted in the oedipal or pre-Oedipal conflict, the point of urgency or the unconscious psychic situation of conflict that causes anxiety and particular defenses, the characterological aspects of the individual, the group situation in which the subject is immersed, and

the determinants of the broader social context. Sometimes, the emergence of a crisis in the academic field is what motivates young people to seek help, but, as they explore, other aspects are those that underlie or those that add to their discomfort, so the exploration of these components has been useful for the realization of a pertinent and adequate attention to the conflict of each one of the individuals. In other cases, they consult about different problems and when exploring them, we detect links, associations or effects on their school life and academic performance.

The treatment consists of 12 sessions of 45-50 minutes that mainly focus on the chosen focus. It is inevitable that problems will arise that were not the reason for consulting patients. If they are urgent, we take care of them, even making a modification to the initial therapeutic framework, looking for the most viable alternatives. Otherwise, the technical question implies pointing them out and then returning to the focal problem. In the event that the diagnosis and severity of the consultant's pathology determine that he cannot benefit from the model used, he is referred to another type of treatment according to his needs. Since the intervention is carried out in the institution's facilities, it has been important to emphasize the confidentiality of the information provided in the sessions.

In addition to the interview and the medical history that we use in the diagnosis phase, the other basic technical instruments used are observation, listening, support and containment of the subject's anguish, together with questions, indications, confrontations, rectifications, confirmations, clarification, recapitulation, construction and interpretation. With these interventions we seek to promote ego activity and accompany the patient in the process of clarifying and transforming the underlying of his psychic conflict. We consider the role of the transference towards the therapist during the process, but the interpretations about it are only used in necessary circumstances and that contribute to the treatment.

At the time of finishing the treatment, we recapitulate what has been worked on in the process, through closing questions that are based on the narrative reference, that is, through the story that the patient makes about himself in relation to his discomfort and problem - the understanding about this and the changes that have occurred-, about their relationship with others, and about their experience of the psychotherapeutic process, as an indicator of change in psychotherapy (Rathge, 2005). It is taken into account that, in the therapeutic situation, the different narratives about the problems that are produced during the process are the emergent ones co-constructed between patient and therapist. They are signs that the change is happening from the patient showing the way to feel, see, say and relate in a different way from how they initially did when faced with their problems (Stern, 2009). The following questions serve as a starting point to point out aspects that were observed in the course of treatment: Have your symptoms decreased? Do you feel better about yourself? Do you feel better with others? Do you understand better what you What happens? Is this reflected in your relationships with yourself, with others, with the study or in your behavior? With these, the aim is to integrate the experience of the treatment and open up new understand-

ings about oneself. Do you understand better what happens to you? Is this reflected in your relationships with yourself, with others, with the study or in your behavior? With these, the aim is to integrate the experience of the treatment and open up new understandings about oneself. Do you understand better what happens to you? Is this reflected in your relationships with yourself, with others, with the study or in your behavior? With these, the aim is to integrate the experience of the treatment and open up new understandings about oneself.

The interventions are carried out by a group of therapists made up of professionals with a master's degree and specialization in psychotherapy, with training, training and experience in treatments with a psychoanalytic approach and in psychoanalytic treatment, as well as two academic psychoanalysts as supervisors of clinical work. The supervisions are done in a group way every week, mainly; However, given the urgency and severity of the patients' problems and the countertransference process, individual supervision is carried out as needed by the therapists.

Ethical considerations

They are those that govern clinical and psychotherapeutic work: respect for the manifest demand of the patient, confidentiality and protection of professional secrecy, seek the benefit of the patient and respect their right to receive explanations about diagnostic or therapeutic procedures to be used. In addition to these principles, in the case of conducting scientific research, use the results solely for research purposes and consider the patient's right to decide their participation in these.

From the structuring of this psychotherapeutic model, one of the commitments, both with the institutions that host the Program and with the students who come to the service, is to account for the type of problems that afflict the consultants, the modality and quality of care. To do this, we design lines of research, for example, studies carried out to know the characteristics of the population requesting care (Sosa, Romero, Blum, Zarco, & Medina-Mora, 2018) and the effectiveness of psychotherapy (Blum, Stern, Stincer, Zarco & Sosa, 2020), and others are being planned to report on the results obtained with the application of this technique.

CONCLUSIONS

The present work describes the model of psychoanalytically oriented brief focal psychotherapy to attend and reduce the scope of the mental discomfort that afflicts young university students who resort to seeking psychological attention. Clinical experience and its results lead us to consider that the psychotherapy model used is beneficial for the young people treated.

The strategy includes observation, listening (manifest and latent contents), support, containment (of anguish and suffering), clarification, interpretation, constructions, analysis of the patient-therapist relationship (transference-countertransference), and the recapitulation at the end of the intervention. Verbalizing desires, feelings and conflicts is a way of linking the excitations of psychic energy with representations and associative connections (Laplanche & Pontalis, 2004), which promotes internal and external changes in patients. That is, from psychic work, what appears as disconnected between symptoms, prob-

lems, life history and discomfort related to the central conflict becomes sense, anguish is transforming and decreasing to give way to creative processes that favor the life and academic trajectory of students.

The technique of brief focal psychotherapy is based on the psychoanalytic method that is "the one with the most penetrating effects, the one that allows us to advance further, the one by which the most comprehensive modification of the patient is achieved,... the only one that teaches us something about of the genesis and the fabric of psychopathological phenomena" (Freud, 1905 [1904] / 2006, p. 249). Its scope allows patients to recognize their past and current experiences, how they are articulated, how in present situations they evoke what in a past time left a trace that is now combined with the emergent situations of their trajectory, causing them psychic conflicts that they need be attended many times urgently. Situation that also constitutes

Knowing what the problem is, the focus of work, gives both the patient and the therapist a frame of reference from the beginning of treatment; It enables the therapist to have a direction in which to direct his interventions and for the patient to use this frame of reference to experiment and learn from himself (Freiré, 1997). In working with young people this is beneficial, it encourages them to know more about themselves, their resources, their potentialities, their limitations; that they are observed, that they are listened to, and that with this they understand some guidelines of their psychic functioning, of their behavior; that they have an understanding of what causes them suffering and can get out of the crisis situation or specific problems that determine their consultation.

The model has its own limitations. A brief, focused psychotherapy does not produce profound changes in the structure of the personality, consequently there will be psychic and behavioral responses without modifications (Freiré, 1997). However, although only some of the problems of the patients are analyzed or elaborated in the therapeutic space, others will be processed progressively throughout their lives (Freiré, 1997). Likewise, Freud (1937/2006) explains that a goal of the analysis must be to deepen and "create the most favorable psychological conditions for the functions of the ego; with this, their task would be processed" (p. 251). This is precisely what underlies the brief psychotherapy modality and its work on focus: a deepening of the focal conflict, which promotes greater knowledge of defensive mechanisms, related affections and areas affected by situations that triggered the discomfort and internal experiences affecting the subject, so that the Self can modify his responses to the conflict (Freire, 1997).

We have also pointed out that, among the results of focused psychotherapies, psychic changes in one area, no matter how small, can cause or promote changes in others, or in the entire psychic apparatus (Fiorini, 2012). This expands the possibilities that, with the psychotherapy used, young people have improvements in more than one area of their lives, along with a feeling of well-being, both immediately and indirectly.

To conclude, implementing the model in a university context has aimed to address the psychological conflicts of young people triggered by the demands of their stage of life and by their

incursion into the university environment. We also think that by analyzing and solving problems it will allow them to represent their experiences in a different way and make changes in it, which may be reflected in their school career and in other areas of their life.

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CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest in the preparation of the manuscript.

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