Evolutive Psychology of Personality
A New Psychology Model
for the Person's Evolution, Wellbeing and Cure

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"Every new faith starts with a heresy"
Robert Aron

Abstract

Introduction: *By means of this article, the author aims to introduce to the scientific community the evolutive Psychology model of the Personalities developed by Professor Giulio Cesare Giacobbe, whose student and collaborator she is. This model is revolutionary because it is the first time one certainly asserts that the human being does not evolve only biologically and cognitively speaking, but also emotionally and affectively and that, in his natural development, the individual is built of multiple personalities.*

Objectives: *After a brief survey of the most famous personality theories, we will illustrate the origins and the current structure of the model, as well as its applications in psychotherapy*

Methods: *The method used for the development of the model is derived from the constant clinical practice, by applying and experimentally systemizing the therapeutic intervention.*

Results: *Infantile neurosis is currently the most spread, especially in Italy, and it is easily noticeable within the phenomenon of the infantilization of the new generations is one of the results of this study.*

Conclusions: *We think the Evolutive Theory of Personalities represents a new theoretical and practical starting point, in the light of which it is worth studying new intervention methods for the cure and wellbeing of the human being.*

Keywords: *evolutive psychology, evolutive psychotherapy, personality, multiple personalities, evolution of personality, child, adult, parent*

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I. Introduction

Modern psychiatry and various trends in psychology in the last centuries agree that an individual is sane when he has a well-structured, coherent and non-contradictory personality. Many models have studied and described personality from various standpoints, offering different interpretations. Each one of them has had enormous influence on the psychotherapeutic field, given that many psychotherapeutic approaches have developed according to the indications emerged from the studies on personality.

Throughout time, starting with Hippocrates and maybe even before, humans have produced hundreds of models of human personality interpretation. Researchers' studies led to various theories, such as:

- *Somatic theories* (theories considering that the morphological constitution is a relevant clue). Galeno, Kretschmer (1925) and Sheldon (1942) are some of the most famous representatives.

- *Functional physiological theories* (taking into account the neurovegetative response or the hormonal balance), among which Friedman and Rosenman's studies (1959) are well known.

- *Theory of the psychological types* (the focus is on the behavioral response) developed by C. G. Jung starting with 1923.

- *Theory of character traits,* which emphasize the individual characteristics that vary from one individual to another, differently developed by Allport (1955), Cattel (1956) and H. J. Eysenck (1986).

- *Interpersonal theories* that try to correlate the person's development with the influx of forces coming from the human and social environment in which the individual lives or lived during his childhood, developed by K. Horney (1959), E. Fromm (1971) and E. Erikson (1959).

- *Learning theories,* within which stress is laid on the influence of learning on the modification of the individual behavior. The famous scientists in this field are Dollar and Miller (1950), Lazarus (1961) and Rotter (1971).

- *K. Lewin's Field Theory (1935),* which applies the structural principles underlined by Gestalt specialists in the study of perception to interpersonal behavior and to the concept of personality.

- *The theory of self-perception,* phenomenological theories that regard personality as the fruit of a conscious choice. C. Rogers (1951), Snygg and Combs (1959) are some of the pioneers of this approach.

Even though they acknowledge more dimensions or different constitutional aspects of a personality, all these theories share the same two facts:

1. They all take for granted that we are built up of a single personality;

2. The assumption according to which in order for the personality to possess sane characteristics, it should be stable in time as far as fundamental traits are concerned (see the study on character traits) and coherent with itself or non-contradictory.

When referring to the studies of Block (1971, 1993), Endler (1984) and Magnusson (1988), Caprara and Cervone (p. 56, Personality, determinants, dynamics, potentials, Raffaello Cortina Publishing House) comment: *"It has become clear that personality is not only characterized by a significant stability in time, Dynamic interactions are also established between persons and social environments, which significantly contribute to the generation of stability or change trajectories".*

The concept of a single, stable, integrated personality is marked by some influences derived from the application of the Aristotelian logics to the study of the human being. The influx of ordinary logics principles and its fundamental principles (identity principle, non-contradiction principle, principle of the excluded middle) was present in the scientific thinking until the first half of the twentieth century and its application to all sciences influenced development and research methods, including psychological sciences.

From modern trends' perspective, multiple personalities, seen as Dissociative Identity Disorder (characterized by the presence of at least two distinct personalities that constantly take over the individual, associated with memory loss, depersonalization and dissociative fugue, to mention some of the manifestations) are regarded as pathology, something beyond ordinary, something that needs to be cured.

Psychiatrists and psychotherapists' task (they seem to be trained to this end, from this standpoint) is to set straight the divided, fragmented personality and integrate all the parts of the Self and of the Ego in contradiction in a single coherent and non-contradictory structure.

However, there is also another point of view. A few voices of the choir support a fascinating theory according to which, in fact, the human being is formed of multiple personalities. Is this sort of view truly possible? Where does it come from? Is it pragmatically verified? Finally yet importantly, what paths of reflection and research can it pave?

The emergence of the evolutive psychology (of personalities) model

The evolutive psychotherapy emerged in practice and it is the result of a long clinical practice carried out through psychotherapy. Its first protagonist was Vincenzo, a patient seeing professor Giacobbe, the founder of the model. This patient suffered from a great deal of phobias: he was afraid of everything. He had already seen various therapists, without any results. Professor Giacobbe discovered that, by putting the man in a trance and making him contact his own unconscious, Vicenzo could establish a relationship with a part of himself that was depicted as a baby crying, with whom the man identified intensely. The discovery highlighted that, even though biologically speaking Vicenzo was an adult, he identified himself emotionally and psychologically with the picture of a baby. This first intuition was then studied on hundreds of cases and, based on these studies, the evolutive psychology of personalities emerged.

The evolutive psychology model

According to the evolutive model of personalities, the human being is formed of three personalities, called Child, Adult and Parent, all of them simultaneously present within the individual. In reality, we assume there are other minor personalities as well (R. Assagioli called them subpersonalities), but the three main personalities are the ones that are structured as dominant personalities more than the others are. Their derivation has nothing to do with the three Freudian psychic instances or with Berne's transactional theory that the model is usually mistaken for.

The constitution of the three personalities is, in fact, psycho-biological, because it derives from three schemas of inherent behavior which characterizes the three phases of any mammal's life: dependence and the need for protection (characterizing the cub), independence and conquest (characterizing the adult), protection and care (characterizing the parent). Each of these three inherent schemas has an evolutive function, namely they enable the activation of behavioral schemas that act like adaptive behaviors at a specific moment of the animal's life.

Throughout the evolution of the species, in particular due to the development of some superior cognitive functions specific to human beings (such as reason, consciousness, self-awareness, language), it was possible to develop *the rapport with ourselves* more complexly. Due to this cognitive evolution, these three schemas started taking less and less the shape of inherent schemas (Stimulus-Response). They

structured more and more as actual independent personalities, which intercommunicate and coexist, when they are well integrated within an individual.

In fact, evolved cognitive faculties allow the human being to create a self-image full of meanings, emotions, feeling, memories and learned things. It represents the evolution of the rapport with ourselves, which does not exist in other mammals, except for a mentioned form in some primates.

During his growth, the individual does not build up a single self-image, but three: each one of us creates his self-image of a child, an adult and a parent (due to the mechanisms enabled by consciousness and by the possibility to self-reflect) with which he progressively identifies. The child personality is the first one to develop. During growth (which is rather long in humans in comparison with other species), the child learns to self-reflect, to know himself, to create his own identity, to connect to thoughts, feelings, memories that afterwards create the child's personality, in which he anchors up to a point in his life. This point should correspond to the moment in which, grown enough, he separates from his family (or he is pushed away by his parents, as it often occurs in nature) to search for adult identity and to activate the schema of independence, hunt, conquest. A seed of the adult identity is already within him because, while growing, his inherent adult schema has been consolidated by the contact with reference adult figures that remained in his memory, just as the received parental care influences the inherent schema of care, from which the parent personalities will develop. The fight for conquering independence (condition that allows the person to survive) is studded with overcoming obstacles that generate frustration, against which the individual learns to fight.

The development of qualities such as independence, resilience, economic and affective autonomy, bearing with fatigue and competition becomes part of the adult's identity structure. In the end, the presence of offspring and the derived dedication activate and structure the parent personality. The three personalities are born, grow and manifest based on the ongoing interaction of the individual with himself, the others and the world. Each one has typical behaviors (but also individual and original manifestations, which distinguish us from others) and social relations: children have their own way of behaving, which is different from adults' behavior that, in turn, is different from parents' behavior. Briefly, we can synthetize the features of the three personalities as follows:

1) The child is characterized by lack of self-sufficiency, by dependence, need for protection (therefore, he is often dominated by anxiety and fear); this subjective state leads the personality to continuously look for affection and protection from parental figures (real or surrogates). The child is peaceful when the parents' proximity and protection (material and affective) is certain. If they are absent, he gets anxious and childhood specific fears emerge (fear of failure, fear of loneliness, fear of abandonment, fear that someone might hurt them). The child's attempt is to avoid facing his fears and responsibilities. He asks for someone else to do it.

Child's personality may present aspects of non-realistic demands (for instance, to be supported, to be forgiven all the time), communication based on complaint (the world is difficult, others do not do what they are supposed to), justifications (I cannot do it and you have to understand me), demands (you do it!), guilt (it is your fault, do not rely on me), accusations and possession. Children do not have any self-esteem and they are not able to *offer* (in particular, they are not able to offer love): they are specialized in demanding. Their main perceptive-reactive system is based on fear (fear of being left alone, abandonment, not being able to succeed) and pleasure.

As far as pleasure is concerned, a child tends to take advantage, thus falling into addiction pathologies; in terms of fear, a child tends to be dominated by imaginary fears and develops what Brief Strategic Therapy calls unsuccessful attempted solutions, which classify the children personality in various pathological groups (anxious, phobic, obsessive, hypochondriac, depressive, dependent etc.). The child, who develops peacefully (whose parents operated their care function) and evolves into an adult, maintains the positive qualities of this stage, such as the ability to play and enjoy life, humor, creativity (a typical capacity that children risk losing when passing to adulthood), the capacity to apologize (humbleness). A child dominated by fear, will develop sufferance characteristics instead, as he will demand love, care, attention, satisfaction and de-responsibilisations even when, biologically speaking, he is an adult.

2) The adult is characterized by independence, self-esteem, self-effectiveness. He has already developed the ability to defend himself (in terms of territory and affection), to explore and to hunt (which in nowadays society corresponds to finding a job to earn a living, near or far from his origins). Endowed with certainty and confidence to a certain extent, he can freely devote himself to self-actualization. He also has

fears, but his fears are strictly related to real situations and not virtual like the child's fears.

The adult's relationship with his fears consists in the attempt to confront them in order to overcome them or to avoid them when necessary. The adult develops behaviors of self-esteem (has learned to love himself), self-sufficiency, self-effectiveness, territory protection, competiveness for survival, tolerance of fatigue and frustration or withdrawal. He is an individual who gained his independence and he is not afraid of being alone, which paradoxically allows him to build strong friendship relationships (maybe few, but solid), because they are not established based on demand. Unlike the child (who asks the others for what he wants), the adult has learned to take what he wants: he is proactive. This is the most adequate personality for personal and professional achievement.

However, one can be forced to become an adult and he can develop *adult neurosis* involving all its negative sides. The neurotic adult (dominant in his schemas and non-soften by the presence of the child or the parent) has lost the capacity of having fun, he does not know how to laugh, play or live lightly, he does not know how to apologize or protect; he lacks tenderness, he does not know how to be affectionate or how to love. He is constrained to use his hunt schemas and the schemas related to the oppression of the Other. It is the type of personality that would work wonderfully within the army or during a war, but it turns into a disaster when it comes to interpersonal relationships.

3) The parent develops from the adult when someone to take care of appears. In nature, we usually talk about offspring, but parental behavior can also appear in the presence of a person to devote yourself to. In fact, the way little girls spontaneously play with dolls (as well as some little boys) is nothing but the embryonic manifestation of the parental schema that will be afterwards gradually used (for instance, to take care of other subjects) until it develops completely while looking after their own children. The parental state is characterized by the ability *to offer oneself* and *to offer* (care, protection and love; it is the only personality that is able to do it), as well as by devotion and sacrifice manifested in the *capacity of providing support*. In human race, this behavior is especially developed in women, but the evolution has progressively endowed men with the same quality.

Parental personality can only evolve from adult personality because only by learning to love yourself, you can teach other human beings to love themselves; and only by learning to survive in the world you can teach your children the same thing. Everything the

adult learned in terms of self-esteem, independence, survival ability, he passes on to his children as a parent. There are many problematic situations, typical for our supporting society, in which biological parents have not completed their psychological/emotional development and are still children from the psychological point of view. We could call them camouflaged parents, given that they play the part of a personality (parental personality) that does not have the grounds to be complete and that they have not fully absorbed.

Synthetically speaking, camouflaged parents are easily recognized due to the inability to offer unconditional love to their children, especially because they consider their children a source of self-esteem for themselves; the children of this type of parents are burdened with expectations because, according to their mother and father, they must please their parents: gratify them. The camouflaged parent permanently complains about his children and expresses narcissistic demands (for instance, you have to help us make a good impression); he uses children in order to satisfy personal needs and, when personal sufferance and dissatisfaction exceed critical limits, a camouflaged parent can end up killing his own children[iv].

On the contrary, a solid parent personality has no emotional claims on children. If there are any claims, he accepts them without using them in exchange for taking care of his children and for his sustained effort. The parent discovers self-achievement by taking care of his own children and thus he already feels repaid and satisfied. The parent respects the individuality and the personal freedom of his own children. He educates them, maintaining their originality, but most importantly, he does not blackmail them. If you ever meet a parent telling his own child "Is that the way you repay me? After all I have ever done for you?", you can be sure there is a child in front of you, camouflaged in a parent.

Each personality has several needs to meet through its own activity and has typical reactions in the rapport with themselves and the environment. *Psychological normality* (seen as the general psychological wellbeing) is given by the *integrated and flexible development* with which a biological grown-up individual can use all three personalities. Personalities

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[iv] I would like to underline that, according to the recent studies I have conducted on the abuse inside one's home, the lack of evolution of the parent personality is the basis underlying tragedies related to the criminal behaviors of physical and psychological abuse, homicide (women and children as victims).

change spontaneously, as if they danced within us, according to particular moments and to the environment. Discomfort and pathology appear when one of these personalities (hurt, traumatized or dissatisfied) prevails over the others and *dominates* a person's life all the time by means of behaviors, needs and ways of interacting or establishing rapports.

Therefore, forty or fifty-year old biological adults can manifest, at an affective and emotional level, demands, needs and behaviors typical to an earlier age. According to the evolutive approach, this is *the infantile neurosis*.

The Child, the Adult and the Parent can be seen as the three basic colors of the chromatic spectrum: we can statically describe their characteristics, as above, but afterwards we will have to deal with their combinations that render the uniqueness, originality and dynamics of the individual.

According to the evolutive approach, a great deal if not all of the psychological pathologies and human chronic grieves are due to the persistence of infantile personality. The patient still identifies himself unconsciously with his self-image of a baby, who is incapable of facing life in one or several aspects and therefore he is the victim of *fear* systematically.

II. Methods

Therapy must first deal with the evolution of personality to the adult stage in the case of infantile neurosis (most of the cases) and from adult to parent in the case of adult neurosis. Parental neuroses are rarer nowadays, because it is difficult to reach the structuring of a complete and balanced personality.

The evolution from a child to an adult and to a parent constitutes *natural evolution*. In the case of animals, it is a biological evolution, but when it comes to humans, it is also a *psychological evolution*. It is not only about body growth, but also about the evolution of the most complex psychological structure that is currently present in the animal world: our psyche.

In the evolutive approach, we think that multiple personalities may be considered a progress (not so recently) of the human psychological evolution, which is not only a biological or cognitive development at this point, but also the development of its entire structure, including the affective-relational dimension.

In evolutive psychology, the simultaneous presence of the three personalities, well developed and integrated, is tightly connected to the person's wellbeing, because the three personalities guarantee the best adjustment possible to the physical and relational environment. The dominance of one of the

personalities over the others, usually the child, hinders the performance of the adaptive functions of the other personalities, making a forced behavior act, as the result of the evolutive blockage, hence the manifestation of discomfort and maladjustment up to the point of psychopathology. We think that the Child, the Adult and the Parent constitute real *personalities,* given that during the research we were able to determine that they present distinct behavioral, affective and cognitive systems, needs and desires, different ways to relate to the world, sometimes contradictory, which could explain the constant contradiction of the human being. Each of us can feel its presence and influence. One of my patients explains well the situation occurred after the unblocking of the adult personality: *"I was at the shopping center, there were bargain sales. I wanted to buy pajamas. When I got to the store, an incredible thing came to my mind. On the left, there was a pile of penguins-drawing pajamas. On the right, there were sexier pajamas and nightgowns. Normally, I would have chosen the penguins without giving it a thought. This time it was not the same. Suddenly, I felt a force within myself, which pulled me to the more feminine clothing! That is when I first felt the force of my woman, I felt like she was expressing her desire. It was very nice and frightening at the same time because my child, instead, would not give up on the penguin pajamas. I was thrilled because I had discovered that another part of me was alive. In the end, I decided to please them both."*

As it is already known, Eric Berne had captured the presence of these three behavioral typologies in the field of interpersonal relationships. However, evolutive psychology acknowledges the systematic presence of these three different personalities within us; their actualization successfully ends the psychological evolution, independently from interpersonal rapports. [v]
The natural presence of these three different personalities within the same human individual was already highlighted by William James in 1890[vi] and was taken over by Robert Assagioli in the next century[vii]. Even recently, Bandler and Grinder have stated that multiple personality is «*a new step for the evolution of humankind*».[viii]

The presence of a unique personality constitutes, from our point of view, pathology, as it is not adaptable to environmental changes. Psychopathology is nothing more than the manifestation of the forced personality (frequently infantile) that tries to survive in the situation in which another personality would be the one to face it. A phobic will therefore have an infantile personality that manifests through avoidance and asking for help (forced infantile attempted solutions). The same thing stands for obsessives, addicts, eating disorders, compulsive playing etc.

Psychopathologies are ways (therefore behaviors) in which infantile personalities try to survive in a world that is difficult and hostile for them. Healing comes by unblocking the adult psychological age.

How does therapy work?

The analysis of the intervention model has proceeded in parallel with therapy in Vincenzo's case. Did Vincenzo feel like a child? Had Vincenzo not evolved to the state of adult? Therefore, it was obvious that the therapeutic intervention should consist in the activation of the latent adult personality, in Vincenzo's memory.

In practice, it was all about changing the subject's personality from a child to an adult. But how? During parahypnotic introspection, the infantile personality had manifested as a child abandoned in the dessert, as an image. Therefore, it was necessary to overlay the child image with the adult image and insist on the representation of the latter until his memory overcame the memory of the infantile image, in quantitative and sedimentation terms.

Did Vincenzo fear driving? He was asked to imagine himself as being a Formula 1 driver. Was he afraid of getting on a plane? He was asked to imagine himself as the Red Baron, the hero of the German aviation during World War I. Was he afraid of getting out of the house by himself? He was asked to imagine himself as Batman who wanders around the streets of New York. Was he afraid of dark places? He was asked to imagine himself as Indiana Jones and to explore the pharaohs' tombs. All of them were images of adults.

Throughout therapy, Vincenzo was subject to progressive trainings of guided imagery and trance, during which he embodied the heroes quoted above.

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[v] The confusion between evolutive psychology and transactional psychology, due to the same reference to the three models of the child, adult and parent, is often made by non-psychologists, but also by non-updated psychologists. The less serious confusion is made between evolutive psychology and evolutive age psychology.
[vi] See *Principles of Psychology.*
[vii] See *Psychosynthesis. A manual of Principles and Techniques,* 1965; Italian translation: *Principii e metodi della psicosintesi terapeutica*, Astrolabio, 1973.

[viii] See *Frogs into Princes. Neuro Linguistic Programming*, 1979; Italian translation: *La metamorfosi terapeutica*, Astrolabio, 1980, p. 173.

In the end, professor Giacobbe decided to condense all adult images into a single one, an archetype: the *Warrior of the Light.* This image is a convenient container within which everybody can place his or her specific fantasies and expectations, given that it does not possess a determined shape per se. Every person imagines *his own adult*, thus offering the freedom of *self-creation.*

It was obvious right from the beginning that the result of the suggestion of identification with the adult personality should have been similar to the result of the suggestion of persistent identification with the infantile personality. This is how *The Training for the Adult Personality Development* was created, the current basis of evolutive psychotherapy.

In parahypnotic trance, Vincenzo was asked to get in touch with his own unconscious. He was directed towards another archetypal figure, called the Great Mother that many patients spontaneously identified with Virgin Mary, a character that embodies qualities such as love, dedication and sacrifice.[ix] He was invited to pursue his unconscious journey with her, until he finds an abandoned baby, all by himself, crying. Vincenzo's pouring tears confirmed the identification (with the baby). When meeting the baby, many patients react with what we have called *"crying reaction",* which is nothing else than the acknowledgement of the identification with their child personality, with which they empathize.

During the training, many patients realize for the first time that within them there is a suffering part, sometimes angry, that they did not know about before or which they tried to ignore[x]. The intervention of the Great Mother, who takes the baby in her arms and promises her love and protection *forever,* symbolically constitutes the incentive to go beyond the infantile personality. This reassurance must be represented several times, until the transition is complete.

Clinically, this phase has not been easy or quick. In fact, professor Giacobbe discovered that the child's personality has a real and very powerful consistency, which opposes to therapy by generating doubts and objections in the patient's mind. In conclusion, it presents *resistance to change.* In reality, the dominant personality tends to monopolize the body and the mind and to influence behavior. The difficulty was overcome only by insisting on its persistence and by repeatedly and patiently proposing the relationship with the Great Mother.

In the end, the training implies meeting the Warrior of the Light (or the Light Woman if the patient is a woman), in other words the stimulus to create the self-image of adult. During the *trance,* the physical compenetration with his body of light (that occurs through the *disruption technique* used in NLP) symbolically sanctifies the identification with the adult personality. Sacred music played during the representation, which at this particular moment is intense, renders a mystical dimension to the ceremony, fact that consolidates emotionally and mnemonically the identification. The repetition of the visualization three times a week led to curing Vincenzo in three months.

The same thing happened to patients, suffering from the same symptoms, to whom the training was applied. This is how **evolutive psychotherapy** was created; it is described in the book written by professor Giacobbe, *La paura è una sega mentale. Come liberarsene per sempre*. (Fear is a mental saw. How to free yourself from fear forever)[xi].

Ever since, the team working with professor Giacobbe has applied the method to hundreds of patients and they have had amazing results from the therapeutic point of view, being aware of the fact that there is a new field of research. Currently, research is ongoing in order to expand the techniques and adapt them to various typologies of patients and resistances.

III. Results

From the experience of the evolutive psychotherapy of professor Giacobbe and his collaborators, these initial observations emerge:

1. Infantile neurosis is currently the most spread, especially in Italy, and it is easily noticeable within the phenomenon of the infantilization of the new generations.

2. The persistency of the infantile personality, hence the presence of infantile neurosis, usually occurs in the case of permanence with parents beyond

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[ix] It was interesting that many patients spontaneously made the same association, regardless of their religion

[x] I share my colleagues' opinion according to which psychosomatizations are ways of the unconscious to communicate. In our case, I think the infantile personality is communicating (which is more connected to the *soma* than the adult personality), trying desperately to express its own need to the conscious part (which tries to ignore it instead). The unconscious is only left with the possibility to yell through its body.

[xi] Mondadori, Milano, 2010. This book is addressed to psychotherapists, but for obvious reasons of marketing, I was not able to shed light upon it and it ended up in the hands of patients that proceeded to a harmless "do it yourself" that is, however, inefficient because suggestion should always come from the outside. Therefore, there are thousands of cases waiting for evolutive psychotherapy.

adolescence[xii]. This circumstance, in many cases, allows us to diagnose it immediately. Other factors hindering the transition are overprotection, excess of assistance, affective deprivation, lack of satisfaction of basic needs of the infantile personality, having suffered from trauma, ongoing commercial offer of infantile activities for adult subjects.

3. Biological adults affected by infantile neurosis present typically infantile behaviors that are noticeable in clothes, consumption preferences, systematic parasite and dependent rapport with the others, sufferance when facing situations implying the obtainment of emotional and affective autonomy and independence, the constant presence of fears, under various forms, imposed schemas of behavior and a non-satisfying rapport with themselves and the world.

4. The child personality is real and constitutes a great obstacle to therapy
This personality usually denies the pathology and opposes any type of change, thus inducing confusion, doubts and erroneous beliefs to the subjects. As a rule, the child manifests resistance to change.

5. In order to perform the evolution of personality, the therapist must avoid transference, so he/she should avoid assuming behaviors of protection and assistance that reinforce the infantile personality. The therapist's role is to act as a *guide* and *stimulus* in the essentially autogenous process of the psychological evolution.

6. Suggestion is the specific method of the evolutive psychology, given that the prevalent infantile image of the self at unconscious level is the cause for infantile neurosis.

7. The evolutive psychotherapy does not constitute the total and conclusive solution to infantile neurosis, which can be fully solved only by assuming the existential condition of the adult. However, it builds the psychological arrangement that allows this kind of assumption, therefore it is undoubtedly efficient, especially because it immediately removes the symptoms of this type of neurosis.

8. The unlocking of the infantile personality towards the adult personality may be noticed as a simultaneous change in various dimensions of the individual. The change has repercussions at affective and emotional level (reduction or disappearance of fears, presence of serenity and tranquility), at relational level (a different rapport with people) and a different rapport with oneself (increase in self-esteem, change in style, taste, clothes and hairstyle), substitution of the thought with the action (greater capacity of direct control of the environment and reaching personal goals), reduction or removal of the symptomatology related to neurosis (phobias, obsessions, depressions etc.), improvement of sexual intercourse with the partner. Moreover, changes were also noticed in handwriting and culinary tastes.

The scientific credits of the model

We cannot help revealing the credit that other previous psychotherapies deserve, even though the evolutive psychotherapy represents, in fact, a new approach to mental disorders. Its main contribution is constituted by the *individuation of the infantile neurosis as a syndrome that gathers together all symptoms that have been considered until now without any connection between them* and by the discovery of the solution to changing the subject's self-image with explicit reference to *the three natural personalities:* the child, the adult and the parent.

Transactional analysis deserves the first credit. However, the coincidence of the child-adult-parent models is only formal (and nominal), inasmuch developed by the evolutive psychotherapy at the level of the constitutional personality instead of the level of contingent interpersonal rapports.

Cognitive psychotherapy also deserves some credit, given that the change in self-image definitely implies a cognitive process. The same thing is also valid in the case of *behavioral psychotherapy,* given that the feedback for the evolutive psychotherapy is always updated and checked at behavioral level. The internal dialogue with the subject's various personalities, especially the child personality, is an already known procedure to *gestalt psychotherapy.* The archetype of the Great Mother comes from *analytical psychology.* The patient's centrality within the therapeutic relationship is a characteristic of the *Rogerian psychotherapy.*

The acknowledgment of the existence of the subpersonalities and of the necessity for the psychological growth towards more evolved personalities is an instance already highlighted by *psychosynthesis.* The importance of the self-image within pathology or mental health has already been highlighted by *psychocybernetics.*

The use of guided imagery has been recently used in *neurolinguistic programming*, as well as parahypnosis. The avoidance of transference, the therapist's function of guiding and raising awareness, are

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[xii] Adolescence refers to the biological age of adolescence, as well as in the case of puberty. It is a cultural aberration, as a consequence of the massive spread of infantile neurosis, to identify adolescence later, at twenty or twenty five years old.

characteristics specific to the *Freudian psychoanalysis*.

Case study: Cristina

Information

Cristina is a very beautiful girl; she is 24 years old and an only child. Several months ago, she weighed 85 kg and was 168 cm tall. She did not like herself. She detested herself. The mirror was her worst enemy, as well as the looks and maleficent smirks of her friends that made fun of her. Cristina went on a diet under medical control. Her determination made her lose weight fast and in nine months she reached her normal weight. However, Cristina decided not to stop: it was too dangerous. One more kilogram, she said to herself, just to be at rest. Thus, Cristina went on reducing food and losing weight. She learned to throw up the small amount of food she had eaten, by stimulating her throat with the lower part of the toothbrush. If she was not sure she emptied her stomach, she turned to laxatives. The refusal of her self-image was a typical situation of infantile neurosis. The child within her did not want to grow up: it was too dangerous for her, so she was afraid.

Intervention

As required by the evolutive psychotherapy model, the first session is orientated towards gathering the terms of the problem, identifying the *child* typology, which we have to deal with (infantile typologies are different and they manifest as symptomatology, as a different behavior and communication), including resistances if they are noticeable. Cristina, for instance, stated that she did not like herself with curves. The curves, sign of feminine growth and maturity, frighten her. The presence of the bones at sight instead, gave her great comfort and confidence.

During the first two sessions of diagnosis, it emerged that ever since she was a little girl, Cristina was afraid of not being accepted by her parents: she was afraid of losing their love and approval if she did not behave. Thus, she learned to play a part: the part of a good child, tidy, obedient, diplomatic, non-rebellious, never provocative or competitive, friend of everyone, never aggressive. Mommy and daddy's joy. She played that part so well and the effects were so positive, that her child personality was fixed on that self-image (that guaranteed her a secure affective attachment), from which she could not free herself anymore; the punishment was the loss of the approval of her parents and others. In other words, Cristina knew very well that she was playing a part and that this type of behavior did not belong to her.

However, she was afraid of changing (especially of growing and assuming the behavior of an adult) because she might have lost the approval of her parents and the social approval (becoming sexual competitive) that she had built so well. Therefore, according to the child, it was necessary to remove any sign of change and growth and to carry on looking like the child she had always been: hairstyle, clothing style that expressed her child style. Cristina had an infantile neurosis that manifested as anorexia. The guidelines of the evolutive psychotherapy were applied to Cristina and she was subject to the *Training for the development of the adult personality.* During the first training, Cristina immediately burst into tears when she encountered her child personality that she tried to suffocate. The body sensations related to that event and the emotional impact with the suffering child scared her. She said that during that meeting she was suddenly very hungry. The therapist insisted on getting in touch with her bodily Self, connected to the child.

Evolutive psychotherapy allows therapists to use other previously learned techniques based on the derivation orientation in order to support change. This approach aims to integrate within all other types of therapies, or at least the major part of the current approaches. In my specific case, the evolutive psychotherapy was integrated with Brief Strategic Therapy (Arezzo Model).

The first result was that the patient became aware of the intrusion of the infantile personality in her life. She learned to recognize it, to understand in what moments it emerged, how she felt. She learned not to fear it, to accept and listen to it. I taught her to communicate with this personality, even during the day, by using the *self-talk* technique. She learned to pay it respect, to talk to it, while the *training for the development of the adult personality* acted unconsciously, either by providing the baby girl with the maternal archetype support or by stimulating the creation of an adult self-image. I also taught Cristina to feed her child, thus changing the rapport. I asked Cristina to take care of the baby girl she had just met, who was within her and for whom she was responsible. As we also do in the case of "real" children, we insert some chocolate or sweets (that Cristina accepted in amounts that were not dangerous for her weight) as a reward, given that we are dealing with a greedy baby girl.

Subsequently, after calming the infantile personality, Cristina was invited to focus on her adult self-image not just at a virtual level, but also concretely. In order for the personality to develop, it needs to be activated and acted, rather than being present in her memory. In this stage, the therapist stimulates the patient to search for behavioral role

models, in our case, adult women, by turning to persons she knows directly and to movie stars or characters from books. These serve as stimuli. Afterwards, the patient will have to create her own personality, based on the aforementioned stimuli. *The Future Oriented techniques* of the Brief Strategic Therapy were perfectly appropriate for this stage because they were used to ask Cristina to begin gradually to behave daily *as if* she were that specific woman.

IV. Results

The first thing that changed in Cristina was her clothing style: she started buying above knee skirts, vivid colored stockings and tight blouses. She started seeing her friends again and she accepted participating in parties and appetizers. She started vomiting more rarely and began adding some types of food to her daily meals, getting in touch again with pleasure. Cristina was a bit frightened of the woman inside her, because she realized that this personality had transgressive characteristics (as the patient herself admitted, she felt that her woman had original tastes and nerve, which were not liked by everyone) and freed energy and sensations at sexual level that the child had completely repressed. Instinctively, the woman started behaving in ways that Cristina had labeled as dangerous for her social image, such as agreeing to grab a cup of coffee with a work colleague or wearing a neckless blouse, which attracted looks from both men and women, or smiling and socializing with other men than her fiancé.

At this point, Cristina experienced the power of two opposed forces: the woman willing to manifest herself, to experiment seduction and the frightened child that tried to keep her locked inside the house. As well as in anorexia cases, the changing process took place gradually, step by step, and the therapist accompanied the patient in order for her to experiment the smallest changes, so that the child would not be scared because it could have regained dominance due to the energy freed by fear. Slowly, Cristina learned not to fear the woman inside her and to try to get to know her: she experimented inside her house what the woman suggested her, secretly living her "transgressions" (for instance, using an intense lipstick or wearing high heels shoes and provocative clothes), then she chose one aspect to show in public. This was a good compromise between the conscious and unconscious part. She was taught to listen to her body.

By exploiting this "game", Cristina started to feel at ease in a woman's shoes. She also changed her relation with food. She discovered there was a difference between what the child liked and what the woman liked, then she learned to satisfy the both of them.

However, at that point, the relationship with her parents also changed. They seemed reluctant to Cristina's behavioral change. Her father and her mother started criticizing her for the way she got dressed and telling her that she had been cuter before. They also told her that she did not look anymore as their "*little Cristina*". Cristina had a relapse and started reducing food again and vomiting. I decided not to wait and to have a joint session (with the patient's approval) with the entire family, during which I tried to explain to her parents *the emotional blackmail* that Cristina was trying to fight. I tried to make Cristina's parent accept her, regardless of what she would decide to become in her growth process, in other words, to manifest *unconditional love*. I tried to suggest the idea to set her *free to growth.* It was not easy because Cristina's parents had an infantile component as well and they opposed extreme resistance to the girl's change.

After a few sessions, Cristina caught up on the stages she had missed because of the relapse and we were able to proceed with the outlining of her adult woman image. Results were immediate. Simultaneously, the moments in which she felt the need to vomit were less and less and she came back to having three meals a day. The therapeutic effect was not visible only at symptomatic level: the general quality of the girl's life enhanced.

V. Conclusions

The new pathways set by this model are amazing and fascinating at the same time. Evolutive psychotherapy does not claim to be an exhaustive model, but aims to study the psychological evolution of the human being from a holistic standpoint, which includes the physical, cognitive and affective-emotional dimension and to find healing techniques and solutions to human suffering as well.

The results of the first researches indicate that studying this model more thoroughly could bring numerous contributions to the understanding and cure of many human problems, not just from the individual's point of view of the, but also from family and social perspective.

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