



PSYCHOLOGICAL TREATMENTS FOR PSYCHOSIS

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EVERYTHING MUST BE MADE AS SIMPLE AS POSSIBLE, BUT NOT SIMPLER

One of the most pernicious clichés that clinical psychology has had to deal with since its appearance in the last century is the suggestion that the interventions that clinical psychologists have to carry out can be very effective in the face of “merely” affective or emotional problems, —fundamentally focused on anxiety or depression, and classically grouped under the label of “neurosis”—but that these interventions are not valid in the face of “more serious” problems, —where there are alterations of thought and perception, classically grouped under the label of “psychosis”—. Underlying this cliché, there are many implicit ideas that are assumed to be true without proof but the main one is the one that points to the biological origin of psychotic disorders against the much smaller role that biology plays in the genesis of neurotic disorders. This different biological, even genetic, load explains that the main approach to schizophrenia and other psychoses corresponds to medical professionals, who may occasionally be helped by psychologists, but always from a position of subaltern.

The recent publication of the manual *Tratamientos Psicológicos para la Psicosis [Psychological treatments for psychosis]*, coordinated by Eduardo Fonseca, a professor of the University of La Rioja, and edited by Pirámide, should serve to banish this cliché completely. In its more than five hundred pages, the volume covers all the areas of the complex and multifactorial phenomenon that is psychosis, showing what psychology can contribute by placing itself on a personal, phenomenal, operant, linguistic, contextual, functional scale, that is, on the same scale to which these types of disorder occur. Following the saying by Albert Einstein, according to which in science it is beneficial to make the objects of study as simple as possible, but not simpler, psychology demonstrates that it has the tools to deal with psychosis that at least do not incur in physiological reductionism, and it analyzes these clinical contents remaining at the level of their formal parts, endowed with meaning, without falling into the physicalisms so characteristic of the biomedical model that has not made conclusive progress for a century.

Without demeriting any chapter, the start of the manual is particularly solid and stimulating. Here, Eduardo Fonseca himself, together with Serafín Lemos, offer an overview of the psychotic syndrome that is destined to become a canonical text for psychopathology students. This is followed by the exposition, by Marino Pérez and José Manuel García Montes, of a philosophy of science applied to clinical psychology, with particular attention to an

idea of an individual that precisely embraces the play of identity and otherness articulations that appear to be practiced in schizophrenic disorder. From there, the volume covers the areas of evaluation and treatment, where we can find everything from chapters on classical interventions, focused on psychoeducation and the development of social skills, —associated with a cognitive-behavioral logic that we would call today “second generation”—, to descriptions of treatments that currently represent the cutting edge of psychological interventions in psychosis.

Fonseca’s manual achieves excellence in this last aspect, by offering the reader texts on novel first line therapies, such as the chapters dedicated to metacognitive therapy and advances in contextual therapies for psychosis. At present, the latter is the strongest line of research that links psychological theory on basic behavior processes with clinical research on psychosis. The final chapters of the book create a curious tension in the reader as they present, on the one hand, the developments of new technologies applied to intervention in the psychotic spectrum with AVATAR therapy and the HORYZONS project, and, on the other hand, Open Dialogue, an intervention inheriting the best psychotherapeutic tradition, focused on the global consideration of the person and the relationship through the word in contexts of respect and attention. We have returned to the talking cure, one century later.

A final aspect that attracts attention in the volume coordinated by Fonseca is the rich structure of the chapters, which adds to the usual texts new sections of clinical cases—presented by the patients themselves or by the professionals—, small glossaries with concise explanations about the main terms used in the chapter, a list of online resources on the topics discussed, and a brief annotated bibliography, a magnificent complement to the reference lists that usually appear at the end of articles. Thus, the manual acquires an outstanding didactic dimension, which makes it especially suitable for university and postgraduate use—the PIR, naturally.

Against those who confuse organ and organism, and apply a logic of merely physiological phenomenon to a paranoid thought or to a hallucination of voices endowed with meaning and content, a vision is defended of the human being that is not broken down into a compilation of internal tissues, but integrated into an external world that constitutes him/her as a person. Against the inertia that leads us to understand such serious problems as psychoses based on the biomedical models, which adopted them at the time for reasons more pertaining to sociology than epistemology, a critical reflection on the nature of these phenomena is defended as well as their relocation within sciences capable of working with that which relates to human behavior without cutting it off in a pharmacological Procrustean bed. We have here a book of undeniable importance in Spanish psychology, undoubtedly destined to become a reference work, the benchmark against which future manuals addressing psychological advances in the field of the psychotic spectrum can be measured. The courage of the project tackled by Eduardo Fonseca and the quality of the final result should mark the future path of Spanish clinical psychology.

