

## **Aus: Textarchiv H. G. Petzold et al. Jahrgang 2009**

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### ***Petzold, H. G. (2009): Integrative Therapy with adolescents - a biopsychosocial developmental approach\****

In diesem Internet-Archiv werden wichtige Texte von Hilarion G. Petzold und MitarbeiterInnen in chronologischer Folge nach Jahrgängen und in der Folge der Jahrgangssiglen geordnet zur Verfügung gestellt. Es werden hier auch ältere Texte eingestellt, um ihre Zugänglichkeit zu verbessern. Zitiert wird diese Quelle dann wie folgt:

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<sup>ü</sup> Aus der „**Europäischen Akademie für psychosoziale Gesundheit**“ (EAG), staatlich anerkannte Einrichtung der beruflichen Weiterbildung (Leitung: Univ.-Prof. Dr. mult. Hilarion G. Petzold, Prof. Dr. phil. Johanna Sieper, Düsseldorf, Hückeswagen <mailto:forschung.eag@t-online.de>, oder: [EAG.FPI@t-online.de](mailto:EAG.FPI@t-online.de), Information: <http://www.Integrative-Therapie.de>) und aus dem „**Department für Psychosoziale Medizin und Psychotherapie**“ (Leitung: Prof. Dr. med. Anton Leitner, Donau-Universität Krems, <mailto:Leitner@Donau-Uni.ac.at>). Der Text hat die Sigle 2009I

Therapeutic work with adolescents has been and still is a task in the field of psychotherapy which has been neglected for a long time by practically all schools (*Andreae 2006*), although for many reasons the period of pubescence and teen age is a difficult period, particularly in our situation of late modernity with its problems of virtualisation, globalisation, demographic change, migration etc. Adolescence may even be seen as a period of particular *vulnerability* with a high potential of grave problems: broken school careers, unemployment, violence, drugs, deviance .... (*Petzold 1974b, 1994f*), but it is also a “sensitive phase” with a high potential for *performances of excellence* (in sports, music, research, altruistic activities) if adequate chances and incentives are offered to the expansive and creative qualities of young people. Having worked with adolescents for more than 40 years as a psychotherapist (*Petzold 1971c*), clinical and developmental psychologist (*Petzold, Epe 1984*) and as a Budo Trainer teaching martial arts to male and female teenagers (*Petzold 1974b; Bloem, Moget, Petzold 2004*) and being cofounder, consultant, and supervisor of many treatment facilities and programmes for problematic adolescents or teenage drug addicts in Germany, Luxembourg (*Petzold 2006t; Petzold, Feuchtner, König 2009*), I consider biopsychosocial work with this age group a task of paramount societal importance and something which is very awarding indeed for a skilled adolescent therapist. In pubescence we have dramatic changes in brain development, as has been shown by neuroimaging studies (*Giedd et al. 1999; Thompson et al. 2005*), also emphasizing the need for a genderspecific view (*De Bellis et al. 2001; Neufang et al. 2009*).

A host of new neuronal material and synaptic interconnections is sprouting in the prefrontal cortex and the cingular gyrus causing orientation problems (*Strauch 2003*) but also providing *chances* for new developments when adequately “fitting” environmental responses and “teenage competent” adults (*Giedd 2003; Petermann, Petermann 2007*) are available : *challenges* for physical and cognitive activities and particularly for the newly emerging volitional capacities (*Petzold, Sieper 2008*) must be provided by concrete, stimulating projects – instead of dull classroom teaching or hanging around unemployed in inactivity or in the virtual world of play stations and computer games dominated by features of violence that may have highly negative effects (*Konijn et al. 2007; Sheese, Graziani 2005*). For more than 80,000 generations, during hominid evolution teenage human primates had to function as competent young hunters and mothers in their extended family groups and tribal contexts. That reality formed cerebral developments and genetic programmes that are still working today in this age group, leading to pubescent “gene expressions” (*Herculano-Houzel 2008; Petzold 2007d*). In Integrative Therapy we have been strongly rooted in evolutionary thinking and we developed therapy models based on evolutionary psychobiology (*Buss 2004; Kennair 2007; Osten 2002, 2009; Petzold 2008m; Workmann, Reader 2004*). From this perspective we know: In the past three million years of the history of mankind there was no adolescence as we have it now in modern civilisation. The status passage was from childhood to the young adult. Therefore, still today we have to see the young adult in the adolescent (*Epstein 2007*), without neglecting the prolonged childhood and the modern status of

youth in the high tech societies of late modernity resp. postmodernity. Due to our evolutionary history, adolescents have *activity and performance oriented programmes* at work in the teenage period. These programmes have to be met by pedagogics, social programming and teen psychotherapy (*Petzold, Epe 1984; Petzold 2006t*) with the aim of applying these new possibilities in a *resource and potential* oriented way which has been advocated already by *Vygotskij (1987)* and the Russian cultural historic and neuropsychological school focussing particularly on the function of *will* and *responsibility* which is so important with adolescents (*Suchomlinskij 1977; Petzold, Michailowa 2008*). By an experience and performance activating approach in therapy and education, the adolescent brain can establish well functioning neuronal networks wiring up the different centers to form sophisticatedly cooperating units. Here, knowledge from developmental clinical psychology, psychobiology and longitudinal research (*Blass 2001; Oerter et al. 2009*), on which Integrative Therapy is based (*Osten 2009; Petzold 1994j; Sieper 2007*), becomes indispensable for the psychotherapist working with adolescents. He/she has to overcome outdated psychoanalytic models and myths, has to abandon the one-sided emphasizing of early disturbances for adolescent pathology (*Blos 1989; Leitner, Petzold 2009*). Childhood troubles are but one compound, linear causalities are questionable, multifactor causes for health and illness as well as protective factors and resiliences have to be recognized and valued (*Hoftra et al. 2002; Petzold, Müller 2004; Verhust 2004*). Brain evolution presented us with a gift, which is the newly emerging potentialities of pubescent neuronal growth (that may also compensate for previous damage in childhood (*Petzold 1993c, 1994j*), if adequately used. And being used it must, because in later adolescence neuronal material *that has not been used* is “*pruned*”, cut out like the dry branches of a fruit tree – nature is not wasteful! (*Petzold 2007d*). So it is a societal task to provide adequate fostering of the adolescent’s talents, to inform his/her body and provide it with appropriate information, so that optimum processes of “*mentalization*” and “*embodiment*” can be realized (*Petzold 2009c*) by the young men and women that are our future. We have to foster and to use the adolescent’s brain capacity or we will lose it – or there will develop malformation, maladjustment, deviance!

Without understanding the neurobiological development of the adolescent brain, effective adolescent psychotherapy is not possible. Therapeutic work with teenagers must not be limited to conventional verbal therapy, it needs play, work, meaningful activities, foster programmes (*Petzold, Feuchtner, König 2009*). For the time being, most of the traditional psychotherapies (e.g. Psychoanalysis, Gestalt or Rogerian Therapy) have no neuroscientifically and developmentally grounded concepts, models and methods to work with problems of adolescents (for an integrative behavioural approach cf. *Petermann, Petermann 2004*). Complex programmes and activities are needed, otherwise we will lose the potential of this “*sensitive phase*”. If this “*developmental window*” is closed, we will face long lasting problems which will lead to problematic careers eventually for decades, such as addiction and deviance (*Petzold, Schay, Scheiblich 2006*). Creativity and activity fostering therapies, programmes and institutions for the adolescent patient, involving sports and sports therapy (*Bloem et al. 2004*;

*Schay, Petzold et al. 2006; Waibel, Petzold 2009*), family counselling and therapy (*Petzold 2009h; Petzold, Josić, Ehrhardt 2006*), meaningful work, altruistic activities and outdoor programmes (creativity enhancing “green exercises”, *Petzold et al. 2009*) are necessary and adequate ways to provide sustainable help for disturbed teenagers, adolescents in trouble, who are at the same time youths in a creative development that need resourceful incentives for a good future.

**Zusammenfassung:** Integrative Therapie mit Jugendlichen – ein biopsychosozialer Entwicklungsansatz  
In kompakter Form werden Positionen der Integrativen Therapie mit Jugendlichen dargestellt. Der neurozerebrale Wachstumsschub in der Pubeszenz bietet besondere Möglichkeiten der Einflussnahme auf die jungen PatientInnen durch Therapieangebote, die eine gute „Passung“ zu den Bedürfnissen und Interessen Jugendlicher aufweisen etwa durch multisensorische Aktivierung und realitätsbezogener Projektarbeit, die die verbale Behandlung ergänzen muss.

**Schlüsselwörter:** Adoleszenz, Psychotherapie, Integrative Therapie, pubeszentes Hirnwachstum, Erlebnisaktivierung

**Summary: Integrative Therapy with adolescents - a biopsychosocial developmental approach**

By a condensed text, positions of Integrative Therapy for the treatment of adolescents are presented. The neurocerebral growth period in pubescence is offering specific possibilities to influence young patients by therapeutic measures which can provide a good “fit” with the needs and interests of teenagers, e. g. by multisensoric activation and work on concrete reality oriented projects which have to complement verbal treatment.

**Key words:** Adolescence, Psychotherapy, Integrative Therapy, pubescent neuronal growth, experience activation

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