

PSYCHOENERGETIC DRAWING: A PROPOSAL FOR THE ELABORATION OF TRAUMATIC EVENTS, WITH ANALYSIS OF THE DEPTH, BODY THERAPY AND IMAGINARY

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Psychoenergetic Drawing: a proposal for the elaboration of traumatic events, with analysis of the depth, body therapy and imaginary.

The elaboration of the traumatic event requires a regressive movement and contemporarily a progressive movement, to avoid that the patient may fix in the traumatic experience. It is important the participating and constant presence of the therapist during the elaboration of the traumatic affections.

The technique of drawing, managed according to the principles of the Psychoenergetic of Peter Schellenbaum, has revealed useful for this purpose.

The patient is invited to concentrate on the predominant emotion and to let flow on the paper sheet the colors that he feels at the time, in an almost sub-vigilant state.

Subsequently the patient is invited to express the feelings the drawing arouses in him, with the observation of its spatial components (up and down; left and right).

The therapist accompanies the flow of the emotions and the memories.

It is possible to connect to the body the affections that emerge from the elaboration of colors and drawing.

The following sessions serve for the analytical elaboration of the emerged material.

This technique is also useful with very fragile patients, because of the constant presence and support of the therapist. This therapeutic method doesn't force the patient to precocious insights and has resulted very useful for the elaboration of traumas, where strong emotions are present.

METHODOLOGY

PSYCHOENERGETIC DRAWING founds on the theoretical presuppositions of the Psychoenergetic of Peter Schellenbaum. It balances the analytical formulation and the work with the body.

The concepts of energy, of energetic signal and of resonance are fundamental: the flow of energy pervades the psyche, it can be stopped in the psychic complexes, causing symptoms and pathology. Psychoenergetic uses all the bodily manifestations (movements, attitudes, words, images) to help the patient to express the psychic energy in him. The therapist, in resonance with the patient's affections, accompanies him in the elaboration of the psychic complex that conditions him: nothing is anticipated, he does not stay tied up to his past, but therapist and patient 'walk' together in resonance with the patient's whole emotional world, without anticipating what cannot be anticipated.

The patient's going on, accompanied by the therapist, is articulated by the 'energetic signals', that are emotional pregnant moments in which the flow of energy is stopped, anchored to the dynamics of the past, but that contains also the resolution projected to future.

The analytical interpretation happens only in a second time, in order to avoid a precocious mentalization that would hamper the process of emotional development.

Such theoretical presuppositions have been applied to PSYCHOENERGETIC DRAWING in as much as

INTRODUCTION AND PURPOSE

The problem in the therapy of the trauma is complex because we have to approach a psychic situation, where are present excessive and inadequate defences, together with pathological compensatory schemes of behaviour, that the patient has unconsciously structured for getting away from the comparison with the nucleus of overwhelming and negative emotions connected to the traumatic experience.

We have to deal with a patient asking for help, a request coming from his conscious that wants to be healthy and, more, we have to face with the strong resistance of the whole psychic system that fears the comparison with the traumatic complex. The therapist has so to work on different levels: (the aware level and the unconscious one), and must take in charge the dynamics of the personal history of the patient, the traumatic event and the consequences that it has brought to his psychic structure; moreover the therapist has always to keep in mind the big difficulties or temporary impossibility of the patient to confront himself with all that is connected to the traumatic event.

PSYCHOENERGETIC DRAWING deals with all these difficulties that are in the therapy of trauma.

RESULTS

PSYCHOENERGETIC DRAWING integrates the analytical depth intervention with the bodily and emotional experience of the patient.

It is also very suitable in the elaboration of trauma, where the direct bodily approach often evokes, in sudden way, all feelings and emotions tied up to the trauma. In fact in the elaboration of the traumatic

to PSYCOENERGETIC DRAWING in as much as bodily expression (drawing involves the body).

When the therapist recognizes an energetic signal in the communication of the patient, he invites the patient to focus himself on the predominant emotion and to let it flow on the paper sheet, through the unconscious movements of his hand, the colour or the colours that he feels proper at that time, in an almost sub-vigilant state .

Subsequently the patient is invited to express the feelings that drawing arouses in him, with the observation of its spatial components (up and down, left and right).

The interventions of the therapist accompany the flow of the emotions and the memories, interacting with the patient as ' companion', always staying in resonance with the emotions that pervades the patient.

It is possible to bring back to the sensations of the body the feelings that emerge from the elaboration of colours and drawing. The sessions following this intervention serves for the analytical elaboration of the emerged material.

This therapeutic method doesn't force the patient to precocious insights, and is very useful for the elaboration of traumas, where very strong emotional positions are present.

This method is also useful with frail patients, because it is constant the contact between patient and therapist during the whole process, so that it's possible to elaborate very strong psychic contents.

tions tied up to the trauma. In fact in the elaboration of the traumatic complex, where the emotional load is strong, the reactivation of the experience connected to it can afflict the patient again, if it is evoked in a hasty way.

The patient draws on the space delimited of the sheet of paper, and so he is contained in the contact with his emotions.

Since in PSYCOENERGETIC DRAWING the patient may keep the eyes open during the elaboration of the imaginary, the therapist is constantly in contact with the patient. The therapist can gradually solicit the vigilance in the patient, according to the intensity of the emerging emotional contents. In that way the therapist is able to keep in contact with the patient, and to intervene every moment in the management of the emotions tied up to the imaginary.

The intervention through PSYCOENERGETIC DRAWING, that follows the flow of energetic signals, can be integrated with guided interventions on the imaginary, as example when it's necessary to introduce a specific elaboration of determined symbols, according to encoded specific images (sea, mountains, flower, and so on).

PSYCOENERGETIC DRAWING can be connected to the elaboration of the bodily contents through self touching.

CONCLUSIONS

PSYCOENERGETIC DRAWING is also applicable to very frail patients, as the presence and the support of the therapist is constant and it allows the gradual elaboration of psychic contents.

It is extremely flexible and therefore it can be integrated with other methodologies, without requiring particular instruments or specific logistic structures.

It allows to calibrate the interventions on the imaginary, in the respect of the process and the personal transformation times of every patient, according to the analytical elaboration.

