



ESTSS

EUROPEAN SOCIETY for TRAUMATIC STRESS STUDIES

EUROPEAN TRAUMA BULLETIN

President's Message

Dear Members,

Two successful meetings of ESTSS have taken place. The first one was the *European Workshops on Traumatic Stress Studies (EWOTS) 20-21 October 2005 in Amsterdam*. Here a new format was used of many tracks in a two-day conference with many half-day workshops. Nearly 250 colleagues participated in the workshops while 60 presenters, including members of the ESTSS Board and Dutch psychotraumatologists, stimulated an intensive exchange of knowledge and experience. For the first time one day was devoted to those participants who were entering our field for the first time. The

evaluation showed ratings between good and excellent.

The second meeting was the *BICESTSS Workshop Conference 10-11 November 2005 in Cardiff, Wales*. This meeting combined plenary presentations with a series of half-day workshops aimed at participants with varying levels of previous experience. There were around 70 participants who provided very positive feedback.

This year two ESTSS conferences have been planned already. The first will be the *Third Irish Conference on Psychotraumatology in Belfast 27-28 April 2006* and in the autumn the *EWOTS in San Lorenzo del Escorial near Madrid 5-6*

Psychoenergetic drawing: a proposal for the elaboration of traumatic events, with analysis of depth, body therapy and imagery

Marialfonsa Fontana Sartorio

President of the Association Quality and Formation, Via Orazio 4, 20123 Milan, Italy

Introduction and purpose

The problem addressed by trauma therapy is often complex because we have to approach a psychic situation in which it is necessary to face excessive and inadequate defences together with pathological compensatory behaviour schemes. These schemes are unconsciously structured by the patient in order to escape 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 along with the strong resistance of the whole psychic system that fears confronting (*is this what you mean?*) the traumatic complex. The therapist has to work on different levels (the conscious and the unconscious), and must take charge of the dynamics of the personal history of the patient, the traumatic event and the consequences that it has brought to all of his psychic structure; moreover the therapist has always to keep in mind the big difficulties or temporary impossibility of the patient to confront all that is connected to the traumatic event: as we know from neuroscience this difficulty also has a neurological basis, as our memory depends on a good connection between the amygdala and the hippocampus, a connection that is altered by the traumatic event.

I believe that Psychoenergetic Drawing addresses all these difficulties that need to be addressed during the therapy of trauma.

Methodology

Psychoenergetic Drawing balances analytical formulation and work with image, drawing and body seen as energy.

The concepts of energy, of energetic signal and of resonance are fundamental : in fact the flow of energy which pervades the psyche, can stop in the psychic complex, causing symptoms and pathology.

A complex is a collection of images and ideas, gathered around a nucleus deriving from one or more archetypes and characterized by a common affective tonality. When the complexes become active, they influence the behaviour. Moreover, according to Jung, they are rooted in the body and they are somatically expressed. They are anchored to the past, but they also contain the potential to overcome the same complex.

Using all the bodily manifestations (hand drawing, attitudes, words, images), Psychoenergetic Drawing helps the patient to express the psychic energy within him. The role of the therapist, who is at every moment in resonance with the patient's affections, is to accompany the patient through the elaboration of the complex that conditions him: nothing is anticipated, he does not

stay tied up to his past, the therapist and patient 'walk' together in resonance with the patient's whole emotional world, without anticipating what cannot be anticipated.

The patient's journey, accompanied by the therapist, is articulated by the 'energetic signals'. These are emotional moments in which the flow of energy is stopped, anchored to the dynamics of the past, that also contain solutions for the future. It is therefore important that the therapist has the sensibility to "to feel" and to recognize the energetic signals in the expressive flow of the patient, this requires a long and complex training of personal sensitisation and technical maturation.

The analytical interpretation does not happen quickly, in order to avoid a precocious mentalization that would hamper the process of emotional development.

When the therapist recognizes an energetic signal in the communication of the patient, he invites the patient to assemble the predominant emotion and to let it flow on paper, through the unconscious movements of his hand, the colour or the colours that he feels proper at that time, in an almost subliminal state. The means that the patient chooses to express himself - wax crayons, pencils or finger paint - are important and they have different meanings.

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

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

A greater involvement of the body is possible, bringing the emergent emotions to the various parts of the body with self touching. It is very important to inform the patient before about the modalities of Psychoenergetic Drawing.

It is possible also to bring back to the sensations of the body the feelings that emerge from the elaboration of colours and drawing. The following session allows for the analytical elaboration of the material that has emerged: the emotional experience integrates with the self.

This therapeutic method does not force the patient to develop precocious insights, and it is very useful for the elaboration of traumas, where very strong emotional positions are present. The method is also useful with fragile patients, because the contact between patient and therapist is constant during the whole process, so that it is possible to elaborate very strong psychic contents.

Summary

Psychoenergetic Drawing integrates the analytical depth intervention with the bodily and emotional experience of the patient.

It is also very suitable for the elaboration of trauma, with the direct bodily approach often suddenly evoking a release of all feelings and emotions 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 limited space provided by the sheet of paper, and so he is contained in the contact with his emotions.

Psychoenergetic Drawing can be used adjunctively (*is this what you mean?*) with confrontational therapy for the trauma, giving a kind of "soft approach" to the elaboration of the nucleus of the traumatic material, that will subsequently be expanded with confrontational therapy.

In Psychoenergetic Drawing the patient may keep their eyes open during the elaboration of the imagery allowing the therapist to remain constantly in contact with the patient. The therapist can

monitor (*is this what you mean*) the vigilance of the patient, according to the intensity of the emerging emotional content. In that way the therapist is able to keep in contact with the patient, and to intervene whenever necessary in the management of the emotions connected with the imagery.

The intervention through Psychoenergetic Drawing, that follows the flow of energetic signals, can be integrated with guided interventions with the imagery, for example when it is necessary to introduce a specific elaboration of determined symbols, according to encoded specific images (meadow, sea, mountain, flower, and so on). It is also possible to establish a fruitful connection between emotional contents that spring from personal experiences with contents coming from archetypal images.

As Psychoenergetic Drawing can be connected to the elaboration of bodily contents through self touching, our body, which carries the emotion of all of our past experiences, directly becomes connected with the emotional experience of the image.

Conclusions

Psychoenergetic Drawing is a potentially very useful tool for the elaboration of traumatic experiences and also in the context of the confront therapy (*could we use exposure therapy instead of confront therapy – is that what you mean?*). Further work and research is required to determine its exact placed in trauma therapy. It can be used with very fragile 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 complex logistics. It allows a calibration of interventions on imagery, in respect to the process and the personal transformation times for every patient, according to the individual analytical elaboration.

Bibliography

- BALZARINI G, SALARDI C, Analisi immaginativa, Astrolabio, 1987
DOWNING G, Il corpo e la parola, Astrolabio, 1995
GOERLITZ G, Koerper und Gefuehl in der Psychotherapie – Basisuebungen, Pfeiffer bei Klett-Cotta, 2001
JUNG CG, Simboli della trasformazione, vol.5, Paolo Boringhieri, 1984
JUNG CG, Gli archetipi e l'inconscio collettivo, vol.9, Paolo Boringhieri, 1988
JUNG CG, Pratica della psicoterapia, vol.16, Paolo Boringhieri, 1984
LEUNER HL, Il vissuto immaginativo catatimico, Città Nuova, 1982
LEUNER HL, Lehrbuch der Katathymimaginativen Psychotherapie. Verlag Hans Huber. 1994
REDDEMANN L, Imagination als heilsame Kraft, Pfeiffer bei Klett-Cotta, 2002
SCHELLENBAUM P, Alzati dal lettino e cammina!, Red Edizioni, 1995
SCHELLENBAUM P, Il bambino nascosto dentro di noi, Red Edizioni, 1997
VIREL A, Histoire de notre image. Mont-Blanc, 1965