

We are very glad to point out that the abstracts concerning our Annual Conference in Salzburg from October 4-6, 2002 have been kindly translated by Mrs Sabine Mertens, Hamburg and Mrs Marianne Eberhard, Leverkusen, both members of our Association. On this occasion we would like to thank both for the immense and brilliant work they did.

Trauma and creativity

Therapy with creative media

Annual Congress October 4th – 6th 2002 in Salzburg / Austria

International society for the arts, creativity and therapy in cooperation with the German professional association for the arts, creativity and therapy and the institute for psychology at the university of Salzburg

Dear colleagues,

Trauma and trauma therapy have been subject of numerous scientific congresses over the last years. In arttherapy however this subject has not been recognized adequately inspite of its explosiveness as shown by innumerous acts of political violence, catastrophes, sexual abuse, various forms of traumatisation in early childhood and posttraumatic stress disorders. This is especially astounding since the methods of art therapy lend themselves in a very special way to reach and influence all sorts of inhibitions. We are therefore very happy that numerous recognized specialists from the fields of medicine, psychology, psychotherapy and experienced traumatherapists took up our invitation to help illuminating this subject by interdisciplinary discourse.

Furthermore we would like to emphasise scientific investigations into efficiency. Methods of art therapy are under strong pressure – especially from the field of occupational politics - to evaluate and make results evident. Fundamental efficiency studies are necessary to give scientific evidence to the practice of art therapy.

Abstracts

Helene Albrecht, Paintress and art therapist, Schwetzingen, Germany

Healing process

Beeing a very sensitive and fragile child, upset and intimidated during an important time of my psychological development, caused by the early loss of my father and indirect effects of the war, I was having hard times in my big and badly poor family, which had only little understanding for these problems.

Especially dealing with death, transience and illness was a difficult and almost impossible task for me which on the other hand intuitively I was searching out in my work in psychiatry and hospital care.

Especially the experience of working with patients in psychiatric settings, considering the same value of mental and physical illness, opened me up to show and express myself. The study of painting and art therapy opened up this path for me.

My hands which had so often been given the stick now became instruments to express what I saw and felt, what was going on inside myself. My innermost thoughts and feelings, my soul became evident in the outside, and my paintings show the inner process and healing.

In my work I'm most concerned with accompanying my patients by giving them hope and courage through painting.

Christian G. Allesch, e.o. Prof. Dr., Institute of Psychology, University of Salzburg
About the use of psychologic – aesthetic theory for the practice of art therapy

Kurt Lewins' well known statement that there's nothing more practical than a good theory wouldn't evoke contradiction even in the realm of art and therapy. Rather would the following questions create disputes: does a good theory to direct an art therapists actions exist at all and if it does, could a psychologic aesthetic theory be transferred into therapeutic practice?

If we, as it often happens, limit the theoretic field of psychologic aesthetics to an "art psychology", then the above could be well questioned. If we limit a given theory to the effect of art objects or even more to the reaction to aesthetically defined stimuli, then the asked for theory could not offer much to the groundwork of art therapy.

An integral theory of psychologic aesthetic phenomena has been developed already rudimentarily at the beginning of the 20th century and has been further developed in the field of aesthetics of phenomenology in very interesting ways.

In my contribution I want to defend the thesis that especially the reconstruction of these psychologic – aesthetic rudiments could be helpful in founding a theory that could direct therapeutic action in cultural pedagogical and therapeutic settings. Stepping stones on this way could be the "Phenomenology of perception" by Merleau-Ponty, the theory of Rudolf Arnheims "Visual Thinking" or "Psychaesthetics" by Wilhelm Salber.

Andrea Baldemair, Mag., Psychologist, Magdeburg

Techno Trance – danger or chance?

Trance and ecstatic states of consciousness during dancing and visiting techno parties and resulting considerations for music therapeutic work with teenagers

Surprisingly the techno movement is still popular amongst teenagers. What is so appealing about visiting techno parties in order to dance there for hours to extremely loud rhythmically rather monotonous sounds, with or without the intake of psychoactive substances? Based on the results of my scientific study to the subject of trance states induced by dancing on techno parties I would like to relate my results with theoretical considerations and hints for the musictherapeutic practise. In order to getting a better understanding of the experience of trance and ecstatic states I want to consider first the most common motives and backgrounds for visiting techno parties. In that regard a distinction becomes evident between a group that is motivated primarily by hedonistic reasons on the one hand and another group of protagonists who is more interested in experiencing the self. The consumption of psychoactive substances like MDMA (Ecstasy) is an important factor because of its increasing efficiency and empathetic effects on the psyche without being preliminary for the development of trance and ecstatic states. Rather is the effect of substances lessened by the fact that doses has to be increased successively to reach adequate effects.

Furthermore I consider aspects of substance dependancy in the techno setting referring especially to the definition of dependancy by Ralph Metzner, who considers addiction a "narrowed state of mind". The development and realization of personal, social and cultural identity goes along with processes for the advancement of consciousness. These are more relevant to the protagonists of the techno scene who are more focussed on self experience, whereby body related aspects of the identity work come to forth. Both on an individual and a collective level trance and ecstasy have a cathartic effect which also promotes

communication and identity. Individual disposition, situational influences and above all the musical – empathic competence of the dj have to be taken into consideration.

At the end of my lecture I will finish with the question of how we can utilize the results of my study in the music therapeutic work with teenagers especially in the field of the prevention of drug addiction. Taking as a preliminary that the need for trance and exstasy is imminent to human beings, the use of trance inducing sounds, even electronically produced, could well be considered, especially since young people are reluctant to opening up for traditional and classical music, which could be a hindrance to the therapeutic process.

On the other hand the production of electronic sounds is relatively easy for youngsters and should be welcomed as a creative act of self expression, considering also gender related aspects.

In order to build the basis for an honest and trustful dialogue between therapist and young client we should also take into consideration the social and individual prejudices and judgements about psychoactive substances.

Gaetano Benedetti, Prof. Dr. Med., Basel

A case study about dreams, creativity, healing

Can a severe trauma in childhood, a sexual abuse lasting for eight years, be dealt with and be overcome after 50 years by a pictorial process which made this distant trauma turn out to be essential and determining? Furthermore can an endogenous depression which was diagnosed as such and lead to 10 clinical admissions within 20 years lead up to a well documented remission of many years just through the creative reproduction of hallucinative experiences of split personality?

The case of a female patient born in 1937 who was treated therapeutically for many years allows for a positive answer to these questions and also shows high quality of artistic documentation.

Ursula S. Böhler, art therapist (DGKT, DFKGT grad.) with own practice, sculptress, lecturer at DAGTP, Heidelberg, workshop with **Klara Schattmayer-Bolle**

The selfinjured body as a creation of the self

Traumatic events put holistic experiences of human beings out of order and cause extreme loss of control as well as helplessness which are experienced as life threatening. Psychological coping strategies are dissociation, depersonalisation and self injuring behaviour or intrusion, in the process of which happenings are perceived extraordinarily clearly like burns and therefore are perceived over and over again before the inner eye.

In order to find access to treatment for traumatic disorders special therapeutic methods were developed, e.g. exposition to the trauma (U. Sachsse) and imaginative processes. Considering imaginative methods I would like to point out some aspects of art therapy which enforce self regulation and active creative production and therefore provide for the opposite of helplessness. In the painting process the inner reality which is experienced in states of regression can be recreated actively, leading back to symbolic human communication accompanied by relieving effects. In the progress of the persons distancing from the selfinjuring behaviour the picture can take on the function of the skin.

In the presence of the therapist the patient can experiment with close contact or distance to threatening subjects or balance them out by positive counter images. We experiment with creative tools for coping with trauma which hold the chance for the trauma to be transferred into memory. We would like to show and discuss 2 case studies.

Claudia von Blücher, art teacher and art therapist, Clinic for psychosomatic medicine, in Düsseldorf, lives in Cologne

Biographic proof: artists and diaries

It is part of the art therapy training at the Institute of art and therapy in Munich to produce a diary of images in order to become evident in a very individual way. Following this task and on the basis of my own experiences with diaries I began to wonder how artists had felt about producing and using diaries. Furthermore there is a trend in contemporary arts: producing proof of life, giving evidence of life, counteracting the process of vanishing, bringing life to mind through the diary. I began to deal with the work of artists of various epochs in which they tried to document their lives and deal with problems and traumas. My research led me back to the 16th century and up to the present. The core of my work is about the lives and works of Frida Kahlo (1907 – 54) and Charlotte Salomon (1911 – 43), who both used diaries as a technique in order to deal with most dramatic physical and psychological traumatization in an ongoing discourse. Charlotte Salomon delivers a systemic – analytical view on an extreme tendency for suicide within her family. She tried to find a very unique and creative way to oppose the urge for self elimination which threatened her. A script for a musical piece gives proof of her vitality. Eventually she was not able to save her power and creativity from extermination by the fascists who tracked her down in her exile in the south of France and killed her in a concentration camp. Just in time she was able to pass on more than 1300 pages of her project to a doctor who saved them for future generations.

Frida Kahlo used surrealistic – psychoanalytic methods to deal with her horrible physical handicap. A traffic accident had left her pierced by an iron rod as a child. She survived but suffered from the after-effects all her life. Her beauty, her talents, her vitality made her live her life torn between extremes. During the last 10 years of her life of 47 years she produced a diary of images which is viable to her painterly oeuvre as a spontaneously painted art work. Some considerations about contemporary artists round off the subject.

Karolina Breindl, art historian m.a., art therapist, Munich

Creating, contemplating art – a therapeutic process. Not so! Or is it?

We are talking about the interface of art therapeutic and artistic action. The question is: Can an artistic creative procedure which an artist develops on the basis of his or her ideas about the arts have a therapeutic effect as well on the artist as on the recipient even when there was no therapeutic intention in the production of the work?

I am concentrating especially on the position of a female artist: Anna Oppermann, (1940 – 93) who in the history of the arts is considered one of the "safeguards" whose idea of an art work focussed on the process rather than the result.

Her installations which she calls ensembles make up a fascinating mixture of diverse objects which have been reproduced and transformed many times – mirroring different levels of reality. As a starting point she usually used ordinary things to work with, following a special artistic procedure. All phases of transformation are captured and integrated into the ensemble. They virtually form the art work. Since the ensembles grow over the years they form labyrinthine products which still puzzle the recipients. The work seems like an enchanted garden and the recipient has worked his way in without a key for understanding. By contemplating the details the recipient finds a context. Structures appear, motives and themes and the intention become more clear. It's either we engage in the work like we do in the therapeutic process with the client – or the work will remain a stranger.

Anna Dorothea Brockmann, Prof. Dr., University of Bremen

Accompanying healing from trauma with the “arbeit am tonfeld”(working with especially sludgy clay)

The workshop introduces the range of possibilities held by working with clay for healing from trauma and lays out the systematic foundations. Experiencing the process of working with clay can reconnect traumatic “frozen” emotional and physical happenings with sensual perception. It helps the patient to find meaning again and encourages an encounter with the self.

Especially in cases of psycho-somatic illnesses after physical injuries and operations, physical and sexual force we can recognize a regaining competence to deal with life and reassuring identity as well as in cases of distress as a consequence to overwhelming feelings of loss and early separation. With the clay work we offer a resource oriented accompanying process for children and adults strengthening self healing capacities and inspiring self – expression.

Susanne Bulfon, M.A., art therapist, Vienna

Fear of the father – a report about an art therapeutic process of many years

In the first part of our workshop we will introduce the project “Klik – clinical art therapy” and the setting and possibilities of art therapy. The project has taken place in the “Donauspital” in Vienna and has been part of the clinics everyday procedures within the setting of its socio-medical centre with liability to treat psychiatric patients. In the rehabilitation ward of the Donauspital we are following a psychological sociotherapeutic concept with the main focus on art therapy which is realized by a multi professional team.

The second part of our workshop is reserved for the presentation of a case study. The patient receives an art therapeutic treatment from the beginning as an in – patient and later on ambulatory. Art therapy is an integral part of the therapeutic treatment. Psychological and social growth are reflected in the art work which is presented continuously.

Willi Butollo, Prof. Dr., Psychological institute of the LMU, Munich

Trauma and the capacity for dialogue

Amongst the many ways of peoples` reactions to traumatization the loss of interactive capacities and the inability to engage in dialogue become particularly evident. Competency to interact and enter a dialogue with another person requires stable processes and the capacity to interact and get in contact in a personal way. Some psychological functions are especially endangered by “manmade traumatizations”. Following a dialogueous approach to the treatment we have to follow a certain set of steps in order to reinstall the functions necessary for human dialogue.

I want to introduce the different stages of this multiphase integrative therapeutic approach and I will show that healing from traumatic injury has to be accompanied by the gradual process of empowerment and restoration of capacities for dialogue and interaction.

We will discuss results of examination into traumatization caused by the war in Bosnia considering in particular the subjects of safety and dialogue.

Peter Cubasch, Psychotherapist, Mozarteum, Salzburg
Body, aliveness, creativity, health

Health means being alive on all levels of existence. To be fully alive rather than just surviving means to sense, feel, think and act and to be connected with oneself and others as well as taking pleasure in creative expression. Prevention causes trauma and block of vital functions and can indicate traumatizing experiences.

Creative expression with artistic media has been taught for many years at the ORFF – Institute of the Mozarteum university in Salzburg. It's the intersection of artistic – pedagogical work with *evolutionary* intention including therapeutic wholesome side-effects and clinical therapeutic work with *curative* intention including creativity enhancing side effects. In both areas it is possible to preserve or regain health and vitality.

With the help of artistic media the senses are opened up through creative processes and it is possible to inspire a person and feed his soul; individual expression and development of personality can be stimulated.

In common creative processes people can experience bonds with each other and their encounter can correct and refine their ways of contacting.

In the workshop we will experience and reflect upon creative processes using movement and music starting from breath and the body.

Karin Dannecker, Dr. phil., art therapist, Berlin
The stuff that shapes are made of – about materials in art therapy

Before an artwork emerges it needs raw material. Everybody engaging in creativity needs raw material. Without it phantasies, wishes, actions do not find a symbolic correlation. To give shape to ideas material has to undergo trans – *form* – ation. Transformation makes material appear different in the finished work compared with its original condition. It becomes part of the art work and plays a major part in its perception and analyses.

Preceding the work is an intense reflection of the artist with the raw material. It resists him and shows him his reach and limitations. Every raw material has its own “language” for the artist to understand. Its own life is vulnerable and its features influence the further development of the work. Demands for suitable materials oppose the urge to overcome the material and give priority to the form.

In art history the issue of materials is brought up again since the abandonment of traditional artistic materials. Included in the discussion is the linkage of physical sensations and the mimetic character of artistic materials. Except for a rudimentary listing of only few materials in the fashion of an “ABC of meaning” there is no consideration of this elementary subject. This lecture is meant to inform art therapists about the discussion in the arts, in art history and psychotherapy and to inspire a new perception and use of materials in art therapy.

Marianne Eberhard, Therapist for dance and expression, Leverkusen
When the rabbit got moving at the sight of the snake
Dance – and expressive therapy with traumatised people

One of the devastating results of traumatic experiences is the loss of faith in ones`own capacities. Female patients often show a tendency for paralytic symptoms, especially when in need of protective actions. Male patients often show tendencies for break through of impulses and violent escalations accompanying the paralytic symptoms.

Dance – and expressive therapy enables the patient to regain faith in her body and its competencies. But initially moving the body evokes an agonizing revival and a facing of shortcomings. Therefore enforcing tendencies for flight and rejection is often the only way to access the lost self-esteem. Just as important it is to notice and to mirror carefully bodily signs like breath, expression and posture. Gradually this develops the competency to set limits and stick with them. Physical contact can have healing effects if it relates to this esteem, but there is also a danger of retraumatisation, especially since the patient could expect reparation and be disappointed if it doesn't follow.

The patient is enabled to mobilise and follow his own impulses if self-control is also promoted at the same time. This way the fear of loss of control and the possibility of being flooded by emotions resulting from inner identification with the perpetrator is taken into account. The inner devil can possibly be transformed into a guardian angel, the lost and poisoned vitality regained and employed appropriately. The supportive effects of creating also allow for sadness to be expressed adequately, sadness about missing or unsuccessful experiences of safeness.

In this lecture I want to demonstrate that getting moving is portentous for traumatised patients in the sense of unease just as well as in comfort. As a result patients in movement experience expansion of their coping capacities and enhancement of quality of life.

Susanne Egger – Plauert, Mag., Dipl. Psychologist

Promoting creativity in third grade primary school kids with creative means

This lecture is dealing with a topical subject: the rating of creativity in education and possibilities of its advancement and evaluation. Basic approach and essential results of an empirical study about furtherance of creativity with pictorial expressive means will be presented.

Based on a working model for furtherance of creativity the program was structured along the "TSD-Z" test by K.K. Urban and H.G. Jelen, the "Baumtest" (Tree-test) by K. Koch and the "CPM" test by J.C. Raven. Furthermore information was raised about characteristics of personalities, moods and leisure time behaviour of the kids by way of questionnaires. Besides looking at the results we want to discuss efficiency of the program by means of case studies. The program was realised during art lessons over a period of 10 months.

The program aimed at the development and completion of a schedule to enhance the creative potential of the children and it was to point out better conditions for the development of personality of the pupils.

Marc Erismann, Dr. med., Sculptor, Psychoanalyst, specialist for psychiatry and psychotherapy, Bern

Absence – void – refraction: beyond salvation promises and retraumatisation

In my contribution I want to show the interweaving of traumatic experience, body and art and investigate into restorative, self healing and therapeutic potentials of the latter.

On an interdisciplinary background I will point out some examples for the specific capacities of art works and analogueous creations in the way of "dialectic – therapeutic pictures and objects" and "poetry", aiming at their disautomating, self reflecting processuality and presence, in their functioning for overcoming complex post traumatic stress disorders (ptsd), dissociative disorders and severe neuroses, in order to

- remember traumatic experiences, decode them, articulate and transform them
- for representation and dialectic nullification of void, absence and elimination of the inner other
- for the capacity to reintegrate transformed traumatic experiences and dissociated fragments emotive, sensomotoric and cognitive into the shattered self-image and world view beyond salvation promises or retraumatisation

Conclusions for a multidimensional therapeutic technique will be illustrated.

Keywords: psychotraumatology, interdisciplinary approach, meta psychology of art analogueous creation, diagnoses of pictures, analysis of expressions, the dialectic therapeutic object

Klaus Evertz, art therapist, psychotherapist, art analyst

Prenatal traumatias in art therapeutic expression

Modern neurophysiology (Hüther 1999) presumes inner images to be pre-symbolic pre-reflexive ways of consciousness evolving already in early pregnancy respectively primitive neuronal information of early physical sensations are mirrored directly in the visual realizations.

These findings correspond with introspective experiences during meditation and depth psychological therapies from which pictures emerge which can be related to intrauterine and perinatal traumatization. In the lecture I will show pictures from analytic aesthetic art therapies pointing out the necessity for a prenatal psychotraumatology.

The "analytic aesthetic art therapy" (Evertz, 2001) combines regressive creative processes with interdisciplinary psychotherapy on a psychoanalytical bases.

- prenatal psychology, psychoanalysis, art analysis
- explorative qualitative method
- contribution to a multimodal psychotherapy and a prenatal psychotraumatology

Hans Förstl, Prof. Dr., director of the clinic for psychiatry and psychotherapy of the TUM, Klinikum rechts der Isar, Munich

Neurobiology and trauma

Cognitive neurosciences are aiming at finding biological mechanisms underlying psychological activities. Genetic methods are used, metabolism and activities of certain parts of the brain are examined;

Neuropsychological tests are conducted as well as modern graphic methods applied which show activity patterns of the working brain.

These methods can be used in treatment of certain psychiatric and psychosomatic illnesses either by examination or experiments.

Due to the breakneck development of neurobiology during the last few years we are for the first time able to make statements about effects of psychological traumatisation on the brain.

So we know today that

- characteristic personality traits which predispose someone to certain reactions to stress and trauma can be inherited, but not the complete "clinical picture"
- severe stress in early childhood and after traumatisation can disrupt the metabolism and developmental processes in the brain causing interferences of memory and learning processes, moods and behaviour
- even anatomical structures in the brain change through emotional violence

But it also becomes possible to demonstrate the results of therapeutical treatment "objectively". In this way psychotherapeutic methods for the first time prove to be medical methods with defined effects and side effects. The lecture will refer to the most important findings in order to show how neurobiology, trauma and psycho – (trauma-) therapy are connected.

Michaela Frank, Mag., Psychotherapist, artist, Vienna
Specific choice of the creative method in traumatherapy

Creative media not only serve as means to express oneself but also offer a healing potential based on their inherent regularity. By choice of the medium the therapeutic process can be influenced positively as well as negatively. I am aiming at sensitizing therapists for this and intensifying the therapeutic process.

A short introduction about clinical application of creative media will be followed by a practical part. Based on a creative ms-group (Innovative creative psychotherapy group, Frank 2001) I will introduce the clinical design of the method. I will introduce three american methods which are suitable especially for traumatherapy: GIM (Guided Imagery and Music, Bonney 1978), Imagery In Movement (Miedzinsky 1990) and the Halprin Life Art Process (Jahner, 2000).

We will finish off with a discussion about the possibility of secondary traumatising of the therapist by artistic media.

(Bonney, H., 1978, Facilitation GIM Sessions, Salina, KS: Bonney Foundation)

Harald Fritz, Mag. Vienna
Creative processes

The self is confronting given situations with its own creativity. Scenes are mixed up. If one is strong enough and able to remain on a meta – level, it is possible to keep enough strength for confronting confusion and the stirring and gain findings about oneself for a better self – realization. This would be harmonic self –realization processes.

If there are obstacles on the way of creative expression of the self, if chaotic happenings cannot be confronted any more, if the impact of ones' own aptitudes leads to a repercussion of the scenes which might be too strong, then the remaining energies are not enough to confront what is happening. The self cannot remain on the meta – level, the process of self – realization cannot be released in time, awareness remains inhibited in the happening. In these dissonant self – realization processes the ability to make out one`s own creative self is irritated. Capacities to decide and to model the world by self expression are irritated. Creative processes rehabilitate self efficiency.

Workshop: processes for localization, decision, change

Michael Ganß, Dipl. Art therapist, self employed
Living with straw – The importance of intergenerational art projects

Nursery school – school – youth centre – work – senior market – old-age home

The selection of single age groups on the background of fast-moving times interferes with communication processes between generations. There are almost no shared experiences, the knowledge of the elder is no longer appreciated and dies with them.

Can art provide encounter? Is it possible to create space for communication in which traditional knowledge has meaning and youthful creativity revives its liveliness? Is it possible for the inhabitants of old-age homes to feel as a lively part of society rather than shut out of it? Can history possibly be experienced alive? Based on my experience with several intergenerational art projects involving pupils of a second grade class together with seniors of an old-age home I will demonstrate the opportunities this sort of work holds.

This sociotherapeutic or sociopolitical work is based on an arttherapeutic method which offers individuals space for experiments and practice.

Harald Gruber, Dipl. art therapist, Clinic for Tumor Biology TB, Freiburg, Germany

Aesthetic understanding – what sort of images do patients` creative outputs evoke in the therapist?

Considering the diverse art therapeutic perspectives one could say that the analysis of pictures is an important means to discuss the describability of pictures. Within a scientific context that was often done by relating the creative product to the diagnosed illness. As part of a multicentric study we have initiated an expert circle in order to discuss a specific selection of pictures.

Statement of the problem: which formal aesthetic criteria evoke in the expert the assessment that there is a specific relation of picture and patient, of picture and the specific illness?

Goals: How do experts develop their specific pictorial criteria and how can these be embedded in a theory?

Results: on the basis of a scientific method, the “grounded theory”, we point out an inductive procedure which enables us to extricate imminent contents and implicit theories by a hermeneutic step by step course of action. By means of examples it becomes clear how besides a rational analysis of single features namely by the concurrence of imagination and the entirety of the picture an image of the pictures` creator is called forth in the observant. This is a concept for obtaining a doctorate at the professorate for qualitative research in medicine, faculty of medicine at the university of Witten / Herdecke, Prof. Dr. David Aldridge.

Eva Haaf, art therapist at the hospital Munich / Harlaching and with own practice

Making it fit

Arttherapeutic accompaniment of a traumatized inpatient of the psychosomatic ward of the hospital followed by an ambulatory treatment in my own practice.

Theoretical background: stabilisation, working on the perpetrator introjection, working with the inner child

Procedure: building a therapeutic relationship, creating a work agreement, showing techniques for finding resources and using them, supporting reality orientated stability techniques, transition to ambulatory therapy

Goals: integration in therapeutic flat – sharing, regaining work, perhaps vocational retraining
Result: stabilisation within the goals, up to a relapse into crises with psychiatric committal again.

Ruth Hampe, PD Dr. phil. habil., Bremen

Language and trauma

In my lecture I am dealing with the relation of language and trauma considering the example of the case of a 21 year old elective mutistic girl who had not been speaking outside the family since five years of age and since one year was starting more and more to speak again. I want to introduce her world of imagination expressed in her drawings, her unconscious self healing strategies and her behaviour in the therapeutic setting in order to demonstrate her way of dealing with and handling trauma.

Otto Hanus, art therapist, Munich

Demonstration of an evaluable art therapeutic method

Part of this congress is about research into efficiency. The hosts point out that art therapy is under pressure to prove its evaluability. In this workshop, originally planned as a lecture, we will discuss some of the preliminaries of evaluation. Additionally we will introduce a method which is structured in a way that makes it seem evaluable.

Part one: some considerations

Part two: introduction of an evaluable method

Tamar Hazut, Haifa university, Oranim college, Israel

Presentation Nr. 1: "Find your anchor" Artistic expression as a resource in coping with trauma; a special technique (can be followed by a lecture on the same topic)

Explanation: originally this technique was developed and used (successfully) during the 1991 "Gulf war" and has subsequently been used with children, adults and therapists for coping with terrifying events, stress and trauma. Lately with the current terror events I teach different variations of the same technique to students, teachers and professional therapists. Some of the groups I supervise are made up of mixed populations of Jews, Arabs and Druz who work together. A local tv network recently chose to document one of these workshops.

Renate Hochauf, Dr. Psychotherapist, Psychoanalyst, Altenburg, Germany

Early traumatization and structural deficits

In recent findings of infant research and psychotraumatology we find important theoretical insights in regard to structural deficits. Based on the capacities of the early self for wholesome amodal perception we can understand phenomena of split personality as developmental disorder caused by trauma. Traumatic experiences cannot be symbolized due to their dissociative qualities. Therefore a non dynamic handling of transference is needed in the therapeutic setting. In order to establish an agreement which guaranties the parallelity of transference and real relation we have to go on from the "identification with the aggressor", a compensatory mode of transference. A substitutional gap is created in which the regressive process can take place. Using especially imaginative and body oriented techniques a reconstruction of the trauma becomes possible which enables the transportation of the trauma from its being ever present to its real timely distance. The parallel relation work focusses especially on the perceptive seperation of the therapeutic happenings and the perpetrator – victim interaction. The almost completely reconstructed traumatic episodes open up the chance to perceive them as a finalized inner experience and can therefore be integrated in the structure.

Veronika Hofmann, M.A. Vermont college, art – and occupational therapist, Munich

Reflections about provision of salutogeneous working conditions for an efficient art therapy in a clinical context relating to concepts of family therapy

The theoretical framework is the cybernetic understanding and related theories as well as some elements of systemic family therapy. The main focus of this lecture is to show its application in building a therapeutic relation with a patient suffering from a severe anxiety disorder. Mainly we try to build working conditions for a creative therapeutic process and make way for integrating the results of the art therapeutic process in the patients`personal relationships as well as the professional life.

Sabine Ihle, Dipl. art therapist FH, GPK, Bern with **Daniela Achterman**, Psychotherapist FSP

„It`s not all cold“ – Dissolving trauma under the aspect of the relational happenings

On the basis of pictures and sculptures created within a clinical therapeutic setting the process of a trauma dissolution will be demonstrated. The patient whose case we introduce was a refugee from the Ukraine to Switzerland where he was stabbed and therefore severely injured in the area of the spinal cord. At times he was partially paralysed. We focus

especially on relational aspects which should be healing. The art therapy studio becomes a safe, neutral territory free of anxieties in which the patients' resources are continually called upon. At the same time his creative expression is being valued and enhanced. The art therapist believes in his self – healing – capacities and evokes the transformational potential. The patient feels therefore appreciated, understood, supported.

Step by step the therapeutic process is demonstrated by slides. The focus is on the triade patient, art therapist, creative process. These divers relations are established slowly and an oscillating, healing flow starts growing. The therapist offers a broader reflective view on the process of the dissolution of the trauma. Eventually we will work out criteria for a salutogeneous accompaniment based on the case material.

Eleanor C. Irwin, PhD, RD, Clin. assist. prof., department of psychiatry, university of Pittsburgh, child and adult analyst, Pittsburgh psychoanalytic institute and society

(is already translated in the script)

Barbara Jakel, Mag., Psychotherapist, Vienna

Spiritual aspects of prenatal experiences and their creative processing

This lecture relates to spiritual dimensions of prenatal experiences and is based on practical experiences with prenatal regression within a therapeutic process. The transpersonal experience of the fetus can be understood as a sort of non physical consciousness which comes to bear as well in the therapeutic regression as in meditative contemplation. Pictures of a pre – and perinatally traumatized female patient document these experiences. We consider the quality of prenatal bonding with regard to the effects of the prenatal trauma: symbioses or isolation.

The uterus being the primary ontic “bondingroom”, the quality of prenatal experiences might well be influencing those fundamental decisions positively or negatively which deal with the embodiment of the individual as well as his or her postnatal relations. We stress the prenatal existence as an intermediate stage of the mind - body - level. We point out possible disorders of psychological development processes which could be caused by traumatic prenatal bonding experiences, but we also look at the positive function of the spiritual prenatal resource: the transcending experience of light, the cosmic sound, the pulsation, timelessness and voidness. We consider all these aspects based on pictures and poems of a patient and offer some theses about possible functions and meaning of the spiritual experiences of the fetus.

Barbara Jakel, Mag., Psychotherapist, Vienna

Transpersonal aspects of prenatal bonding

The prenatal trauma is not only caused by environmental factors which can threaten the integrity of the embryo. It is mainly the result of the individuals' prenatal condition of fundamental psychological isolation which can lead to primary splits of the embryos' psychosomatic identity. The uterus is a primary habitat in which the self, our ontic core identity experiences our very first bond either positively or negatively. The intrapsyche experience will reflect the resonance which the existence of the prenatal baby evokes. Is it dominated by early abandonment it will show in a desintegration on the physical level. A bondless condition is created which can probably be overcome by transition on a transpersonal level. The prenatal trauma can trigger spiritual levels and stay stored lifelong unconsciously. From practical experiences we know how memories of prenatal traumas can reactivate transpersonal experiences.

Ludwig Janus, Dr. med., psychoanalyst, Heidelberg, pres. of the international society for prenatal psychology and medicine

Prime resistance and creative possibilities in the treatment of pre- and perinatal traumas

In the course of the last decades the life and conditions of children before birth has taken on new features on various levels. Observations of resuscitation of prelingual feelings within therapeutic processes, observations of children by means of film – and treatment with ultrasound before birth, empirical investigations into the effects of stress on life in the uterus support each others findings and enable us to reconstruct fragments of the embryos` possible experiences and its`later development. We have to regard especially prenatal strains, emotional conditions and traumas since they serve as a blueprint for our vital consciousness, our sense of self - worth and our relation with the world. Since these blueprints are so intertwined with our perception they are hard to be recognised and can function as prime resistance against the perception of other aspects of the world. In the creative process this resistance can be transformed. This is shown by examples from psychotherapy and art. Psychotherapy as well as contemplation of art provide new aspects for understanding and interpretation.

Eleonore Kaplan, Mag., Salzburg
Trauma and individuation

The connexion of trauma and individuation in the sense of C.G. Jung should become transparent and also how these terms imply each other. We will see in drawings of patients how traumas are expressed together with identification and integration up to individuation in the sense of Jung. Singular sequences from the analysis will show the process of trauma and individuation and be discussed under the premises of the oedipal constellation. Psychotherapeutic perspectives which go beyond methods and concepts of westerly psychotherapy are especially needed in coping and integrating trauma. Easterly methods of mandala painting and the confrontation with the labyrinth provide for the expansion of therapeutic methods into transpersonal realms. Working with the patient on this transpersonal level is important for early traumatized patients whose ego structure is fragmented.

Edith Kramer, Prof. Dr. hc, Pioneer of art therapy, New York
Quality in art and art therapy

Art therapists are some times uncertain about the question whether quality may be a topic in their work at all. We ensure patients that we will accept everything they do and that we will not judge or criticise their work. Our task is to support them to find a form for their anxieties, compulsions and phantasies so that they may be enabled to contemplate and better understand their situation. The more patients gain access to their inner world, the more they are capable of expressing it in their art work. An art work convinces us if it emanates this inner truth. So the question of formal qualities of patients`art works allude to a central topic of art therapy.

Ulrike Kulbarsch, psychotherapist, Kassel,
Active „picturing“ – first aid with panic attacks and anxiety disorders

The following method has been influenced by findings of clinical art therapy, the EMDR by Shapiro and the KIP by Leuner:

After installation of a “safe inner space” the patient is asked to paint the actual problem or fear. After that the patient paints a series of four to eight pictures, interrupted by crosswise

stimulation of both halves of the body by tapping. The goal is to take the weight off panic and anxiety disorders.

This method was successfully applied on children in crises – ridden areas as first aid intervention. But also in clinical settings it has proved helpful. After a short introduction you will get to experience this method in a workshop. Material: pencils and paper.

Bettina Kunzmann, dipl. art therapist, FH, Germany

Cooperation between professional art and psychosocial associations

This is about the cooperation between the therapeutic and the psychosocial professional associations. A resolution about securing psychosocial services in acute hospitals and the cooperation between professional groups, self help organisations and other institutions will be introduced. The importance of documentation of art therapeutic services in clinical settings is pointed out, e.g. by frequency, times, diagnoses, setting in the different service departments. There`s a scope of duties for professional associations and future tasks can be lined out with the members.

Anton – Rupert Laireiter, Dr. Phil., ass. prof. Institute for psychology, university of Salzburg

Ways of evaluating creative therapies

As soon as a therapeutic method is claiming to alleviate or even heal psychological and psychosomatic suffering its effectiveness will be questioned. For various reasons that is, but mostly out of ethical obligations towards patients, but also out of obligations towards society and its health care system to bestow only such treatments on patients which have proven to be effective and do not harm anybody. (Dührsen)

Evaluation of a psychotherapeutic method is a very complex and intricate process which calls for the proof of efficiency on different methodological levels. Three concepts are significant here: efficacy, efficiency and effectiveness. With the first are related three proofs of effectiveness: effectiveness itself, in comparison to other methods and as to the spectrum and side effects. First it is explored which effects a certain method has at all. This has to be done not only in comparison to a control group, but also it has to be proven that this method is just as effective as other well established methods already in use. Concerning the spectrum of a method it has to be made clear for which problems they have proven especially helpful and for which not. Possible negative or straining effects also have to be investigated. In order to be acceptable a report has to fulfil certain methodological qualifications (the “golden standards” in expert literature) like frequency of efficiency, minimum size of the samples, control- and comparative group designs, random groups, homogeneity versus heterogeneity of disruption, prospective designs with multi-point-measurements and katamnestic examination (proof of stability of changes), standardised instruments of evaluation, multimodal inquiry strategies, specific statistical interpretation (intensity of effects, clinical significance ...), remaining true to the method as well as standardised manual treatment and its control. Having collected a sufficient number of reports it will be possible to combine the effects of different investigations in a meta analyses. The term effectiveness was coined by Seligman in the middle of the nineties. He pointed to a different logic of evaluation. To show that the preferred results also come out of the use of the method in every day routine (named after remedy tests in Germany “phase four research”) was more important than to give evidence of the potential effectiveness or spectrum or efficiency. The introduction of this concept of evaluation involved some problems of traditional investigations and its task is to document the application of a certain method in practise meaning that its` quality of results is already given. At the same time the gap between practise and theory of research into psychotherapy was meant to be reduced. Along with this method appear different approaches like prospective as well as retrospective designs, patient interviews, interpretation of base documentations and case studies just to name a few. Again methodological standards have to be met.

Well documented single case studies are ranking high among scientific evaluations. They serve especially to show the dynamics of effectiveness and changes caused by therapeutic interventions within a micro process and make therapeutic procedures transparent and understandable. Case studies and reports are therefore also important in training; following international agreements these can be seen as evidence of effectiveness.

This lecture gives a historic overview of psychotherapeutic research into effectiveness and its essential terms along with the relevant methods of evaluation and ways of evaluating methods of art therapy.

Christiane Lehmann, Dr. art therapist, Wilhelmsdorf, Germany
Opening up to life – a story of female liberation

Theoretical background: psychoanalytic oriented art therapy

Method: case study of an art therapeutic treatment with a 23 year old female patient with polytoxicomanic disorder, bulimie and severe sexual traumatization, mostly in group therapy, partly individual therapy, in the context of a ward for drug therapy.

Method: creative group processes followed by grouptherapy twice a week for 90 minutes over a six month period, additional individual coaching in the stage of intensive work on the trauma and a final talk followed by exchange within a multiprofessional team.

Goals and results: In the process of creating pictures and symbols feelings become evident even before they are verbalized. They are embedded in a safe environment and at the same time inner resources can be drawn upon in preparation of the processing. During the intense stages of the process symbols from the initial visualizations of the trauma come up again and begin to change. While blocks start resolving, an integration of the trauma becomes possible along with the rediscovery of the patients`own female body which opens up a new path.

Franz Lettner, Dr. med. general practitioner, Dr. for psychotherapeutic medicine, psychoanalyst, Director hospital for psychotherapeutic medicine Dr. Schlemmer GmbH
OPP – a psychological concept for the treatment of patients with early traumatization

The method of the object based psychodynamic psychotherapy developed by Dr. Lettner is a concept on the basis of self – object – and developmental psychology. It includes a theoretical framework for understanding behavioral, perceptual and relational disorders of so called early traumatized patients. In the clinical setting the concept is realized as a joint effort of therapists, art-, physio- and sociotherapists as well as the the nursing service, all in all a team with an “object supporting” attitude.

Dialogue is a way of relating which is applied on all therapeutic levels. By gaining positive experiences of reality (positive episodinal context) and primary relations (positive self – object – complexes) it should become possible in the course of the treatment to eliminate the negative and destructive orientations, motives and motivations which are still affecting the consciousness. The goal is to promote an advancement of the self and to enhance the self- reflective resonance so that the self can react with matured mechanisms and is enabled to regulate the inner milieu.

Hansgeorg Ließem, FHP art – and psychotherapy, Eitorf, Germany
The will of the consumer and measures in Public health

The importance of the consumers`will in Public health matters– patients inquiries towards the topic of creative therapies as an up to date method for the evaluation of treatments:

In various areas of Public health especially in rehabilitation clinics treatments are finished off by inquiries. Paying authorities started to make inquiries part of quality management. Therefore subjective sense of the patients becomes a criteria for evaluation whether certain forms of treatment are valuable and to which extent. Besides the traditional scientific point of

view on efficiency individual and subjective sentiments mirroring criteria become part of the discussion. If its true that especially in the areas of rehabilitation clinics art therapy is more and more integrated in the methodological catalogue then we might conclude this to be a result of the inquiries of patients because overall art therapy is an all favourite in the judgement of patients. This lecture deals with this trend and points out some political conclusions.

Margret Litzlbauer, art therapist, Salzburg

From deficit to dignity

Creativity as a power resource in psychiatry

Patients with severe psychotic disorders seem just as little or as much interested in creative expression as “normal” people. The difference lies in the opportunities that arise from the stay in the clinic. Psychiatric patients often prefer sleeping or dreaming over doing something that is meaningless to them. The magic word is motivation! If they are motivated, if an even temporary trust can be established, my offer is coaching.

Besides regarding questions of materials I focus on the emotional qualities of the patients`relation to the pictures they create rather than on the picture itself. Do I achieve rapport, then I support the patient in optimizing the emotional bonds from picture to picture.

I`m mostly discrete about the content of the pictures. This allows for space to experiment and installs as well a sense of security and faith in discovering resources of power and trusting them successively.

Pictures become presents of the creators to themselves and sometimes even to others. What counts in the end is the transition of the one who takes to the one who gives. There is a small path from deficit to dignity.

Susanne Lücke, psychoanalytic art therapist, psychotherapist, nonmedical practitioner, Bielefeld

Psychoanalytic based art therapy in the process of healing from trauma

Many of the early and severely traumatized patients start therapeutic treatment with high creative potential and direct access to symbolic action and have often used creative expression even before. Just as often this sort of self healing impulse reactivates the traumatic experience. One of the primary goals in the treatment of traumatized patients is therefore to help them learn dealing with and consciously controlling intrusive inner conditions and destructive impulses, besides systematically enforcing all remaining resources so that the creative process can unfold in a constructive way.

The reconnection to personal and universal healing inner images and resources is the core of the healing process.

My methods are coined by my longstanding work relationships within the clinic for psychosomatic and psychotherapeutic medicine in Bielefeld. On the background of a psychoanalytic understanding and under the direction of Dr. Luise Reddemann an integrative concept of a resource oriented trauma therapy developed which devotes a central part to working with inner images. The therapy consists of the three stages stabilisation, trauma exposition and integration / orientation.

Dr. Klaus Lumma, Institute of humanistic psychology, Germany

Music – Aliud - Master and servant of civilisation

This contribution wants to share how to combine biographic learning, music and literature. It wants to extend experiences and scientific results from therapy, counselling and supervision

to a broader audience. It is supposed to encourage learning from ones' own and the biography of others and perhaps "rewriting" one's own story.

With the term "Aliud" ("thinking different") we refer to Wolfgang Werner, the innovator of psychiatry who once a month hosted an art happening in the Merziger "park of the different thinking people", where patients, personell, visitors and artists get together in very unusual and inspiring ways.

For many years music by Paul Winter like the "Missa Gaia" or "earthbeat" is used to deepen learning processes by guided imagination. Such music serves as impulse for the "TWS Jazz and Lyrics ensemble" ("two windhorns and strings of cologne") to compose new pieces which can trigger or support biography oriented learning processes. Music and lyrics are to serve man, in order to let people feel wholeness, to resolve inner conflicts and to facilitate starting afresh.

Brigitte Mähler, Dipl. Soz. Päd., art therapist, (APAKT), M.A. art therapy, Eching

Sonia Welski – Preisser, art therapist DFKGT / DGKT

Art therapy with traumatized patients – chances and limitations

Patients with posttraumatic stress disorders can suffer retraumatisation by flashbacks which also occur in art therapy. In this workshop we will share information about posttraumatic symptoms and possible interventions by brief theoretical reflections, case studies, exercises, roll plays and discussion. We will comment on recent findings of traumatology and which consequences they bring about for art therapeutic processes, the setting and choice of materials.

Elke Mayer – Gruhl,

Art therapist and psychotherapist (HP), Clinic Roseneck, Prien, Chiemsee

When words are lacking pictures start talking

Art therapy – a suitable method for dealing with sexual violence

In this workshop we will present general information about sexual abuse (definition, frequency, age of victims, social setting, perpetrator) and its psychological consequences (posttraumatic distress disorders). We will focus on reasons for speechlessness, dissociation disorders, guilt feelings and the selfhatred followed by laying out the theoretical background of the art therapy setting and, practice oriented, describing the major steps of the work. This process of disclosure, stabilisation, recovering resources, inner child, accepting and combining controversial parts of the personality, confrontation with the perpetrator, sadness and integration will be illustrated by stirring pictures of patients.

Elizabeth Mc Glynn, Mag. Art, Dipl. Art therapy, Vienna

Lousy pictures

Some thoughts about the importance of "aesthetic objects" in the art therapeutic work with trauma

We can develop feelings towards people as well as things. Psychodynamic art therapy works with the dialectics of therapist and client / aesthetic object and can broaden the theoretical concept of fixation by Klein and Bion in a very complex way.

In working with traumatized clients the "aesthetic object" offers a safe place for letting difficult subjects appear and dealing with them. Taking clinical examples from single clients or groups we want to examine how the creative process within the therapeutic setting makes it possible for the client to build this safe place, experience the self as active again, allow for the trauma to appear and wake up from numbness.

Finally we evaluate the specific qualities of creative processes which have proven especially effective in the work with traumatized clients.

Peter Meister, President of the E.F.N.M.U., Dipl. Business economist, Herdecke, BRD
DRG (Case flat rates) and integrated care

This lecture will be about legal foundations of case flat rates as well as resulting health political problems. Peter Meister will point to the interdependence of stationary, rehabilitative, ambulatory and post ambulant care. Possible solutions will be presented. The importance of developing mile stones will be exemplified. The political and interdisciplinary work will be portrayed.

Karl Heinz Menzen, Dr. Prof. of pedagogics of aging and handicapped people considering art therapeutic methods, psychological psychotherapist, Technical college of Freiburg
Twenty years of art therapy in german speaking countries – beginnings, goals, perspectives

Since twenty years people suffering from post traumatic disorders are treated with regards to formal and aesthetic aspects as part of art therapeutic interventions applied, following Freud's tradition of the distinction between primary and secondary processes, being "two fundamental spiritual orders", as summarized by Walter L. Furrer in 1970. Also Rudolf Arnheim, the German – American arttherapist, refers to the reflections of the inner struggles taking place within the patients in his book "Visual Thinking", 1969. Following the findings of the so called "french school of psychosomatics" (d'Uzan, Marty) especially the sensorimotor, body related aspects take effect where the full impact of memories would cause retraumatisation. Set off by the patients' sufferings many colleagues have sought further training in order to improve their perception of physical signals of the trauma. They also realized how expressing and documenting traumatic experiences can stabilize the psychological condition. Appreciation of the output facilitates creative artistic expression reflecting the trauma and enhances coping capacities as well as the willingness to work on the trauma.

The potential of the arts, says artist Cindy Sherman in agreement with many art therapists, can be used in dealing with trauma.

Brigitte Michels, art therapist DFKT, Mettmann, Germany
Markus – stepping into social life

I'm working in an ambulatory psychologic practice. In january 2001 Markus consulted me because of anxieties, nightmares and states of agitation. Continuously he uttered animal sounds or exclaimed "asshole" and he was not capable of entering my practice on his own. Markus has been abused badly by his mother as an infant and was submitted to the clinic at the age of two month with a severe injury of the skull resulting in a hydrocephalus and blindness. Even today he has to undergo neurosurgery on a regular bases, since his visual abilities are only rudimentary. At the age of eight month he was adopted by a family who still takes care of him today. His anxieties and peculiar behaviour prevent him from attending school. Since four years he recieves private lessons at home.

Psychotherapy aims at working with his anxieties. By talking and painting – he paints to the music he brings with him – his inner tensions can be reduced and he is able to talk about it. He is starting to tell his story. At the beginning of school year 2001 / 02 a second attempt was made to submit him to a school for partially sighted people. The symptoms became stronger again.Today he has found his place with lots of support, and he wants to belong somewhere. The goals for the future are for him to take controll of his peculiar behaviour and learn to live with his story.

Tomas Müller – Thomsen / Hans Ulrich Schmidt Universitätsklinik Hamburg Eppendorf
Ambulatory art and music therapy with patients suffering from Alzheimer - Demenz

Reports about ambulatory artistic therapy groups with Alzheimer patients are non-existent. Literature so far as well as single case studies suggest that art therapy (in this case art and music therapy) are promising methods for treating Alzheimer, taking modern standards of quality of life into consideration. On the background of our own experiences we will talk about our problems of constituting art – and music therapy groups. Furthermore we will talk about our method of checking on efficiency of art therapy, as well as qualitative and quantitative. We will present and discuss interim results.

Helmut Niederhofer, Mag. Dr. of psychiatry, neurology and children's and youth neuropsychiatry, psychotherapist, Innsbruck
Prenatal traumatization and bonding research

Background: John Bowlby categorized the bonding behaviour of healthy kids based on intense observation as secure, insecure – avoiding and insecure – ambivalent. Modern bonding diagnostics (Mary Ainsworth, Grossman) is based upon a standardised separation of mother and child and observations of the child's reaction to the mother's return. Own studies and the works of Benoit & Parker describe this behaviour as originating in prenatal periods.

Method: In situations of separation and danger human beings often reactivate very early patterns of interaction. We can only gain access to these prenatal experiences by way of assessing the mother – child relationship on account of the mother. Prenatal traumas and their development obviously influence latter bonding behaviour. Situations of separation, especially reactions to short – term separation from an important person of reference, e.g. the therapist, allow for conclusions regarding prenatal trauma.

Results: An early survey of prenatal trauma seems to facilitate access to these experiences later and to establish relationships within a therapeutic setting.

Peter Nöbauer, Mag. artist, Pasching, Austria
Doctrine of Colours, Forms and metamorphose

I am working creatively with participants of this workshop. Since drawing, painting, modelling is technically not easy, I'm suggesting a method which has been applied since two decades in working with biographies:

1st task: painting a picture of a recalled situation which comes to mind spontaneously. Outlining the situation broadly or as if drawing the circumstances of an accident for an insurance company, opening up for the drawing, not contemplating the situation too much, asking "where should it be light or dark in this picture?..."

2nd task: Same picture is painted again, without outlines but as black and white areas, playing, feeling it.

3rd task: Now the question is: what is the atmosphere of the picture, do any associations come up as to time of day or season? Elaborate on this and find the dominating colour. This colour is put on a new piece of paper. Let the colour tell you where and how intense it wants to be put on. Does it ask for a second colour?...

4th task: Now it's time for a fourth picture, asking the third one for a movement, upwards, downwards, diagonal, spiralling... With closed eyes and both hands this movement is put on another piece of paper, letting the feelings steer the action...

Result: I have found consistent designs throughout this series. Apart from being very individual and related to particular situations they can be seen as a coping pattern and they can be found by anyone observing systematically.

Advantages for the treatment of traumatic experiences: Applied in the treatment of traumatic situations the unconscious pattern can be transferred into a free and conscious expression by way of creative trial.

Katja Obenaus, Dr. Munich

The Obenaus creative – dynamic picturesynthesis in treatment of trauma

Method: This method needs only 4 – 12 therapy sessions either individually or in groups. The principle is to create three pictures first in the imagination, then drawing them and as a third step working with them daily imagining and exercising with them in the way of a continuous self – treatment. The CDB (Creative dynamic picture syntheses) is a psychotherapeutic method which was developed by K. Obenaus, Munich combining “katathymes Bilderleben”(Leuner 1955, 1981) and NLP (neurolinguistic programming, Bandler / Grinder 1979 / 1981). The principle is to find and set a light on dissociated self concepts which can be consciously or unconsciously rejected by the concerned person in order to resynthesise them by imaginative melting and develop new concepts this way. This development is enhanced and directed by the CDB method. The pictures appear on an “inner canvas” and are then drawn. Under supervision the patients create first a picture of a symptom representing their mental and physical suffering, then a picture representing their fury, focussing on aggressive potential. Eventually by imagination another picture is created, melting both into a representation of change. This picture has to show a human “gestalt” and represents a positive goal developed by the originator. This last picture is then used as “psychological medicine”. It has to be looked at on a daily basis with the “inner eye”. Like in the saying “little strokes fell big oaks” the patient starts transforming. These changes of the patients and their attitudes take place in the core, and by addressing a positive body perception regularly symptoms start getting better. The new self – concept integrates and holds potentials which were dissociated , expressed in uneconomic ways or repressed. Like a guide the new self-concept is used as a regular medication.

Evidence of efficiency / Studies: Clinical observation and a study conducted in the urology (Sommer, Engelmann, Obenaus) as well as interim results of a pilot study concerning chronic pain have shown CDB to be helpful in problem solving and diminish anxieties and depression markedly. A case example shows, how CDB can also help in treatment of traumatised patients.

Gabriele Oberreuter, Prof. Dr. art history, Arts academy Nürnberg

The defenseless child in the oeuvre of Edvard Munch

The Norwegian painter Edvard Munch (1863-1944) had a mother suffering from tuberculosis who died when he was five years old. Written documents and his pictures give witness of his memories dealing with the threat of abandonment and her death. His experiences accompany the artist and show the topic over and over in his work. I want to introduce the visual proofs with their manifold expressive variations which show the emotional impact and coining effects. The bonding capacity of the artist which has been shaken to the core is a focal problem throughout his life – the artists work definitely a mode of survival.

Tamae Okada, Faculty of Education, Mie University

Therapeutic application of Baum Test...

(is already translated in the script)

Ingrid Olbricht, Dr. med., Bad Zwesten, BRD

Painting in trauma therapy – diagnostic and prognostic possibilities

Traumas are stored independently from the biographic memory with mostly sensoric features and there's almost no connection to the speech centre. That's why nonverbal methods using especially pictures, sounds and other sensoric experiences are especially valuable in the treatment of trauma. Dealing with pictures stemming from spontaneous or therapeutic painting sessions delivers additional information for diagnoses, control of progress and therapeutic prognoses. Identification and identity, dealing with affects, but also state of the art and development can be understood easier with the help of pictures. Pictures can also be signals in communication, alternatives to selfdestructive behaviour and attempts of self healing.

Peter Petersen, M.D. University Professor em. Psychiatrist, Psychotherapist, Psychoanalyst, Head of the Research Institute for Arts Therapies in Hannover

Research Methods in Arts Therapies – A Call to Reconsider One's Own Sources

The arts therapies are characterised by the great variety of their methods. Appropriate research designs are already available in a preliminary form.

A research method (be it fundamental or process research) must follow the subject being researched – and not the other way around. For this reason, research approaches indigenous to the method being studied are, by principle, superior to methods foreign to this therapeutic paradigm which originated in external sources (for example psychoanalysis, behavioural science etc.).

Research of the principals and processes of arts therapies differ fundamentally from the concepts of classical medicine, psychotherapy/psychosomatics and psychology. The difference lies in the means of gaining knowledge: arts therapies derive their concepts essentially from the arts, that is, from the anthropology of aesthetics.

Under these circumstances, I will critically illuminate the problem of effectivity studies in the arts therapies. The effectivity of arts therapies can best be demonstrated by means of individual case studies, the outline of which I will present here.

Hilarion G. Petzold Seidel, University Professor Dr. Dr. Dr., Center for IBT, Free University of Amsterdam, Center for Psychosocial Medicine, Donau University Krems, European Academy for Psychosocial Health, Düsseldorf

The Use of Creative Media in Integrative Trauma Therapy

-- Intermedial Work caught in the Tension between the Chance of Integration and the Risk of Re-traumatization

Since the beginning of trauma therapy in the 19th century, creative paths of treatment have often been taken. Reil and Janet, the fathers of modern trauma therapy, used media such as imaginative techniques for the mental reformulation of disturbing trauma narratives. At the time that I introduced the term "creative media" to professional literature, it was in the context of the work with senior populations (Russian emigrants) who had suffered through two or three wars. These were people in their seventh or eighth decade of life, who were open to participation and expression in *intermedial* group therapy, implementing music, painting, poetry, imagination and theatre.

Many reshaped their world of inner images, and with that, they re-created *themselves*: they processed their trauma in "experiences of overcoming", became a personified creative medium which expressed itself in the polylogues of encounter. Others who were numbed and deadened, found intermedial work unsettling. Scenes of the past were conjured up; fear and confusion were the result. It is exactly this which I experience today: the chance of integration through "creative media" and a *considerable* potential for *re-traumatisation* which cannot be assuaged by "safe-place strategies".

A compounding factor is the culturally specific, western psychiatric PTSD concept of the DSM-IV and the psychoanalytic paradigm of "working through", which is not appropriate to the life experience of many migrants. I will address this problem from a "Vygotskijan" perspective, among others, as well as questions of context, indication, method, and the possibilities and limits of intermedial work on the basis of intercultural experiences with trauma therapy.

Adrian Pouwels, HP-Body Therapist, IKT Munich

“Trauma-shock” as a State of Being Cut Off From (Life-) Energy and Joy (of Life)

Theoretical concepts taken from bioenergetic analysis, psychoanalysis, hypnotherapy and systemic therapy will find application in this theoretical and practical seminar. Participants will approach the phenomenon of “trauma” by means of lecture-demonstrations, imaginative exercises, spontaneous drawings, body meditation and verbal narratives, paving the way to the solution of discovering “resources”. We will be guided by the motto: “The smile has been wiped off my face – what comes next?” Goals of the course are the experience of rapid sequences of diving into regression and resurfacing; the exploration of archaic defence mechanisms; the active management of depressive states by recognising super-ego processes; and finally, an introduction to resource-oriented methods.

Susanne Rebolz, Psychotherapist, Integrative Body and Movement Therapist, Dancer, Adjunct Faculty at the Mozarteum University/ Orff Institute, Salzburg

From Paralysis Through Movement towards Vitality

“paralysed with fear”

“rooted to the spot”

“playing dead”

“stuck in one place”

Our terms of popular speech describe succinctly the various possible reactions to fear and the protective reflexes which can be initiated by trauma in the widest sense. We react with paralysis, that is, with the loss of mobility and as a result, we lose our vitality as well.

This workshop focuses on the individual perception of paralysis and mobility to facilitate movement capability and the discovery of new movement possibilities. New and prior movement experiences may fuse to create dance choreography.

Peter Rech, Prof. Dr., University of Cologne

On the Holy Mother. Images of Traces of Memory

I have closely scrutinized the texts which so self-evidently pass the dogmas of the Immaculate Conception of Mary on to us, that we just as self-evidently disbelieve. The question arises, as to what we believe in at all, these days. What occurrences, with an uncertain outcome, do we allow ourselves to get involved in anymore? As the high song of love puts it, “*and be it the most mysterious part of him, love believes all*”. If we did not believe in any dogma, Paul Klee would not have had to name one of his, to me, most mysterious paintings “Dogmatic Composition”. What I wish to illustrate is, that it could just as well have been titled “Traumatic Composition”, this representation of the consequences of the ‘Immaculate Conception’ of Mary, which I found recounted in the bible and the Koran.

Despite how symptomatic this traumatic complex sounds, we are exposed to it on a day to day basis in the images to be found in any catholic church. Here we see Jesus on the cross, while over there, at the same time we may see Mary with her child. The father is clearly missing, but by that fact, he is just as clearly present. He is Jesus’ father, and by this virtue the husband of Maria at a time when she did not, as it is said, ‘recognise’ any man.

Life is a trauma, or as Caldéron said: “Life is a Dream”, the one is nearly the same as the other. The traumatic is written into the being of man, without him having experienced anything in particular. For the process of birth, the initial experience of separation made possible by the mother, is definitely not something we can access by simple memory. Instead, we must search for a presentiment that is supernatural yet practical, truthful yet mystical and magical, unquestionable and yet insubstantial.

Luise Reddemann, M.D., Medical Director of St. Joseph’s Lutheran Hospital for Psychotherapy, Bielefeld, Germany.

Imagination, Creativity and Trauma

The fact that with significant frequency traumatised persons possess a high degree of creative ability is known to many clinicians. Many patients are aware of their inborn gift, and have used it to survive. Still others may profit from therapeutic work directed at the (re-)liberation of their creative potential.

This article will explain the effects of complex traumatic experiences and the concept of complex post-traumatic disorders. Conclusively, a resource-oriented imaginative technique will be described, which enables the patient to unfold her creative abilities and utilize them for self-healing.

Alfons Reiter, Prof. Dr., Psychoanalyst, Institute of Psychology, Salzburg University
Introspective Access to Prenatal Trauma

The discoveries of prenatal psychology and prenatal medicine are revolutionary. Through new visualisation technology, we have gained fascinating insight into the developmental process prior to birth. We are amazed by the competence of the foetus, even by the competence of the embryo.

However, this technology does not give us access to the prenatal experience. So much of later life depends upon whether we experienced situations in the womb as facilitating or traumatising. Therefore we must rely upon introspective approaches. In this way, a great pool of knowledge of the experience of prenatal life has been gathered in psychotherapy. Discoveries in the natural sciences encourage us to increase our trust in the knowledge won by introspection.

Amongst the introspective approaches (reflection, dreams, imagination, movement expression, music therapy etc.) expression via the visual arts has gained particular importance for use in diagnosis and therapy.

Complementary knowledge in prenatal psychology is necessary to implement these techniques in therapy and raise the therapist's sensitivity to details that indicate a prenatal cause of illness. Applied to diagnostics, pictorial content should not be regarded as developmental –psychological data as such. On the contrary, prenatal qualities of time or content can only be determined within the context of the therapeutic process. Their importance lies in their power to give tangible form to traumatic experiences encoded in a specific situation, making the treatment of the effects of these experiences possible.

Prenatal Trauma and Forms of Attachment
Moderator: Alfons Reiter

This article will delve into various perspectives on attachment in prenatal development.

The perspective of **H. Niederhofer** asks how behavioural observation (attitude of the mother to her unborn child, visualised medicinal examination techniques etc.) captures the quality of bonding between mother and child. This approach takes the traditional standpoint of Bowlby's attachment research, expanded to include the prenatal mother-child relationship. Results of such research will be examined.

J. Raffai's position, which I will present briefly, attempts to grasp the attachment quality through psychoanalytic attachment analysis (associations, bodily sensations, transference and countertransference etc.). It is assumed that the mother carries unconscious representations of her mother within her, which are activated during pregnancy, affect the mother and through her, the unborn child. Attachment analysis attempts to work through any negative representations, in order to relieve the pressure on mother and child. This has a significant positive effect upon the pregnancy, the birth process as well as on the further development of the child and the mother-child attachment.

Ms. Jakel's attachment concept focuses on the connection between spirituality and attachment. In a shock-trauma, emotional flooding of the organism may occur, causing the splitting of psychosomatic identity. An experience of de-corporation sets in, by which normal ego-consciousness is disconnected from body awareness. This causes ego-disintegration. Intrapersonal bonding, which determines one's sense of personal integrity, cannot be maintained on the emotional-physical level. In the service of organismic regulation the transpersonal level, where the sense of ego-integrity exists, takes on this maintaining function. The experience of the intact transpersonal level reinsures the body that the individual as a whole is still intact. An inner bond of existential import emerges, albeit in the form of a distanced state of mind.

Isabelle Rentsch, Psychotherapist, Zürich.

The Trauma in the Image, the Image as Trauma

Transference and Counter-transference in the Process of Art Therapy

Memories of trauma are often expressed in a language full of visual imagery, or in visual art expressions. The frightful images of terror created by traumatised persons touch and disturb us to the depths of our human existence. How can we react to this fear-laden, inner world in art therapy?

In this workshop we will consider phenomena of transference and counter-transference which arise in the artistic process with traumatised persons and lead to problems in interaction. The development of criteria for the structure of a careful and healing art-therapeutic relationship strives to counteract the after-effects of traumatic violence.

Klara Schattmayer-Bolle, Art /Creative Therapist (DFKGT grad.) Esslingen, WS

Usula Böhler, Heidelberg

The Self-Injured Body as Self-Creation

In the daily work of a depth-psychology-oriented clinic or private practice, we are repeatedly confronted with patients whose only means of expressing dissociative states and early trauma is self-injury. The body is simultaneously the victim and the scene of the crime of abuse. Because the trauma has torn apart any sense of life's meaning the patient may have had, the first step to healing is the development of a trustworthy therapeutic relationship. In the beginning of art therapy treatment, the therapist gives thematic task suggestions which support the creation of images of wholeness, safe places and inner helpers (as defined by Reddemann).

To prevent re-traumatization, the chosen therapeutic approach is primarily resource-oriented. Later in therapy, therapist and patient jointly take care of the deeper wounds, bringing them to symbolic expression in art works. On this level, they can be recognised and attended to. A case study aims to show the necessary, sensitive attitude towards the patient and her works, and stimulate discussion amongst professionals.

Silke Schauder, Ph.D, Lecturer in Clinical Psychology at the Paris University, Psychoanalyst, Art Therapist, Paris

The Trauma of Beauty or the Beauty of Trauma?

Notes on Michelangelo's Pietà

Michelangelo Buonarroti (1475 – 1564), the unquestioned genius of the Italian renaissance, created the *Pietà* at the age of twenty-four. This work of celestial beauty is the only one that bears his signature. Much, and in some cases, too much has been said of this world famous statue, which stands in St. Peter's Cathedral. Nonetheless, I wish to ask whether the work might enlighten us with regard to the trauma of beauty and the beauty of trauma.

In the first part of my paper, I will examine the case of the Australian geologist Lazio Toth, who stormed St. Peter's on the feast of Pentecost in 1972, and damaged the Pietà with a hammer. Had he been traumatised by the beauty of the statue, and therefore acted in self-defence? Did the white marble overwhelm him like a blizzard? Was he left with no other choice than to lessen the perfection of the art work through vandalism? Rainer Maria Rilke would surely have pleaded mitigating circumstances for the student Toth. The poet knew too well how closely art and catastrophe, beauty and trauma are related. He wrote in his Duinesian Elegies (1912 – 1922):

*“ . . . for beauty is nothing more
than the beginning of the terrible, which we may barely withstand,
and we adore it so, because it leisurely disdains,
to destroy us. Every angel is terrifying.”*

In how far is Lazlo Toth's deed to be understood as a logical interpretation of the work? Were his blows the rightful revenge against the perfection of the unattainable model? Or was this a desperate attempt to grasp the unique beauty of the *Pietà*?

In the second part of my lecture, I will define the place of the early work of Michelangelo within the context of his life history. My analysis of the temporal process and the spatial structure of the *Pietà* will lead us to the beauty of the trauma.

Does the statue, like an oyster, enclose a grain of sand which had injured it, and forced it to create the shimmering pearl of completeness? Is the *Pietà* a puzzle, which hides and reveals the secret of the artist in a fascinating oscillation? Michelangelo wrote on the 26.6.1555 to his biographer Giorgio Vasari: *“ . . . e non nasce in me pensiero che non vi sia dentro sculpita la morte.”* Why did every thought of

this genius revolve around the theme of death, the trauma he, like no other, knew how to strike into stone?

In the concluding discussion, I shall determine the artistic practice to be a sublimation of trauma, which at the same time gives birth to a new trauma – that of beauty. It is surely a reduction to consider the work of art purely as a symptom of the artist. Yet like the symptom, the artwork corresponds to a compromise between desire and defence and therefore represents a failed attempt at self-healing. My paper attempts to illuminate the irreparable wound Michelangelo suffered with.

Sepp Schindler, Prof. Dr. University of Salzburg
The Prenatal Phase: The Roots of Creativity

A number of fields of research in the past century have led to great discoveries. Not only the realm of outer space but also “the mysterious life of man before birth” as Sigmund Freud called it, may be counted amongst these new frontiers.

The media unjustly emphasises technical aspects such as artificial insemination, and “cloning”. Today, we know incomparably more about the psychic development of man than was known only a few decades ago.

With respect to the theme of this conference, a few basic aspects will be sketched out and substantiated by research evidence.

For the sake of brevity the following principles may be assumed as given:

- Man is an independent, active entity from the very beginning of life, and by no means a slowly ripening fruit.
- In interplay with a given, relevant environment, the child effects changes which lead to physiological as well as psycho-social restructuring.
- The environment of the first phase of life is the uterus, the sensitive organ of a specific woman with whom the child exchanges “information”.
- These events are influenced not only by genetic and physiologic factors, but to a substantial degree by the sensibility of those involved and the quality of their relationship.
- Near the end of pregnancy, the father and the world at large are drawn into the process to a greater extent than was our assumption but a few years ago.
- Emotional structures and first attempts at a dialogic language act as blueprints for later life – and for creative processes.

Lony Schiltz, 10 rue Gabriel de Marie, L-2131 Luxembourg
The restoration of a broken self in adolescence
Some results of an efficiency study of music therapy

Protracted, subtle psychological manipulation and violation of personal boundaries in childhood may result in a repression of authentic feelings and in a compensatory development of a false self, in the meaning of Winnicott, or in a state resembling the “impinged-upon” adults of adolescents described by Dorothea McArthur.

In this condition, real communication through verbal psychotherapy is often difficult, because the young people respond with their trained behavioural patterns and inauthentic feelings, appearing quite sound to themselves and others.

After clinical considerations about the concepts of “false self” and “broken self”, the opportunities of analytically oriented music therapy in this field are discussed. The exploration of this question requires complex research methodology, integrating qualitative and quantitative approaches.

Some results of an ongoing study will be presented. During the music therapeutic treatment of adolescents who formerly suffered from a deep pulsional and emotional blockade, we can follow the modifications in the archetypal figures, emerging in the stories written under musical induction. This analysis allows us to understand the process of the gradual restoration of the self.

The results of the study will be discussed in reference to recent developments in the clinical psychology of adolescence.

Gertraud Schottenloher, Prof. Dr., Psychologist, Psychotherapist, Academy of Art, Munich
PAINT AND WIN

„Mess painting“: spontaneous, fast painting as a support for trauma therapy

Mess painting is an uncompromising artistic experiment which was originally a form of training for the development of creativity. Beyond the latter function, it has a deeply therapeutic effect. In the absorption with the fast, abstract quality and the strong gestures of the painting process painful and traumatic memories are reactivated and expressed, with all their strong accompanying emotions. The speed of movement and the abstract visual representation facilitate the emergence of unconscious material.

The continuation of the active painting process “leeches out” toxic frozen memories and feelings, neutralizes them and releases the blocks they had caused. Creative energy and joy take their place.

This process strengthens creativity, vitality and self-confidence and breaks out of the vicious circle of traumatization. Using practical examples, this paper will explain the liberating effect of gestural, abstract painting, in particular the method of mess painting, and will discuss its applications to trauma therapy.

Mirjam M. Schröder, M.D., Psychotherapist, Head of the Taskforce for Aesthetic-Creative Psychotherapy and Development (MPE), Schwäbisch-Gmünd

The Wholeness Within Brokenness

in other words: Gaining through Renunciation

“All of life is an eternal beginning anew.” (Hugo von Hofmannsthal)

With consideration for psychosomatic connections and the lifelong process of learning behind them, this paper will trace the thorny path of human existence and the creative mastery of crises, with art therapy sequences scattered in for illustration.

Sabine M. Schröder, Dr. Phil, Psychologist, Psychotherapist FSP, Certified Expressive Therapist (CET), Creative Psychotherapist and Supervisor, Co-Leadership of the Taskforce for aesthetic-creative Therapy and Development (MPE), Luzern

Is Healing Determined by the Creative Resolution of a Trauma?

Does the healing of suffering depend upon a trauma that found a creative solution? What is the beginning, what is the end? What came first, wholeness or healing? Is this comparable to the proverbial question of the chicken and the egg? These are questions which we will seek to illuminate with the help of projected images.

Judith Siano, Art Therapist and registered Supervisor, Head of Supervision and Lecturer at the Haifa University

The Only Way Out is Through

I teach this theme at the University of Haifa (and other places).

The lecture will start with the theoretical background of Trauma and Art Therapy, and then show the visual representation of artwork created by many patients in the art therapy studio. This might have an overwhelming effect on some people in the audience; therefore I usually connect it with a following workshop. In the workshop, through visual means, people might find the opportunity to express their emotional and physical reactions to the pictures and to work them through. Also, they are encouraged to make acquaintance with the strength of the visual arts in trauma healing through self experience.

Renate Stachetzki, Psychologist, Psychotherapist, Clinical Art/Creative Therapist DAGTP, Freiburg
Working with Concrete Symbols (Pictures, Objects) in Therapy with Traumatised Patients

Due to the specific neuro-physiological features of the processing of traumatic events, most traumatised patients suffer from a specific weakness in their verbal symbolisation ability. The method of utilising concrete symbols makes real and imagined actions possible, offering avenues of externalisation for inner processes and images. These can then be seen and dealt with in the common space outside the psyche. This procedure is particularly helpful for the mobilisation of resources and in coping with perpetrator introjects.

This paper will give a general introduction into the method of utilizing concrete symbols by M.E. Wollschläger and G. Wollschläger. Visual examples of the method's applications to trauma-oriented treatment will also be presented.

Elisabeth Stone, M.A., ATR-BC
Body Image Expression in Art Therapy and Art

The human figure, in its myriad manifestations, has been at the core of our concept of art throughout the ages. How the body contains and expresses fundamental notions about the self intrigues us more than ever as our century has opened up new terrain of artistic expression. This paper will explore notions of how body image and body representation are interwoven in art therapy and artistic production. We will look at common denominators to both from a developmental object relations point of view as applied to art therapy based understanding with a particular emphasis on trauma.

The rich terrain of conscious and unconscious psychic processes will be explored and concepts of body ego, body image and self will be delineated. The body and the inner world and the body and the outer world will be highlighted. The body as a vessel of expression for needs, desire, affects as well as the defences, conflicts, trauma and deficit will be focused on as we view body movement, sexual identity and the human need to express these fundamental notions. How trauma and loss and ongoing conflict affect the developing body image will form a particular focus of this paper. Both art work created in art therapy and the art work of a selection of artists will serve as a basis of understanding and furthering the centrality of these concepts. Slides and case vignettes will serve as illustrations.

Deta M. Stracke, Art Therapist, Analytic Child Therapist, Hannover
On the healing quality of imaginative processes.

The healing quality of artistic processes is well known to art therapists, yet it is often not clear in what way artistic creation and the finished works take effect. Artistic processing has gained growing importance in the treatment of psychic trauma without closer examination of how painting and creating is helpful. In this paper I wish to consider the effectiveness of artistic processes from different perspectives, utilising theoretical concepts taken from psychoanalysis, infant research and other sources, as a contribution to the theoretical foundation of art therapy.

An important aspect of its effectiveness is the proximity of art-psychotherapeutic methods to unconscious psychic structures. This offers the opportunity to approach the unspeakable and prepare the ground for its verbalisation.

Biographic events from the preverbal period or traumatic experiences which precluded verbal symbolisation are particularly susceptible to the potency of the creation of visual images.

Art sets blocked symbolisation processes in motion, making the psychic processing of problematic events and traumata possible. The sensual quality of the artistic process the "mirroring of oneself" in the "other" of the work of art, the coming to terms with the independent existence of the materials and of the work itself strengthen psychic growth and differentiation processes.

Leta Sutner, Art Therapist, Psychosomatic Clinic Roseneck/Prien, Germany
The Shadow of Death
Art-therapeutic Trauma Therapy in the Event of the Suicide of the Father

This case study of the treatment of a female patient suffering from a post-traumatic stress disorder, resulting from the suicide of her father, exemplifies G. Piepers guidelines for trauma therapy applied within the setting of the integrative behavioural therapy program of the psychosomatic clinic of Roseneck.

The phases of trauma confrontation, cognitive restructuring and reattribution can be recognised in the series of paintings to be presented. The author's method of art-therapeutic ritual work plays a major role in the treatment process.

Goals of this form of therapy are the adequate integration of split-off traumatization, cognitive restructuring of guilt complexes, the ability to cope with flashbacks and dissociation, fear exposition and fear management, emotional expressivity, ritualized leave-taking from the deceased, recognizing the family script and rebuilding a positive way of life.

In her final assessment of art therapy, the patient described her process as very helpful, having endowed her with the feeling of being reborn.

Doris Titze, Artist, Art Therapist, Professor of the advanced program for art therapy at the University of Fine Art in Dresden.

Art as the Scene of Destruction and Creation

Deconstruction exists as an art form: In removing and destroying the existing, that which lies beneath becomes visible and is given a new form. On the other hand, the representation of destruction and aggression is the content of many a work of art. Aggression is provoked in the recipient by the radical position of some works – we are confronted with ourselves, with our own existence. But besides this, it is the phase of the artistic process in which the destruction of the once created serves the emergence of new creative moments that is indispensable: existing works must be discarded to enable development, just as in nature leaves decay to become humus.

Art is supposed to be pretty and pleasant: such is the general expectation. And yet, time and again, artistic work destroys and disrupts. Art in the sense of creativity is usually considered synonymous with exclusively positive, “healthy” activity – and we forget the destructive side of creation. Art in a social context is often rejected as an elitist, “deranged” unknown – and we forget that it mirrors aspects of ourselves, the positive as well as the negative. Art is a mirror of reality, and therefore never harmless or good – this is its very potential. In its exclusivity, its distance, its utopias and its amorality art makes essential aspects of life visible, tangible and vulnerable, raises hope and anger. Art confronts us with violence, with death and destruction in its own creative process and simultaneously achieves transformation and resolution. Art has the power to threaten and delight.

Elisabeth Tomalin, Pioneer of Art therapy, London

The Sainly and the Sinister Perpetrators and Victims.

In this personal experience with colours and paper (oil pastels) it is my inner wish as an art therapist to facilitate perception and awareness. I wish to delve into the depth of the language of symbol and colour and form, to liberate energy from the past and the present for one’s own convalescence and for relating to others.

Per Traasdahl, Artist, ArtSourceLab, Berlin

Traumaprocessing in the Behavioural Process of Painting

The case study of Driton is taken from Traasdahl’s archive of over 400 drawings and paintings by refugee children between the ages of 5 and 14.

These were produced during a project commissioned by the state of Zürich, Switzerland in 1999.

The series of 14 pictures to be shown give the viewer the impression they were each drawn by different children. In fact, they are a product of the 7-month healing process of the twelve year-old Driton. Driton’s condition is recognizable as symptomatic behaviour in the language of painting. His changing relation to this language can be perceived and analysed in each sub-phase of the painting process. A resource supporting the behavioural-process-analysis is the familiarity with possible manifestations within the language of painting. This can be obtained through personal painting experience and through study of the historical and formal development of the art of painting.

Interventions are placed at key moments in the painting process in the form of a gestural command, suggestion, or temptation. Verbal communication with the child is not necessary and, as was the case with Driton, often not possible. The interventions reconstitute the framework of the painting process in terms of necessary challenges, “safety zones” etc. Facilitation is directed towards the action of painting, not the content. Changes in painting activity result in an automatic reinterpretation Driton’s inner situation and awaken his available resources for self-healing.

Reinhold Tritscher, Actor and Director, Salzburg.

Integrative Theatre Work in Psychiatry

People with handicaps, people with “psychiatric experience” and theatre professionals collaborate on artistic projects.

My proposal is that fringe groups possess enormous creative potential. When it becomes possible to enter into a dialogue with “normal” society by highly aesthetic, artistic means, a process is initiated which profits all those participating. They receive public recognition, and handicaps and illnesses are no longer devalued, but instead are seen as qualities and potentials. Tolerance grows in the one party, self-confidence grows in the other. A core-ensemble is built up in long-term projects (2 - 3 years of annual theatre productions) which take place in an artistic setting (in a theatre). The ensemble increases its professionalism step by step, until finally, a longer production in collaboration with professional actors is created. Examples can be found in the video “Life is a Dream” by Calerón de la Barca. In the centre of attention is the aesthetic activity and the theatre performance. In my view, positive effects of the project can be observed in all participants. At the present time, one such long term project is being researched.

Kima A. Truzenberger, Art Therapist, Psychotherapist, Bremen.
Art Therapy as an Opportunity to Process Experiences of Sexual Violence

Experiences of sexual violence which have traumatised women in their childhood and youth are an attack on their psychic and physical integrity. Painful experiences are split off and suppressed into unconsciousness.

The use of creative material makes it possible to express psychic burdens nonverbally. With art therapeutic accompaniment destructive patterns of perception and behaviour can be transformed. The art therapeutic intention is to access resources and facilitate constructive impulses and a positive attitude towards life through creative processes.

This lecture is based upon the author’s experiences in private practice and in art therapeutic workshops.

Natascha Unfried, Pediatrician, Psychotherapist, Chemnitz.
Trauma and Development: Physiological and Biological Changes Following Childhood Trauma and Their Treatment Possibilities.

The development of a child is understood today as an adaptive process. Thus, at any given point in its development, a child is equipped with what it needs to cope with the demands put upon it, including during the intrauterine stage. Right from the beginning, this more or less disturbance-prone process of informational exchange takes place in the form of internal and external interactional exchanges of energy and substances with others. The entire body, with every cell, and the brain, as the organ of sensory-motor and psychophysical processing, are involved in this operation.

These early sensations make up the foundation of individual perceptions, their processing and their integration in the total realm of the child’s experience. If a child is touched by a traumatic event in the external world at a very early age, it is most often only capable of steering against the trauma for a short time, and in an extreme effort causing pain, bodily symptoms and panic. Stress of a manageable degree and the accompanying stress reaction enable the child to survive critical phases (Hüther 1997). However, according to Pavlov, unmanageable (transmarginal) stress leads to deep-seated changes in structures and functions. A shock reaction sets in. As a result, a process of closing down and blocking perception ensues.

The sense of connectedness of the awareness of space, time and self in this situation is lost. The deficient experience encompasses the time immediately after the “point of closing down” (Hochauf 1999) until the end of the particular traumatic episode. Furthermore, uncontrollable stress causes the prolonged activation of the amygdale and through the amygdale, the activation of many other systems. This prolonged state of activation triggers physical “emergency reactions”. The function of the hippocampus and the neo-cortex are geared down, which makes it impossible for the child to assess the situation, and thus the context of that situation is lost. The various perceptions pertaining to the traumatic situation become implanted in the developing and adapting neo-cortex of the child in a deficient state. They remain incomplete, stored at the sub cortical level of the brain (van der Kolk 1998).

These experiences remain banned from further symbolization processes; in particular the conclusion of the trauma is not perceivable for the child. Accordingly, it remains ever-present.

An approach using imaginative methods seems adequate for the controlled regression processes described by R. Hochauf, in which very early trauma-related sensory impressions are recalled and later, episodes are integrated in the neo-cortex in a more complete and ordered way, with respect to time, space and active persons. This controlled regression process takes place in a specially created “surrogate-intermediate-space” in which the parallelism of the realistic therapeutic relationship and the

transference relationship is held constant. Up to now, my experience has shown that through this approach, trigger-dependent projections of children and teenagers came to an end, new ways to unfold the development of the personality were found, and in particular, the physical symptoms caused by the continuous activation of the stress-response systems of the body disappeared.

Rolf Verres, M.D., Psychologist, Professor and Medical Director of the Department of Medical Psychology at the Psychosomatic Clinic of the University of Heidelberg

The Longing for Paradise

Lecture with piano improvisation

As a medical doctor and a psychotherapist I encounter the theme “Trauma – Creativity – Healing” with particular intensity in the treatment of patients with a life-threatening illness. Paradoxically, it is this very conscious experience of the transitoriness of life and the nearness of death that can intensify living and deepen each single moment.

The experience of timelessness can become possible, for one, because previous, goal-oriented values (such as chasing after money) become relative. For the other, images of the hereafter and of eternity may come into play; even if one’s past life was free of religious ties. “Die and become”: in the very face of existential threats and fears, a prior unknown kind of hope may transcend suffering towards the willingness to passionate abandon.

To this end, the images of paradise in the myths of various cultures offer interesting projection screens, with their innate depth of dimension. The longing for paradise is synonymous with the longing for happiness, which, as we all know, is a gift granted seldom and briefly.

From that point of view the principle of improvisation is helpful. When we encounter another person, we almost never know how this encounter will develop. Hans-Georg Gadamer said once. “*It is not we who hold a conversation, but the conversation that holds us.*” So it is that we improvise at every moment, and ideally a good image of the personal encounter will evolve in our perception. Seen in this light, improvisation is a good exercise in turning a moment into eternity.

Elisabeth Wellendorf, Art therapist, Child Psychotherapist, Founder of the Institute for Analytic Art Therapy

Violence in Medicine

The surgical and immunological know-how used in the context of transplantation medicine has grown rapidly in the last decade. But this development has changed our Image of Man. We can remove diseased human organs and replace them with the healthy organs of brain-dead or living donors, without asking what the exchange of organs means to the individual, in terms of his bodily experience and his identity.

In the attempt to gain access to organs of “live-freshness”, the field of medicine has coined a new term, “brain death”, although the state referred to is in fact a stage within the process of dying.

The promise that nowadays no one need die because of organ failure has made the ill covetous, put the donors under pressure and generated guilt-feelings with detrimental effects on both sides.

Transplantation medicine is a point of crystallisation that mirrors our mechanistic Image of Man. This lecture aims to point out the violations of personal and social boundaries that have taken place in this spirit, drawing a chain of conscious and unconscious violence in their wake. It does not suffice to make accusations against the field of medicine. Instead, this is a plea for more cooperation. This lecture will use pictures to make psychic trauma visible and to show ways in which inner images can serve the processing of trauma and the rediscovery of identity.

Marion Wendtlandt-Baumeister, Psychologist, Berlin.

The Infected Therapist: The Phenomenon of Traumatization by Proxy and the Coping Strategies of the Therapist.

This lecture is devoted to therapists who work with victims of violence and the traces this difficult therapeutic work leaves behind. Most therapists are hard put to admit that they may have been infected by the trauma of their patients. The phenomenon of traumatization by proxy has found little consideration by the professional public, touching as it does the shame of the therapists themselves. Empirical data indicates that a considerable percentage of therapists are affected by traumatization by proxy. Half of this number is as severely traumatised as their patients.

Typical symptoms, such as the loss of trust in one's capacities or the belief in one's ability to determine one's own life, ensnarement in perpetrator-victim-dynamics or the loss of the therapeutic attitude and the flight into a position characterized by cynicism and contempt towards one's fellow man, have a detrimental effect on the private and professional life of the therapist.

Theoretical models to explain traumatization by proxy will be presented, with particular consideration of the situation of art therapists.

Aides for therapists, in dealing with the dangers of their difficult work, will be specified, to offer support and the encouragement to grasp the transmitted trauma as a chance for personal growth.

Barbara Wichelhaus, PhD., Professor at the University of Cologne.

The Artistic Representation of Fear, as an Expression of Traumatic Experience in Children.

Fear is a deep emotional experience that can have far-reaching effects on the quality of life. It influences perception, thinking, and behaviour, and manifests itself in artistic expression.

Traumata cause long-term, sometimes life-long anxiety. Cognitive-psychological research uncovered the vast difference between the cerebral hemispheres in their processing of traumatic experience. The neuronal activity of the right hemisphere, the seat of analogous understanding processes, in particular that of nonverbal emotional communication, continues to function relatively normally. The left hemisphere, on the other hand, exhibits marked disruption of its ability to process information and solve problems. This is the background for new perspectives in the treatment of traumatised persons with the aid of nonverbal arts therapies.

Fears and their individual emotional significance can be expressed, directly or indirectly, through visual art forms. By means of this form of concretisation "reality" is established, and the capacity for verbal communication can be accessed. For traumatised children, drawing is often the only "language" by means of which they can draw attention to their problematic situation. The diagnostic relevance of artistic representations by traumatised children will be presented in exemplary case studies, augmented by anamnestic and biographic information, as well as analyses and interpretations in relation to semiotics and iconography.

Ursula Wirtz, Ph.D, psychologist, psychotherapist, Zürich.

Transpersonal Aspects of Trauma

This lecture deals with the transformative, spiritual potency of traumatic experiences. The numinous quality of trauma stimulates the generation of religious, mythological and artistic symbols, in order to communicate the unspeakable. Elements of transpersonal psychotherapy, their relation to the whole, their understanding of the relativity and insubstantiality of the individual ego will be set in relation to traumatic experiences on life's borders.

Despite the loss of the security of being, despite "soul-murder" and transcendental homelessness, the research of positive psychotraumatology (PPT) gives evidence that trauma can act as a catapult into a process of individuation which facilitates the experience of the relativity of space and time, bridges the split between matter and mind, and establishes contact to the transpersonal dimension of the soul. Trauma, as a state of being on a border, points out the fragility of all working models that we have made about ourselves, the world, and that which holds the world together.

The traumatic process can lead to a transformation of consciousness that changes our entire way of living, enabling even severely traumatised persons to experience themselves as creators of meaning, capable of opening themselves to the experience of dimensions of wholeness.

Ernst J. Wittkowski, Mag., Head of the Vienna School of Art Therapy, Chairman of the Austrian Art/Creative Therapists Association (ÖFKG), Art Therapist, Supervisor, Artist, Vienna.

Art therapeutic Landscapes in Austria

Considerations on Ecological Landscaping

In the last ten years, a varied and diverse art-therapeutic landscape has evolved upon the primary rock of psychotherapy and art, finding nourishment despite or because of legally fixated psychotherapy. Up to now, art therapists who have completed their training and enter the job market are able to find room for growth and feasible "Austrian solutions" in order to bring their capabilities into the service of patients or clients. In the long run, however, it is necessary that art therapy obtain an official status that provides it with a self-evident position within the framework of healthcare and social

services. This cause demands considerable effort from the professional associations and the training institutes.

I wish to point out the possibilities and risks of different forms of accreditation for art therapy in society and put them in relation to the methodological essence of our work.