

3D Therapy® in the Children

Mariannina Amato*

Psychologist-Psychotherapist, ASPIC EMDR, Lamezia Terme, Italy

***Corresponding Author:** Mariannina Amato, Psychologist-Psychotherapist, ASPIC EMDR, Lamezia Terme, Italy.

Received: August 29, 2019; **Published:** October 25, 2019

Abstract

The latest research in the field of neurosciences on empathy [1], tuning [2], emotional understanding [3] and high executive functions found in 3D Therapy an effective implementation.

3D Therapy applies the 3D printer in the realization of 3D objects that will be therapeutic elements. The 3D object is the result of emotional involvement [4] in the therapeutic session. The evoked dysfunctional emotion is transposed as a graphic on a sheet by the same child.

The method has a sequential process that is activated with adequate visual and verbal stimulation (phase A) the child's emotional involvement and blocked emotion that causes discomfort. The emotion evoked, transposed on a graph, is materialized in a 3d object (phase Bx) placed in front of the child.

The observation of the object unleashes in the child (phase Cx), a strong emotional impact that goes from amazement/wonder to surprise/novelty, an impact that calls for a dynamic process of visual and tactile observation (phase D). It follows a comparison and narration, with a continuous search for solution to the problem (phase E), up to the understanding and emotional stabilization (phase F) with the assimilation of new information on one's self, made more and more cohesive and integrated.

The observation process involves the activation of mirror neurons [5] that "reflect" the objective emotions, made clear and real by the 3D object, and the executive functions that plan a research strategy and solution to understand and integrate the emotional elements producing a real change in the self of the child [6].

Keywords: 3D Therapy®; Children

Introduction

In the therapeutic, authentic and congruent space [7], the emotionally dis-regulated child modifies his way of being and the narration of his own Self [8], a process of modification linked to the empathic mirroring [9] of the therapist and the resonance of the 3D object.

3D object realized by the evocation of the negative emotion actualized in therapy and transposed in graph [10]. The graphic being processed materializes the 3D object.

The 3D object, during the observation process, reflects the child's discomfort and activates the process of meta-reflection [11] and meta-comprehension [12].

Methodology

3DTherapy® is adopted, a new psychotherapeutic methodology, and five children aged eight to twelve are subjected with various problems (somatization, attachment dysfunctions, phobias of insects or places)

3D Therapy® is a methodology that develops in 5 phases according to a temporal sequence:

- In phase A the emotional involvement of the child is initiated which actualizes a dysfunctional emotional experience that will be quantified, visualized and transposed into a drawing, with the use of visual and tactile sensory feedback.
- In the Bx phase from the graph the 3D object is produced (Figure 1 and 2).
- In the Cx phase the child first observes the graph then the object transformed into 3D. In this phase the transition from the two-dimensional to the three-dimensionality, from the subjective to the objective, with the modified emotional ritualization takes place. The observation of the 3D object generates in the child a strong emotional impact of astonishment and surprise (Figure 3).
- In phase D develops the process of confrontation that proceeds from loss and surprise, from narration to awareness. In this phase the negative perception is localized and modified until a solution is found. Observing the emotional component of the 3D object allows us to reconstruct the affective-relational aspect in a new narrative of the Self (Figure 4).
- In phase E the emotional and cognitive reorganization occurs, with the achievement of emotional stability and the closure of the gestalt through the quantification of the disturbance and the visual and tactile feedback biosensory feedback.

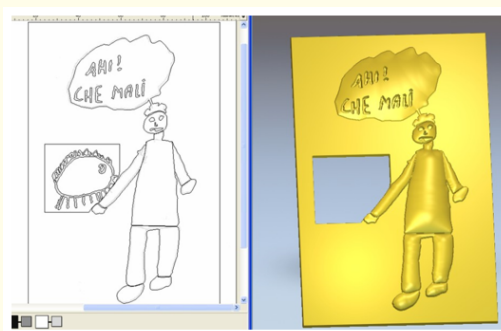


Figure 1



Figure 2



Figure 3



Figure 4

Results and Discussion

The 5 children presented in the Cx phase, a behavior of astonishment and surprise immediately replaced by a strong visual and tactile excitation. Phase in which the mirror neurons are activated that “mirror” the child’s objectified emotions, emotions that have been externalized and now made real, emotions com-taken in observing the 3D object, percept unambiguous and that allows to achieve immediate cognitive clarity. The 3D object embodies the materialization of the externalized emotions, transposed into the graph and presented concretely in the perceptive act of the 3D object. The simple act of observing the 3D object generates a strong emotional impact that activates the process of unity: giving meaning and meaning to what is seen, and giving order: seeing the world with new and original eyes. Process that starts from the initial loss to the process of self-exploring and narrating itself (phase D) through the mechanism of incorporating the percept-object3D transforming it inwardly to understand it in your Self. Each child meta-understand his emotions with his ill-reflected by the object, explores the object 3D coordinating its dexterity, verbalizes its discomfort and the actions that moves on the 3D object, organizes and plans the adaptive-creative solutions on the 3D object until it reaches a state of self - satisfaction of their actions.

Conclusions

With the materialization of emotion it projected three-dimensional object, breaks in the child a strong emotional impact that activates of’ internal assimilation with the achievement of consciousness. The ability to understand the 3D object, mirroring the emotional expe-

rience objectified also involves the re-enactment of the sequence of the actions to object planning. The 3D object presentation, finally, activates a dynamic process and qualitatively adequate, in fact, in a few sessions is generated in the child a stable and integrated change.

Bibliography

1. Giusti E and Militello F. "Neuroni specchio e psicoterapia". Sovera, Roma (2011).
2. Siegel DJ. "Mappe per la mente". Raffaello Cortina, Milano (2014).
3. Shore in Acts of the Cogresso ISC (2015).
4. Greenberg L. "Lavorare con le emozioni in psicoterapia integrata". Sovera, Roma (2002).
5. Rizzolatti G and Sinigaglia C. "So quel che fai". Raffaello Cortina, Milano (2006)
6. Giusti E and Azzi L. "Neuroscienze per la psicoterapia". Sovera, Roma (2013).
7. Rogers C. "La terapia centrata sulla persona". Martinelli, Firenze (1986).
8. Fonagy P, *et al.* "Regolazione affettiva, mentalizzazione e sviluppo del Sé". Raffaello Cortina, Milano (2005).
9. Onnis L. "Una nuova alleanza tra psicoterapia e neuroscienze". F. Angeli, Milano (2015).
10. Winnicott DW. "Gioco e realtà". Armando, Roma (1999).
11. Giusti E and Azzi L. "Neuroscienze per la psicoterapia". Sovera, Roma (2013).
12. Giusti E and Militello F. "Neuroni specchio e psicoterapia". Sovera, Roma (2011).

Volume 8 Issue 11 November 2019

© All rights reserved by Mariannina Amato.