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Original Contributions - Originalbeiträge

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Drawn Stories Technique: Method and Concluding Therapeutic Turn

Introduction

The child's developmental age is often characterized by problems of somatization of psychological difficulties and conflicts: Anorexia, enuresis, encopresis and persistent constipation. The Drawn Stories (DS) technique presented in this paper was developed to enhance and support the narrative-dialogic relationship in the psychodiagnostic and psychotherapeutic context - initially primarily for work with children of developmental age, but later also for other patient groups. It is a projective drawing technique conceived by Giancarlo Trombini (1973, 1994a) in the 1970s based on his training in Gestalt psychology and psychoanalysis at the University of Bologna. Trombini (2019) and Rossi & Trombini (2021) provide more information on the historical background of the Drawn Stories technique. Over the past decades, Elena Trombini and colleagues used this technique in diagnostic-therapeutic settings and extended it to hospital and educational/school contexts (Trombini E. et al., 2001, 2002, 2004; 2015; Trombini E., 2002a; La Grutta et al., 2005; 2007).

This article uses an early case history of story drawing to explore central aspects of this technique in greater depth. It also explores the question of whether the "concluding therapeutic turn" observed in therapies with adults according to the criterion of reconciliation of time perspectives (see Trombini, Trombini & Stemberger 2021) can also be observed in psychotherapy in the developmental age.

Therapy with the DS technique has proved to be particularly suitable for children aged 4-5 years. It is good to remember that from the second year of life (in the field of nutrition) and from the third year (in the field of evacuation) the child, no longer strongly involved in the profound emotional difficulties of the first years of life, is actively engaged in doing things on his own as well as in the initial conquest of his autonomy and responsibility, which is important since early childhood. In this period, psychosomatic protest behaviors may therefore appear (such as refusing food, holding back feces, showing fecal or urinary incontinence). Such behaviors indicate the adult's frustration of the child's motivation to do things alone (Trombini, 1969, 1970). This happens, for example, when parents impose their own point of view and do not show confidence in the child's self-regulatory

abilities. The DS Technique reactivates the child's motivation to do things alone, accompanied by an adult (the therapist) who supports him with trust.

In the DS technique, the child is invited to tell a story of their choice and to draw it on a sheet of white paper divided into four parts. The child is suggested to start in the first box in the top left, continue in the second box in the top right and in the third box in the bottom left, and conclude in the fourth box in the bottom right. When the DS is proposed, the child can welcome it as an opportunity to give voice to their narrative. It is known that children as young as about four years old begin to organize events into coherent stories to explain what is going on, with the understanding that they are in control of what is happening (White, 1988/89).

Drawing stories and self-regulation

By accepting the DS suggestion, the child shows a willingness to take the initiative: it can now act as the author of its own story, its own fairy tale, its own dream. If you rely on the child's desire to do things themselves, their "desire to grow" can unfold (Loewald 1960). By drawing a story, children can develop an appreciation of themselves and their own initiative. The child can increasingly develop an awareness of its own abilities to solve its difficulties. Once the child has gained solid experience of doing things by itself, it can free itself from the contradictory dynamics of its dependencies and open up to the relationships in its life with confidence.

In the DS situation, the therapist (T) assumes an attitude that supports the unraveling and flowering of the child's abilities. He knows how necessary the presence of the other person is for growth: there is no change in solitude. He therefore supports the development of the plot in the story by listening respectfully, by participating in and mirroring the child's work, and by referring exclusively to the characters drawn by the child in her verbal interventions. The therapist notes down on a sheet of paper the narrative depicted in the four boxes and verbalized by the child. She also notes the child's comments and her own comments on the narrative of the story.

It is therefore of fundamental importance to allow the child to spontaneously choose a topic for the narrative (Trombini 1973, 1994a). In this way, the T's trust in the young patient's ability to manage the dynamic development of the narration immediately transpires. Trusting the child allows it to self-regulate. We know that the child is a system geared towards self-regulation (Metzger, 1976; Zabransky et al. 2018). Each of its relationships with others can be satisfactory or unsatisfactory, can be harmonious or dysfunctional. In the latter case, the impulse to move from a dysfunctional relationship to a satisfying one can arise

spontaneously. Unfortunately, it is often forgotten in therapeutic practice that this capacity for self-regulation exists.

The DS allows highlighting the subject's self-regulatory availability within the single psychotherapeutic session, as it proposes a narrative sequence with a beginning and an end. The story can take place and end in a happy way (Positive Outcome - PO); it may present an injury that either resolves (Compensated Outcome - CO) or does not resolve (Negative Outcome - NO).

It should be noted that the story's outcome constitutes the technique's peculiarity. This characteristic offers an index (a clinical thermometer) of the subject's current psychological condition: positive and compensated outcomes describe states of well-being, balance, and ability to process frustrations adaptively (the ability of resilience); negative outcomes are associated with states of emotional turbulence but also with the ability to communicate these states.

Clinical practice has shown that the child mainly draws stories with a negative outcome in the phases in which its psychological problems and suffering prevail. Both progress in therapy and symptom improvement coincide with developing stories that end positively (PO or CO).

This clinical evidence was confirmed by research conducted on a non-clinical population of children (age range 5-11 years, balanced by gender), in which 80% drew stories with a positive ending and 20% with a negative ending (Trombini E. et al., 2001). The DS were administered at school together with psychometric tools for the evaluation of anxiety and depression, on a sample of children (age range 8-13 years, balanced by gender). Children who drew stories with negative endings were found to have significantly higher levels of anxiety and depression than children who drew stories with positive outcomes (Trombini E. et al., 2004).

According to Stemberger, Giancarlo Trombini's DS differs from other techniques, which invite the person to draw themselves, their family, or a specific scene, in one important respect when it comes to its use in psychotherapy: Unlike a single drawing, Trombini's DS offers the possibility of explicitly depicting a developmental process in various stages, whereby this development can lead to a positive, a compensated or a negative outcome (Stemberger & Lustig, 2021).

While the child draws, often accompanying its verbal narrative, the therapist should only participate with questions and observations that relate to the material presented by the child itself. Lustig points out that the therapist's demonstrated interest in "wanting to know" (shown in her questions and shared observations) is so important because it influences the whole process: "Questions and wanting to know are important and have an influence on the process. Questions and observations are the 'vehicle' for the development and maintenance of a sustainable relationship, which is what makes this possible in the first place.

The sustainable relationship, in turn, is the secure 'vehicle' that allows questions and observations to be endured and trusting answers and narratives enabled." (Stemberger & Lustig 2021, 20).

Reconciling time perspectives in the course of DS

Stemberger also posed the question whether in the DS technique, i.e. in developmental age, may be present 'the concluding therapeutic turn' (CTT), already detected by Trombini in adulthood as a reconciliation of the temporal perspectives of the psychological past-present-future (Trombini, Trombini & Stemberger, 2021). This reconciliation, which Trombini takes as a criterion for the occurrence of CTT, indicates the imminent point in time for the completion of the treatment itself. Within a single session with the adult patient, the turning point is grasped when a positive evolution of the relational dynamic emerges by comparing manifest dreams and associations (considering the quality of the relationships that are thematized in the dream reports and in the associations following them). In adult patients, the CTT is achieved in a single session when a positive development can be seen in a comparison of the relationship dynamics in the manifest dream and the relationship dynamics in the subsequent associations. For such a comparison, the session is "read" in the sense of a development from a beginning to an end, which can be expressed in well-being or discomfort at the end of the session. As far as the time perspective is concerned, the positive relationship development in the CTT session is accompanied by a constructive bridge-building between the three emerging temporal reference systems: Whereas previously the patient may have dwelled on the past in an unproductive way, blocking the present and cutting off any perspective for the future, the past is now reconciled with the present, which is open to the future.

Drawing on Stemberger's considerations, Giancarlo Trombini now formulates research hypotheses for therapy at the developmental age in the present work: in order to pursue the question of the occurrence of a CTT in the course of story drawing, he returns once again to the therapy of an eight-year-old girl to whom he first suggested the DS from a psychotherapeutic point of view many years ago. With this question in mind, he once again examines the way in which this therapy progressed.

Research hypotheses

The study asks three questions:

The first question concerns further clarification of the characteristics of the methodology. In fact, the methodology is essentially organized in two ways:

a) the DS favors a natural development of the narrative of the child who, in the initial phase of psychotherapy, first of all, asks for immediate comfort without any decoding questions that are annoying for it. There is a need for "soothing", which will allow "to intrigue" the feelings that appear in the drawn scene (Trombini, 1994b), not seeking explanations for the discomfort. In this initial phase, the DS performs the "function for depositing of suffering". The T lends himself to developing the child's healthy core of the ego, which was produced in the encounter with those who gave it love and offered help and recognition when it was powerless.

In the DS, the T is receptive to sensing the expressive power of what appears to be most important in the drawing. Sometimes he can even be disturbed and even subjugated by it. Therefore, a phenomenal centering emerges in the narration. From this centering comes the context, a phenomenological system that gives meaning to the story.

b) it follows that if the T offers himself as a living presence, accompanying the little patient with interest, warmth and even pleasure in the elaborations which follow the frequent negative initial outcomes of the stories, the hope is elicited that self-organizing abilities will present and develop in the child, which will produce a positive evolution of the DS accompanied by the resolution of the child's suffering. The DS are addressed to the present listener (i.e., the T): it follows that the responsibility for the development of the narrative contents is not only of the small author but also of the recipient, the T, in his listening, in his questions, and in his observations.

The second question concerns the emergence of a "concluding therapeutic turn" (CTT), also at a developmental age, according to the criterion of reconciliation of time perspectives, as it results from the comparison between the DS at the beginning of therapy and the DS in the final phase of therapy. The time perspective, i.e. the child's perception of past, present and future events, changes in the course of therapy. Knowing how to locate oneself in a reconciled time perspective promotes identity development and gives life to the CTT.

The third question concerns the possible convergence of the reconciliation of time perspectives with a positive reorganization of the relationship configurations as they arise in the DS during the progress of the therapy. Whilst story drawing, the child deals with the essential themes of its developmental path according to its personal individuality and creativity through dyadic and/or triadic relationship configurations between it and its parents.

Since Freud's theories (1924), we are aware of the possibility that the triadic relationship between child and parent can give rise to the so-called "Oedipus

complex".[1] From a psychoanalytic perspective, the Oedipal configuration changes several times in the course of an individual's life and undergoes multiple evolutionary transformations, both positive and negative (Loewald 1979; Ogden 1987). With the help of the parents (or even just one parent), a realm of psychological freedom can emerge in the child in which it can enter into new relationships with its own life, far removed from the primary Oedipal configuration (Ogden 2006). In the course of the therapy, new positive triadic relationship constellations are facilitated in the child's reflections, which the therapist hears during the TC, and the child's capability for autonomy is increased. The child's acquisition of an autonomous self can become the basis for the reconciliation of time perspectives.

It is therefore expected that in CTT the new triadic relationship configuration (child and parents) will coincide with the reconciliation of past, present and future. As a result, a path opens up in the child that leads to the development of the potential for detachment and self-discovery.

Clinical case

Maria's (M) psychotherapy, carried out entirely with the DS method, lasted for 20 sessions (each 50 minutes long), which took place once a week. This frequency was reduced in the final phase at her request.

During the sessions, the T took written notes of the progress of the stories drawn, of the girl's comments and of his own. In the initial, intermediate and final phases of the treatment, the parents were supported with a number of sessions (lasting about 1 hour each). These sessions were in full respect for the child's privacy, and were firstly aimed to make the parents understand the emotions underlying the symptoms and, subsequently, to help them accept their manifestation, a prodromal aspect to the transformation of the suffering and the resolution of the symptom.

M. is born into a wealthy family unexpectedly as part of a pair of twins. Years later, the parents approach the therapist (T) with the problem that the child is suffering from primary and persistent nocturnal enuresis at the age of 8.

Enuresis is an incontinence that frustrates the child's desire for autonomy, which it wants to express in harmony with the social life of the family.

This desire is in fact an expression of the striving for independence that occurs in the third year of life in the area of evacuation. Unfortunately, the parents'

[1] In 1967, Wolfgang Metzger and his colleague Anne Bruns analyzed a case of the "emergence and healing of a childhood phobia". In this essay, they also take a critical look at Freud's views on the Oedipus conflict. In 1970, in his essay "Zur Überprüfung tiefenpsychologischer Thesen" ("On the verification of depth psychological theses") Metzger reported on studies that contradicted the general occurrence of the Oedipus complex.

behavior can come into conflict with this desire and favor protest behavior such as enuresis in the child (Trombini 1968; 1970; Metzger 1976). Enuresis can persist despite feelings of shame and the obvious disadvantages that wet pants entails. Indeed, the symptom provides primary benefits such as the satisfaction of the desire for passivity and withdrawal, which is satisfied by yielding to the immediacy of the stimulus and by the sensations evoked by the warmth of urine on the skin, reminiscent of the now distant world of the first months of life. The symptom also brings with it secondary benefits such as the attitudes and reactions of the parents: the care offered to the child and the attention – also of an oedipal nature – of one of the two parents for the child (Baldaro, Trombini & Trombini 1994).

First phase of psychotherapy

M. seems bright and intelligent, motivated and determined to get rid of her problem (nocturnal enuresis). She enthusiastically accepts T's suggestion to draw stories. She is an excellent drawer who immerses herself in the production of her own fantasy and shows that she is completely absorbed in what she is drawing and is able to explain what is happening verbally. Il light of M's characteristics, the T verbally and enthusiastically supports the child's interest in developing her drawn story right from the start.

From the very first sessions, she was determined to present specific themes.

In the first drawn DS (Fig. 1), a grazing gazelle is discovered by a lion, tries to escape, but is chased and devoured (negative outcome, NA).

In the second DS (Fig. 2), a person prays in front of a mirror (which does not reflect her image), but the mirror falls on her and kills her (negative outcome, NA).

A third drawing narrates a dream: Jesus invites two people, who are in hell (in the belly of a kangaroo), to go out, but they do not want to (negative outcome).

In the fourth DS (Fig. 3), a child grows nails and hair. It says "but I will cut them off anyway", without actually doing so. Nails and hair grow so much that it exclaims: "I cannot go anywhere anymore!" (negative outcome).

In these first sessions, the T is present with an attitude of intense involvement in the scenes that emerge on the sheet. Just being present is not enough: The T must introduce the child to his or her way of listening and engaging and to the fact that he or she knows how to hold back.

The focus of the T is on the expressive qualities of the perceived material itself and not on the search for a hidden meaning of the visible material. The T's gaze is attentive and interested in the emergence of the drawn figures that will compose

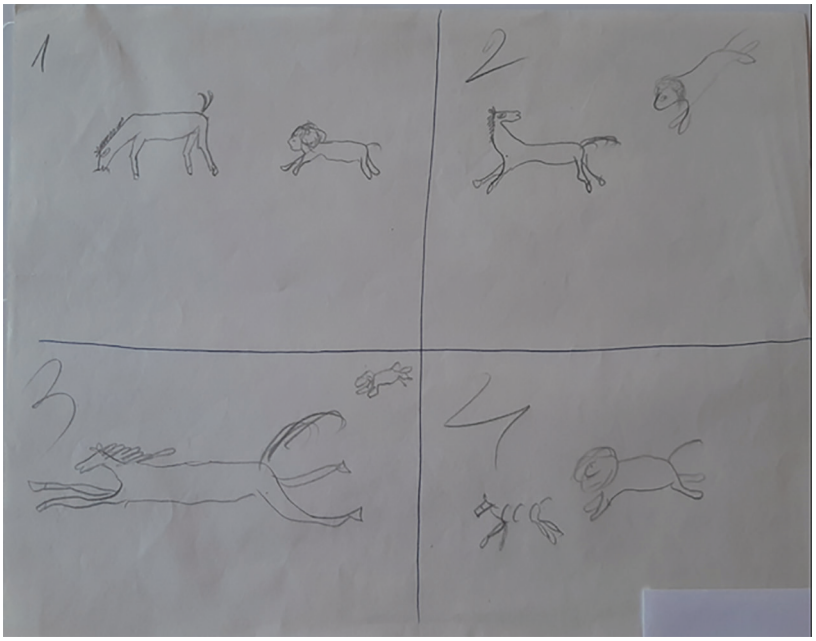

Fig. 1. First DS of M.

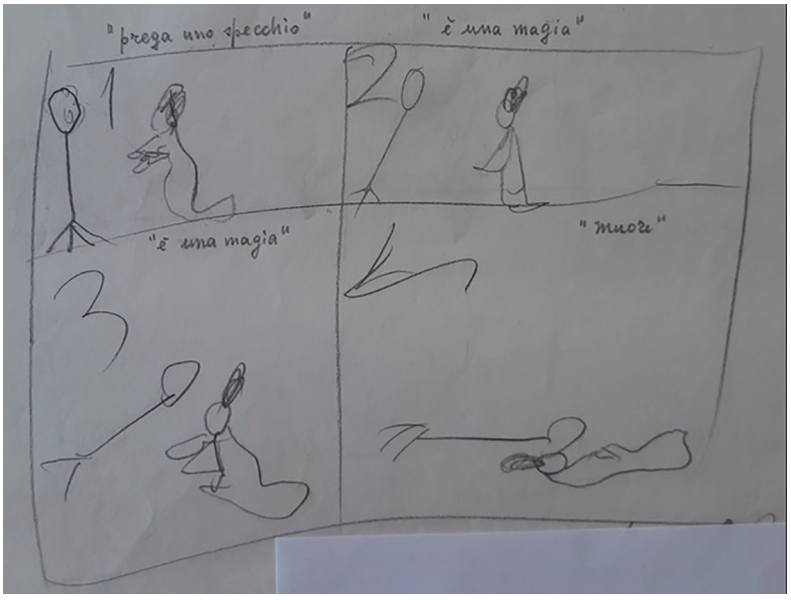

Fig. 2. Second DS of M.

the story. He decides not to intervene with questions, since he knows that he must stay at the right distance. The T must make himself known for his way of listening and intervening, as the simple presence is not enough.

In the first DS by M., the skeleton stands out (Fig. 1). The T comments: "Poor gazelle!" and thinks: "She liked it so much that the lion devoured it. Unfortunately, the lion's voracious desire has tragic consequences. The gazelle's skeleton remains only."

This empathic sharing for the drama being staged, made explicit with the simple phrase "Poor gazelle!", allows the T to pause, without asking further questions, in an emotional atmosphere that the patient feels and wishes to communicate. This allows M to proceed with the narration of the DS which continues to bring out the core of the little girl's current suffering. Any mirroring is impossible and takes away the existence of life (Fig. 2). You find yourself in a "hellish" situation. You are alone and have no way out (Fig. 3).

T has approached M with interest and affection. The child is therefore offered an atmosphere of reflective attention. M feels comforted and can now perceive her wounds as healable through a reflective T. This creates the story of a "Papero" (a duck character like Donald Duck) who finds his reflection in the mirror. However, the mirror is still fragile and falls over, injuring the Papero's foot, which then heals (the plaster on the foot) (Figs. 4a,b - CO). The participatory presence of T made a reflection possible and favored M's ability to perceive a pair situation.

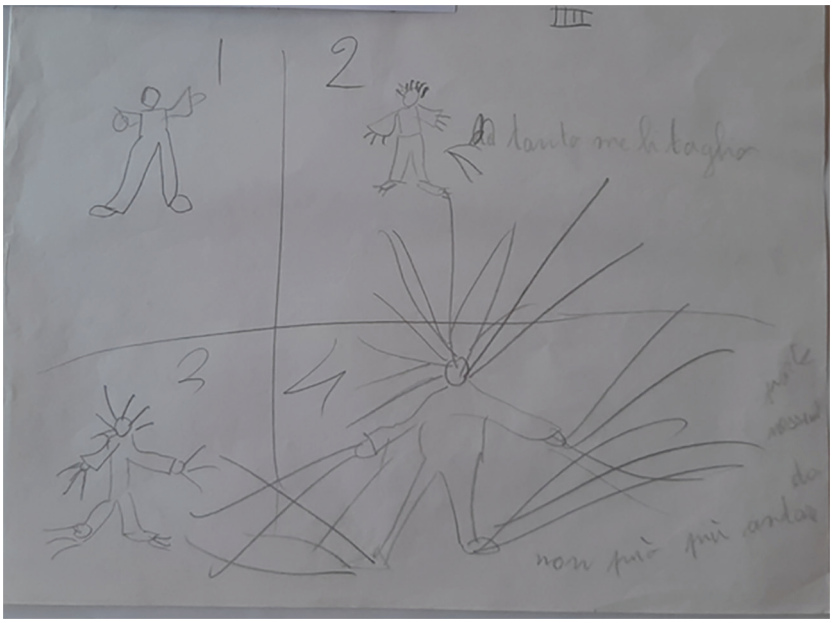

Fig. 3. Fourth DS of M.

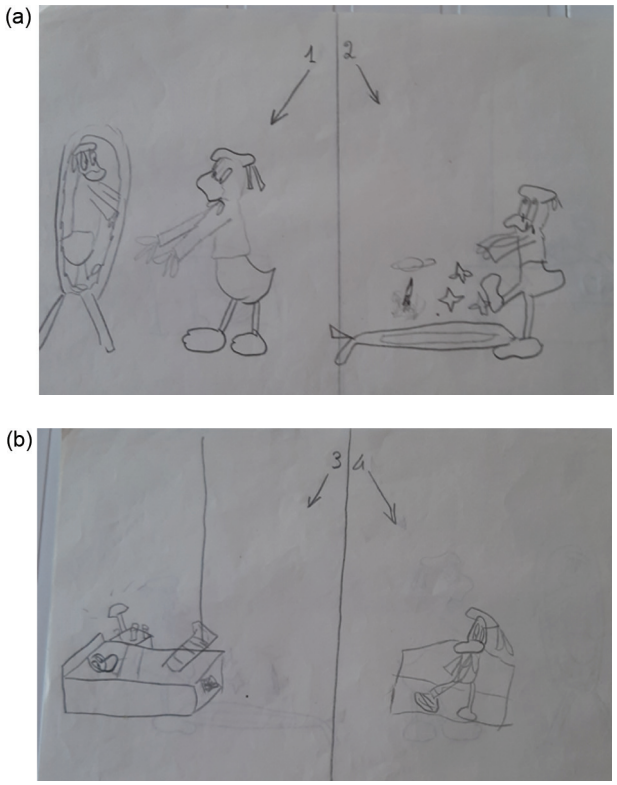

Fig. 4. DS from the further course of therapy of M; see description and comments in the text.

Second phase of the psychotherapy

M proceeds in her narrative which now highlights a turning point: the transition from stories with negative outcomes (NO) to stories that present solutions to problems (CO and PO).

The story of a poor duck who finds a rich duck whom she marries and with whom she will have a lot of money and many children (PA) now appears. A relationship thus emerges in the story that has asymmetrical characteristics (wealth-poverty).

In the ducks M finds suitable figures to talk about herself. As the story continues, M responds to T's impressed remark: "You've got a lot of imagination!" with the comment: "You can use a duck instead of a real child!" M is therefore aware that she is talking about herself.

M continues the story with the help of drawing. At Christmas, the duck grandparents are with their grandchildren, to whom they give lots of presents. The grandmother duck, who has previously taken care of the household to prepare for the

family party, then goes dancing with friends: "She likes it and she's the prettiest!" There is a shift in emphasis in this story (PA). Although the grandmother duck is still tied to the house, she shows a touch of independence and her beauty is an enhancement of her person.

Now an evil duck appears who wants to steal the money and kill the rich duck's children: the fact that M has embodied an evil and deadly role seems to make her feel better - during the Christmas vacations she will not wet the bed for three nights.

The drawn stories continue: the duck family goes on vacation to an island and the duckling swims in the waves (PA). The T admiringly emphasizes this beautiful state by commenting: "How beautiful! How pretty she looks there!"

M. subsequently comes to the session with a flashlight. The encounter with the T now also allows light to be shed on aspects of the shadow. In the DS, the evil duck steals money from the duck family (NO): the evil duck is in the foreground. But in the next session M. arrives cheerfully and reports that her mother no longer wakes her up at night and that she no longer wets the bed. A slackening of the enuresis begins to emerge: M has let out themes of engulfment and obsession that were tormenting her through these drawn stories. T verbalizes with enthusiasm the appearance of this new autonomous behavior of the little girl and appreciates the recognition that the mother has also given to her daughter.

Next, M draws a story in which the ducks celebrate because they have found their money again (PO); they celebrate with a cake that the duck mother has prepared. T comments on the party drawing: "What a nice dress the duck has, like your mom!" M nods contentedly: now she can share in her parents' wealth and embrace the feminine quality of beauty. She will also pass on her experiences in the next session using the drawn story of the rich duck who fights the cannibals and manages to destroy them (CO). It becomes clear how the protagonists of the stories manage to free themselves from voracious cannibalistic aspects.

M, who had already noticed a different attitude in her mother in not getting her up at night, sensed a possible conclusion to her journey. T maintained his attention with "clinical patience" (Trombini 1994b) by participating in the experiences of the characters and in the graphic-perceptive modalities with which they are expressed. This allowed M to gradually find small solutions in their individual stories and finally achieve a dynamic overall vision among all the stories. It happens as in Renoir's masterpiece: The Rowers' Breakfast (1881). If you look at the individual pairs in this painting, neither seems to be communicating with the other; but if you look at the whole, there is a circular relationship of gazes and a harmony of interactions.

In the next session, M. will say: "I'll tell another story, because this one is over: I have nothing more to say". There is another turning point: the story of two ducklings in love begins. The T participates with pleasant curiosity in the new narrative, without asking questions.

Third phase of the psychotherapy

The distancing from the conflictual nature of asymmetrical relationships leaves room for the emergence of symmetrical couple relationships. The stories of Paperino (Donald)-Robin Hood and his beloved Princess Paperina (Daisy) are drawn. There is an evil duck who wants to kill Paperina, but Paperino-Robin Hood manages to put him in chains, and eventually the villain is beheaded and the two Paperini marry (CO).

Paperina then goes to her grandmother to have breakfast with her and then walks across a bridge over the lake on her own. M comments: "Because Paperina was very beautiful, it happens that the rainbow takes her away, Paperina becomes a rainbow and so the story ends" (PO). The T comments: "what an important story! It ends very well for Daisy Duck!"

Paperina, who had already become beautiful but was still submerged in the water (DS of the trip to the island), can now be reflected on the water as a rainbow. This means that Paperina became beautiful in the reflecting eyes of T and her parents (G.) and was in turn able to discover herself as beautiful and independent: Paperina's rainbow rises above the pee-pee lake. At the same time as these sessions, M now leaves her bed dry for good, her mother no longer gets up to change her, and M asks for the protective sheet to be removed from her bed.

From the cutaneous pleasure of the warmth of urine on the body, which refers to the longing for the fusion inherent in fetal life (Trombini E. 2002b), M. now moves on to the joy of knowing how to control herself: What a beautiful success!

Termination phase of psychotherapy

Ms DS in this last period of the therapeutic journey, which coincides with the complete disappearance of enuresis, are about the adventures of two young ducklings who are stopped by an older male duck and a female duck who wants to possess them. First the Papero kidnaps the duckling, who does not put up any resistance, and locks it in a tower. M: "Paperina in the tower, from which she cannot get out, has all the riches but is alone". Then Paperino comes and climbs up the long hair that Paperina has thrown at him and is able to free her. Paperino suggests to Paperina that she should lure the adult male duck by singing; when he reaches the foot of the tower, Paperino impales and kills him. Meanwhile, the adult female duck dies of a heart attack. The two ducklings marry and have children (CO).

Two moments stand out in these drawn stories, the importance of which M emphasizes with the words: "I have to draw them very well because it's a very demanding story". First, Paperina, who does not rebel, is still "trapped" in an (asymmetrical) couple dynamic with the mature and possessive papero. But possession does not make you happy. This opens up the possibility of a different relationship dynamic: the adult ducks leave the scene and a (symmetrical) couple emerges who are able to generate children (group relations).

At this point, M considers it appropriate to interrupt the session and recapitulate her story. She does this by repeating the initial DS of the gazelle being devoured by the lion with the comment "For me, it's still alive because it's running away!", thus verbally anticipating the outcome of the next DS. "There is a lion that wants to devour a gazelle further away. To lure it to him, he feigns illness, the gazelle approaches, but a crow comes to its aid and says: 'Watch out! The lion jumps up to eat it, but the crow stabs the lion in the eye with its beak and takes the gazelle away. And the gazelle runs away" (Fig. 5 - CO). The T comments: "when we met, the gazelle ended up devoured by the lion; now the gazelle has managed to free itself with the help of its friend crow. M comments: "you're right, friends can help you go freer!" The T thinks about how an attitude of empathic dedication first allowed comfort and then help to encourage the development of a greater sense of autonomy in M.

We have arrived at the Concluding Therapeutic Turn (CCT): M had begun her journey by presenting her theme, a story of devouring; M concludes her journey

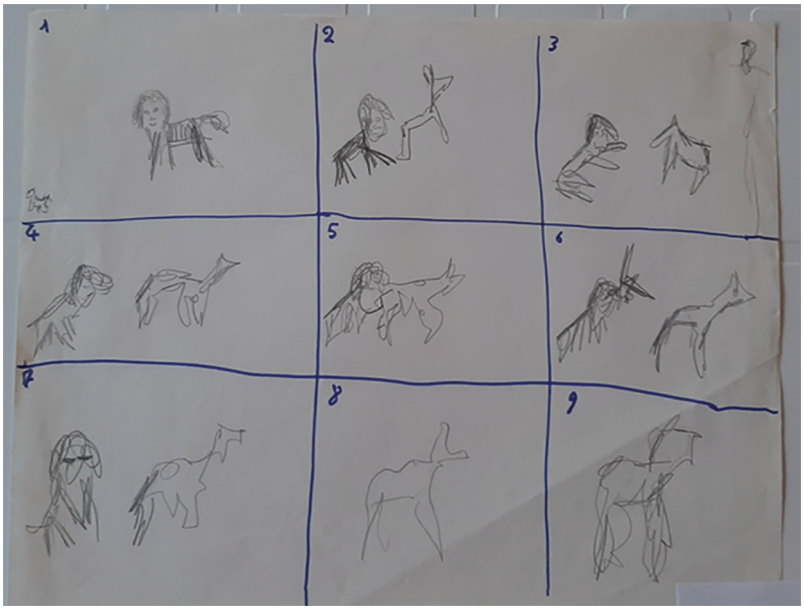

Fig. 5. DS from the further course of therapy of M; see description and comments in the text.

with a lion that no longer has eyes to attack: the devouring disappears from the scene.

The first DS of the gazelle presented a negative outcome in a dyadic relationship (gazelle-lion). The DS of the CCT now shows a transformation: a triadic relationship is revealed in which, thanks to the intervention of a third party (the crow), the lion becomes incapable of devouring and the gazelle gains its freedom.

In the last session, M. draws the reality of her situation (Fig. 6). A Paperina rides on a tortoise and from this position can observe four small carnivorous animals (a lizard, a caterpillar, an ant and a lizard) in an enclosure. Two other people observe the scene.

M emphasizes how she (as a duck girl) has managed to take a firm step to a safe position (the turtle) from which she can control devouring aspects (the four animals in the enclosure), which she can show to a pair of sympathetic observers (her parents, M herself and the therapist).

He signs the sheet with a sketch of the essential aspects of the last session: M thus expresses her full satisfaction with the journey undertaken as a couple with the therapist. At the same time, the T writes the narrative of the story she has drawn, commenting: "Your stories are very important! We wrote them to keep reminding them!"

Fig. 6. DS from the further course of therapy of M; see description and comments in the text.

Conclusions

The presentation of Maria's case makes it possible to answer the research questions. Regarding the first question, it should be noted:

a) that the therapist's mirroring attitude enabled Maria to unload her suffering through the DS, to feel relieved and to perceive her wounds as healable. Maria's ego core was revived, giving rise to self-organized narrative processes;

b) that story-drawing can evolve, with parts of the narrative giving voice to the little patient's feelings. Respecting Maria's rhythms and times (her working speed and fertile working times), indispensable in the care of the living (Metzger 1962/2022), supported the times of her psychological growth, accompanied by the mental processes on the part of the therapist. The "clinical patience" was essential for the emergence of the "miracle", as a strong and primordial affection, as a motor of infantile curiosity, as an urge to discover, which is fundamental for the well-being of the human being (Di Chiara 1990; Trombini 1994b). Maria's self-organization abilities were encouraged, which led to a positive development of her story-drawing, which in turn was accompanied by the resolution of her suffering. The therapist's listening stimulated the development of understanding, harmony and integration between the therapist and Maria. The progression of the narrative development was therefore the responsibility of both.

Regarding the second question, Maria's therapeutic process shows that the Concluding Therapeutic Turn (CTT) also occurs in developmental age. The Concluding Therapeutic Turn is anticipated by other turning points, as is also the case in adulthood (Trombini, Trombini & Stemberger 2021).

In Maria's story, there is a first turning point at the transition to the second phase of psychotherapy, when solutions to problems are presented after stories with negative outcomes (compensated outcome or positive outcome); a second turning point appears with the couple of ducklings in love in the third part of psychotherapy.

The Concluding Therapeutic Turn becomes clear in the final part of the psychotherapy, when Maria takes up the original story of the devouring lion and the gazelle: a triadic relationship develops in which the devourer of the past becomes incapable of devouring thanks to the intervention of a third party, and the gazelle conquers freedom by opening up to the future. It is a positive change in the triadic relationship through the intervention of a third party. The protagonist's past, present and future are thus reconciled in this DS.

What has crystallized about Mary's therapeutic path with regard to the second question already offers an answer to the third question: the concurrence of the reconciliation of the time perspectives with the positive reorganization of the triadic relationship configuration for Mary stands out.

The Concluding Therapeutic Turn contained in the DS of the Lion, the Gazelle and the Crow coincides with a positive triadic relationship for the child. In Maria, the reconciliation of past, present and future opens the way to the ability to set boundaries and find oneself.

Summary

The developmental age is often characterized by problems of somatization of psychological problems and conflicts: Anorexia, enuresis, encopresis and persistent constipation. The Drawn-Story (DS) technique presented in this article was developed to enhance and support the narrative-dialogic relationship in the psychodiagnostic and psychotherapeutic context – initially primarily for work with children of developmental age, but later also for other patient groups. It is a projective drawing technique that was developed by Giancarlo Trombini in the 1970s based on his training in Gestalt psychology and psychoanalysis at the University of Bologna and has since been further developed by him, Elena Trombini and their colleagues and also used in other fields of application.

This article uses an early case history of DS to explore central aspects of this technique in greater depth. It also explores the question of whether the Concluding Therapeutic Turn observed in therapies with adults can also be observed in developmental age therapy according to the criterion of reconciliation of time perspectives.

Keywords: psychotherapy process theory; child therapy; Drawing Therapy Techniques; psychoanalysis and Gestalt psychology; Gestalt Theoretical Psychotherapy.

Zusammenfassung

Die Technik des Geschichten-Zeichnens: Methodik und abschließende therapeutische Wende

Das Entwicklungsalter ist häufig durch Probleme der Somatisierung psychischer Schwierigkeiten und Konflikte gekennzeichnet: Anorexie, Enuresis, Enkopresis und anhaltende Verstopfung. Die in diesem Beitrag vorgestellte Technik des Geschichten-Zeichnens wurde entwickelt, um die narrativ-dialogische Beziehung im psychodiagnostischen und psychotherapeutischen Kontext zu entwickeln und zu unterstützen. Zuerst lag der Fokus auf der Anwendung in der Psychotherapie mit Kindern im Entwicklungsalter, später wurde sie auch in anderen Patientengruppen erprobt. Es handelt sich dabei um ein projektives zeichnerisches Verfahren, das von Giancarlo Trombini beginnend in den 1970er-Jahren gestützt auf seine Ausbildung in Gestaltpsychologie und Psychoanalyse an der Universität Bologna entwickelt wurde und seither von ihm, Elena Trombini und ihren Kollegen weiterentwickelt und auch in anderen Anwendungsfeldern eingesetzt wurde.

Der vorliegende Beitrag vertieft anhand einer frühen Fallgeschichte des Geschichten-Zeichnens zentrale Aspekte dieser Technik. Er geht zudem der Frage nach, ob sich auch bei der Therapie im Entwicklungsalter die bei Therapien mit Erwachsenen festgestellte abschließende therapeutische Wende nach dem Kriterium der Versöhnung der Zeitperspektiven feststellen lässt.

Schlüsselworte: Psychotherapie-Prozesstheorie; Kindertherapie; Therapeutisches Zeichnen; Psychoanalyse und Gestaltpsychologie; Gestalttheoretische Psychotherapie.

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