

ECP2019 Moscow - Poster session - 04/07/2019 at 13:00-14:30

Sergio S. Amico - psychologist - trauma psychotherapist - **Catania** (Italy)

Hi!

The QR-code, at the poster's top right side, leads you to its pdf format.

You could get it also at the web site feelingsafe.eu and this "7 minutes" speech is available there too.

"Mental Illness as a consequence of psychological traumas"

I mean that **traumatic events** are the first source of **all psychopathologies**.

I am an Italian psychologist who has worked on clients' traumatic memories in the last nine years. I have learnt, and I use in my psychotherapeutic practice, four methodologies: EMDR – SE – AEDP – BSP

- **EMDR** meaning "Eye Movement Desensitization and Reprocessing"
- **SE** meaning "Somatic Experiencing"
- **AEDP** meaning "Accelerated Experiential Dynamic Psychotherapy"
- **BSP** meaning "Brainspotting"

To understand mental illness, we must consider our **Autonomic Nervous System Emotional Regulation**, and we must also consider our brain's **Neuroplasticity** and our **evolutionary tendency to adaptation**.

Sigmund **Freud**, Sándor **Ferenczi** and Franz **Alexander**, proposed two opposite terms: **Alloplastic** and **Autoplastic**. They meant that, when an individual is facing a stressful situation, he can **react** in one of these two ways:

Alloplastic adaptation: In which he changes the external situation.

Autoplastic adaptation: In which he changes himself, his internal environment, adapting himself to the situation.

So, when we **react** to an **adversity**, we can modify the environment in order **to solve** it (**alloplastic** adaptation), or we can modify ourselves (**autoplastic** adaptation), **learning** from that situation.

But I want to focus here a third way ...

When we cannot cope with that situation, when *that event is too much* for our nervous system, then our **Autonomic Nervous System** brings out an ancient *dorsal-vagal* strategy, which is **Dissociation**.

Dissociation is a **protective blocking defensive mechanism**, it is an **autoplastic** reaction, but it **alienates from oneself** instead of being adaptive, because **inhibits** those **emotionally overwhelming nerve circuits**! This type of **protection** may actively change, in different ways, up to block, our natural flow of mental processes.

I call this third way, a **protecting autoplasic ALIENATION**, and I here describe **Dissociation** as a **Dissociative Protective Double Caution**. The first caution is **TO REMEMBER**, while the second caution is **TO FORGET!**

Remembering and forgetting in order to be protective.

Emotional self-regulation is affected by **Dissociation**, resulting in an **emotional dysregulation**, involving an **excess** of activation or a **deficit** of activation. For this reason, **Anxiolytics** and **Antidepressants** are widely used drugs in the world.

What is a **Psychological trauma**?

It is an autoplasic, natural, adaptive, defensive, protective, but **extreme response**. A **subjective reaction to an adverse, overwhelming event**, involving a **Dissociative Protective Double Caution**, which causes the **Post-Traumatic Dys-Regulation**. It is "*too much*" for the **nervous system**, it is a critical collapse of the personal **feeling of safety** and leads to a **protecting autoplasic ALIENATION**, it leads to **Dissociation**.

Trauma consequences can be treated and solved. But, as long as they are active, they absorb psychic energies. In the first place, working on the **feeling of safety** is crucial.

Thinking about **Post Traumatic Dys-Regulation** leads to a new conceptualization of mental disorders.

Traumas have already inexorably occurred, therefore they have an interesting collateral property: **they no longer exist**, they have passed, their effects continue to be active only because **Double Cautions** have a **lifesaving protective function**. **Double Cautions** can be **renegotiated**, but only starting from a *sensation of safety* (the **Feeling Safe**). Therefore, it is possible to remedy, even as adults, even several years later, through **effective psychotherapeutic methods**, developed to be able to promote and facilitate the processing of traumatic memories.

Post-Traumatic Dys-Regulation is reversible! So, I want to propose **Reversible Post-Traumatic Dys-Regulation** (RPTDR) as the only one mental illness.

On these issues, I am writing a book, which title is "**Feeling Safe**" and in which I also provide an explanation of **Porges' Polyvagal Theory**.

Go to web site feelingsafe.eu to get your free e-book copy, containing the introduction and the first pages of the book.

You can contact me in the ways you can find in the poster bottom side. I have created a facebook page, "**Feeling Safe**" and a specific email address feelingsafethebook@gmail.com

Thank you for your attention!