International Journal of

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EAP

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International Journal of
PSYCHOTHERAPY

The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 24 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

The focus of the Journal includes:

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;
- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European 'mother-tongue' languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new 'Editorial Policies' that are available on the IJP website, via the 'Ethos' page: **www.ijp.org.uk**

The IJP Website: www.ijp.org.uk

The IJP website is very comprehensive, with many different pages. It is fairly easy to negotiate using the tabs across the top of the website pages.

You are also able to subscribe to the Journal through the website – and we have several different 'categories' of subscriptions. However, the Journal is now more of an "open-access" journal, so subscriptions are less relevant.

You can also purchase single articles and whole issues as directly downloaded PDF files by using the Catalogue on the IJP website. Payment is by PayPal. We still have some printed copies of most of the Back Issues available for sale.

Furthermore, we believe that **'Book Reviews'** form an essential component to the 'web of science'. We currently have about 60 books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing: and – as a reviewer – you would get to keep the book. All previously published Book Reviews are available as free PDF files.

There is also a whole cornucopia of material that is currently freely available on-line (see the top left-hand corner of the website). **Firstly**: there are several "Open Access" books on Psychother-

apy available, free-of-charge; **next** there are an increasing number of free "Open Access" articles; **then** there are often a couple of articles available from the forthcoming issue, in advance of publication.

There is also an on-going, online 'Special Issue' on **"Psychotherapy vs. Spirituality"**. This 'Special Issue' is being built up from a number of already published articles and these are available freely on-line, soon after publication.

Finally, there are a number of previously published **Briefing Papers**. There is one on: *"What can Psychotherapy do for Refugees and Migrants in Europe?"*; and one on an important new direction: *"Mapping the ECP into ECTS to gain EQF-7: A Briefing Paper for a new 'forward strategy for the EAP."* Because of a particular interest that we have in what is called by "Intellectual Property", we have included a recent briefing paper: *"Can Psychotherapeutic Methods, Procedures and Techniques" be patented, and/or copyrighted, and/or trademarked? – A Position Paper."* Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: *"EAP Statement on the Legal Position of Psychotherapy in Europe"*, which we published in a recent issue.

Editorial

Courtenay Young

Editor, International Journal of Psychotherapy

Dear **Readers of** – and **Subscribers to** – the **International Journal of Psychotherapy** (IJP),

As I write this Editorial for the summer issue of the IJP in 2023, the war in the Ukraine is still going on and our friends and psychotherapist colleagues in both the Ukraine and in Russia are still really suffering. Many of our Ukrainian colleagues are dealing with numerous issues: not only having to help resist the Russian invasion themselves (some have actually been conscripted); as well as trying to help the massively increased number of people traumatised by invasion, with loss of homes, businesses, relatives, and also with family members fleeing to different countries. The EAP tries to support these, our colleagues, in various ways. So, there have been two Symposiums this year in conjunction with the Ukrainian Umbrella Association for Psychotherapy. We reported on one of these in the last issue; we print the opening address of the second Symposium in this issue. You can find links to all the talks in both Symposia on the EAP website (www.europsyche.org). We still feel, hope, and pray for them and many of us are actively supporting them in one way or another. There are many other ways to help our Ukrainian colleagues: but, for the moment, these are just a few of the ways. Hopefully, soon, we will be able to print articles from them, telling us how things are, and about the ways that they have been working with during this terrible time of trouble.

In this issue, beside one or two of the regular type of articles, we are taking a focus on 'War' – from a psychological / psychotherapeutic, and also from an anthropological perspective. We have been 'blessed' by several (translated) contributions from our Italian colleagues.

First, we have a research article on **Psychosocial Predictors of Stress, Depression & Life Satisfaction in Heart-Failure Patients** from a number of Greek colleagues. In this study, they looked at the impact of stressful life events; how the subjects rated the meaning of their lives; and the impact of their social networks; using key mental health indicators. Unsurprisingly, they found that a key factor was an accumulation of stressful life events. It is estimated that 1 in 4 patients with heart failure will have experienced stress or depression, significantly higher than in (say) cancer patients. Once the heart starts to weaken and fail, several other medical symptoms become apparent. Then comes a 'chicken-and-egg' situation: lifestyle modifications (such as dietary change, exercise, smoking cessation and avoidance of emotional stress) can improve their situation, but these are difficult for patients with low treatment adherence. It is therefore imperative to improve their mental health, so that they can get better. One's social network is also significant in improving mental and physical health. The third key variable seems to be the presence of absence of meaning and the lack of motivation in one's life. Again, somewhat unsurprisingly, they found that the greater the stress of a patient with heart failure, the lower the satisfaction he/she experiences in life; the less meaning he/she seeks or has in life and the smaller the social network he/she has.

I do have to say that these conclusions largely concur with my years of experience in working with patients in General Practice. It is quite hard to get the patient to motivate themselves when faced with something like a heart attack that hasn't killed them; there is an endemic depressive component that the next one seems almost inevitable – and may possibly be fatal. What can one possibly do to avoid such a reoccurrence? As therapists, we all have to work quite hard to provide a positive alternative to the "unless ..." factor. We all know all the basic remedies: Don't smoke (or quit if you do); Maintain a healthy weight; Exercise; Be active; Follow a healthy diet; Improve sleep health; Practice meditation or mindfulness. However, work stress (including increasing financial pressures) will continue to take their toll, irrespective of the above. And much also depends on the patients' social support network, family and friends, and whether the patient is going to continue working in a stressful way.

We – as humans – just simply did not evolve to exist in a 21st century lifestyle: we have pushed our level of adaptability to its absolute limits and we now – in effect – working along a cliff edge. Anything that happens over and above the norm, puts our bodies and minds at risk. We are a microcosmic version of what is happening with the climate and global warming – from now on it can only get worse.

The next article is equally topical and prevalent: **Exploring the Experience of Delivering Talking Therapies Online due to the Pandemic and Assessing the Impact on its Practitioners**, submitted by Faye Gentile and Mike Finlay, both from the Anglia Ruskin University in Cambridge, UK, School of Psychology & Sport Science. They asked 13 practitioners from 4 charitable organisations about their experience of switching to online therapy as a result of

the COVID-19 pandemic. They were specifically interested in changes in key themes: efficacy; loss of non-verbal communication; client environment, including safeguarding measures, privacy measures and professional boundaries; contracting differently; and increased accessibility. Of course, one of the findings – or recommendations – was that there needs to be more teaching about online therapy to better educate practitioners. We were nearly all caught out a bit! New standards for online therapy had to be developed very quickly and it is perhaps worth reminding IJP readers of Adrian Rhodes' article on "EAP Interim Advice for Conducting Psychotherapy Online" (Vol. 24, No. 1, 2020).

Next, as mentioned, the EAP is trying to support our Ukrainian colleagues and so there was a 2nd symposium, jointly hosted by the EAP and the Ukrainian Umbrella Association for Psychotherapy (UUAP) in June, this year. Unfortunately – and understandably – the UUAP have not yet managed to meet all the criteria for becoming a EAP National Association for Psychotherapy, but – for sure – this will happen soon. I am also sure that we will see Ukraine becoming a member of the EU (at some point in the future) and even a member of NATO, once this terrible war-like invasion has been concluded.

The 1st symposium was reported fairly fully in the last issue of the Journal (Vol. 27, No. 1, Spring 2023) and this second symposium follows on from that. We publish here just the Opening Address by both Patricia Hunt (the outgoing EAP President) and a long-standing member of the EAP, a past-President of the EAP, and current President of the UUAP, Alexander Filtz. This address, **"New Challenges for Psychotherapists"**, and the rest of the presentations in the symposium you can find online, via the EAP website (www.europsyche.org/new-challenges-for-psychotherapists-friday-june-16th-2023). Please go there and enjoy these! They 'set the scene' very nicely for the next set of articles in this issue.

So, next, we are delighted to be offered the opportunity to publish several articles on the topic of **"Psychotherapy in Times of War"** – albeit that the theme is very topical, the subject matter (or *raison d'être*) is still appalling. This series of articles were contributed by our Italian colleagues from the Italian Federation of Psychotherapy Associations, and edited by Margherita Spagnuolo Lobb, Paolo Migone, and Maria Luisa Manca. We thank them all very sincerely for their contribution.

The first article is an **Introduction to the Special Issue**, with a graphic picture of a city destroyed by war: Dresden, February 1945. Cities can be re-built – as Dresden has been – and I am sure that the Ukrainian cities will be as well: but the cost – the human cost – is not so easily remedied.

Next, Rosanna Basili, Maria Luisa di Summa, Antonella Messina and Marina Pompei write about **War and Psychotherapy**. They posit the key question, "Where does the human being learn those behaviours that tend towards the subjugation and destruction of the Other?" There is, of course, no simple answer to this question; though I try to answer a very similar question in my article, **"Why War?"** that follows the collection of Italian articles.

The next article, **War and its Traumas: Transgenerational Transmission** by Marina Brinchi, draws our attention to the reality that the victims of war are not just the civilian bystanders, but also the next generation(s), brought up by people in families who have been traumatised by war, as well as the secondary effect on their therapists.

Fabian Gianfortuna writes about actually doing **Psychotherapy in Theatres of War**, with *Médecins Sans Frontières* and how we, as therapists, have to adapt how we work professionally to these very different circumstances.

This is followed by an article from Margherita Spagnuolo Lobb and Pietro Andrea Cavaleri which gives a perspective of **Gestalt Psychotherapy and the "Field" of War** and recommends *the co-creation of a "neuroceptive" sense of safety between therapist and patient"* in order to counteract the diffusion of de-sensitization and the consequent dissociative processes that arise in the "war" between Eros & Thanatos, explored by the dialogue between Freud and Einstein and illustrated by some clinical examples.

Paolo Migone gives us **Some Reflections on War from a Psychoanalytic Point of View**, where he recounts a case where the patient's neurotic symptoms disappeared during the period of the Gulf War but reappeared at the end of the war and presents *"some thoughts on the temporary well-being which can appear thanks to the projection of internal anxiety on a real external danger"*.

The final 'gift' of our Italian colleagues is from Giuseppe Ruggiero and Slava Grinchenko, **At the Heart of the Stories**. This is a reflection on the therapist's subjectivity in dealing with collective traumas (like the current Russo-Ukrainian war). They look at the effects of war *"on individual and group psychic dimensions such as the sense of integration, the perception of the self and the environment, the sense of belonging, and changes in social bonds"*. This can help to promote a healing from the trauma.

These Italian articles have then been added to by a revised version of an article, **Why War?** that I wrote recently for a similarly themed issue on War in the International Body Psychotherapy Journal (www.ibpj.org). I try, somewhat amateurishly, to explore some of the evidence for the anthropological origins of war and how deeply embedded this is genetically.

Finally, and very sadly, we also have to report the passing of our beloved EAP Secretary/Office Manager, Daniela Heinzl, who served the EAP faithfully for 20 years. It is incredible to think of all the minutes of the meetings, of all the emails, of all the travel to EAP meetings, of the various shifts in the EAP office, of all the changes in delegates and representatives, and especially of all the love, passion, work and dedication that Daniela put into the EAP for such a long period. It is almost unthinkable to imagine future EAP meetings without her quiet and sweetly gentle presence. We will miss her greatly.

We end this issue with two Book Reviews. We hope you enjoy all these contributions!

Psychosocial Predictors of Stress, Depression & Life Satisfaction in Heart-Failure Patients

Aspasia Pizga, Eleftherios Karatzanos, Vassiliki Linardatou, Argyrios Ntalianis, Emmanuel Tsagkarakis, Ioannis Vasileiadis, Serafeim Nanas, Nikoletta Rovina, Panos Kordoutis

Abstract:

Introduction: It is known that psychosocial factors affect both the onset and the worsening of heart disease. Patients with heart failure (HF) have high levels of mental comorbidity, which lead to a very unfavorable prognosis, re-admissions and higher mortality. Not enough is known about the impact of stressful life events, meaning of life and social networks on key mental health indicators in this population.

Material and Method: Thirty-six patients with HF (25 males / 11 females, age: 56 ± 10 years) and an ejection fraction < 50% were enrolled in the study. Self-report questionnaires for distress, depression, life satisfaction, stressful life events, social networks and meaning in life were used.

Results: The patients' stress was negatively correlated ($p < .01$) with life satisfaction ($r = −.49$), the presence of and search for meaning in life ($r = −.65$ & $r = −.43$, respectively) and social network ($r = −.41$). Life satisfaction was positively correlated ($p < .05$) with the presence of meaning in life ($r = .40$) and social network ($r = .35$). The presence of meaning in life was positively correlated ($p < .01$) with social network ($r = .48$), while stressful life events were negatively correlated with social network ($r = −.51$). Stepwise regression analyses revealed that the presence of meaning in life is a positive predictor of life satisfaction, $F(1.29) = 8.832$, $\beta = .48$, $p = .006$, and a negative predictor of distress, $F(1.29) = 17.234$, $\beta = −.61$, $p < .001$. Age is a negative predictor of depression, $F(1.29) = 6.389$, $\beta = −.425$, $p = .017$ and stressful life events are a positive predictor of stress, $F(2.28) = 14.336$, $\beta = 3.79$, $p < .001$.

Conclusions: The accumulation of stressful life events negatively affects social network and is a significant predictor of stress. There is evidence that

high social network increases life satisfaction, helps reduce stress and gives meaning in life. The study of psychosocial factors in the health of patients with HF can be used both in the prognosis stage and in finding appropriate treatment.

Key Words: Heart Failure Patients; Stress; Depression; Life Satisfaction

Introduction

Previous studies have highlighted the crucial role of mental health in HF (MacMahon & Lip, 2002; Rutledge *et al.*, 2006). In particular, stress, depression and reduced life satisfaction are indicators that are associated with both the onset and most unfavorable prognosis of heart disease (Celano *et al.*, 2018; Tsabedze *et al.*, 2021). It is estimated that 1 in 4 patients with heart failure will experience stress or depression, and the likelihood of severe depression is higher in these patients than in patients with various types of cancer (Loosen *et al.*, 2021). One of the major reasons for this is linked to the symptoms of the disease that often increase the functional limitations of the person in their daily life. The inability of the heart to supply enough blood to the body causes people to experience fatigue, shortness of breath, peripheral edema, neurological disorders, anorexia, and other physical discomfort. Another important cause of psychological burden is that modifiable lifestyle-related factors are associated with the causes of cardiovascular disease, and this charges individuals with the responsibility to change their daily lives (Unverzagt *et al.*, 2016).

Although lifestyle modification such as dietary change, exercise, smoking cessation and avoidance of emotional stress are beneficial to health, it is also difficult for patients with low treatment adherence. Improving the mental health of patients with HF is crucial for their recovery as it has been associated with increased physical health benefits, such as reduced heart attacks, better prognosis and quality of life (Pompeo-Fargnoli & Fargnoli, 2021).

Biological, psychological and social reasons are involved in shaping a person's mental state and the extent to which he or she feels satisfied in life. There are indications that stressful life events may trigger the onset and course of a disease. Previous studies have highlighted that stressful life events can promote the manifestation of cardiovascular diseases, and also affect the prognosis of patients (Renzaho *et al.*, 2014; Kažukauskienė *et al.*, 2019). In the study by Dupre, M. *et al.* (2015), divorce as an important life event appeared to increase the risk for acute myocardial infarction. History of mental illness also appears to be a stressful condition involved in the pathology of the heart. Based on the study by Rutledge *et al.* (2006), *"a combination of depressive symptom severity and treatment history was a strong predictor of an elevated HF risk profile and increased risk of cardiac events"*; findings also confirmed by other studies (Ferketich, 2010; Smith & Blumenthal, 2011).

Social network is another factor that has a significant impact on the emotional and physical state of chronic patients. The relevant literature has highlighted the value of social support in improving the prognosis of patients, whereas on the contrary social isolation leads the individual to a reduced chance of receiving proper treatment and is associated with a reduced quality of life (Lyons *et al.*, 2015; Staniute *et al.*, 2013). As shown in the study by

Uchino *et al.* (2014), positive spousal support can be beneficial in clinical outcomes of cardiovascular patients. Similar are the findings of Chung *et al.* (2009), which pointed out that cardiovascular patients who had a supportive partner experienced longer absence of depressive symptoms than non-married patients.

A factor that has been less studied in the cardiac population is the presence of or the search for meaning in life. As the absence of meaning and the lack of motivation in life are core symptoms of depressive or anxiety disorder, the presence of or search for meaning in life may have a positive effect on mental health. According to the study by Park *et al.* (2008), *"meaning in life was related to both mental and physical components of the health-related quality of life"*. Meaning in life is essentially about the purpose, beliefs and the more positive re-interpretation of life even when living with a chronic, life-threatening illness.

Stressful life events, social networks and meaning in life usually constitute the socio-personal context in which cardiovascular diseases occur. These key psychosocial factors can improve or negatively affect the lives of patients with heart failure. The aim of this study is to highlight whether these factors contribute additionally to the prediction of stress, depression and life satisfaction and whether some of these have a more important role.

We hypothesized that stressful life events, reduced social network and low life meaning would be positively correlated with stress, depression and reduced life satisfaction. In particular, the accumulation of stressful life events, the relevant lack of meaning in life and the reduced social network predict depression and low life satisfaction. In addition, we hypothesized also that from all the demographic factors, age would be predictive of stress and depression, since factors affecting mental health accumulate as age increases (Hopman *et al.*, 2009). Specifically, older ages are at increased risk of mental disorders.

Methods & Materials

1 *Study Design and Ethics Approval*

This is a correlational study conducted at the Clinical Ergospirometry, Exercise and Rehabilitation Laboratory of the National and Kapodistrian University of Athens, at 'Evangelismos' General Hospital, the academic year 2017–2020. Our study is in accordance with the ethical guidelines of the Declaration of Helsinki and approved by the Administration Board and the Ethics Committee of 'Evangelismos' General Hospital in Athens, Greece. All participants were informed and provided their consent for the participation in the study. They also were assured about secure filing of their data in a form that protects their anonymity.

2 *Patients*

The participants of the study were 36 patients diagnosed with HF, who had been referred to a cardiac rehabilitation program with exercise by their attending physician. The cardiac rehabilitation took place at the Clinical Ergospirometry, Exercise and Rehabilitation Laboratory, 'Evangelismos' General Hospital of Athens, School of Medicine, National and Kapodistrian University of Athens. Inclusion criteria for patients' participation were diagnosed with stable HF Ejection Fraction (EF < 50, the overall health status of the patients to allow them to exercise. Exclusion criteria, also set in the beginning of the study, were to have been diagnosed < 3 months, to have received or changed antidepressant medication < 1 month before entering the rehabilitation program. The majority of patients was mainly treated with diuretics, beta blockers, aldosterone antagonists or angiotensin-converting-enzyme inhibitors.

3 *Procedure*

Patients were asked to complete questionnaires regarding patients' socio-demographics, which included gender, age, marital status, and also regarding their medical history, which included the experience of symptoms of depression, antidepressant treatment, BMI, NYHA stage, CHF Type and Vo2peak (% predicted) which is a reliable prognostic index for CHF severity. For the present study we used self-report measures for stress, depression, life satisfaction, life events, the meaning in life and social network.

The Four-Dimensional Symptom Questionnaire (4DSQ)

To assess distress and depression we used the distress and depression dimension scale respectively of the self-report questionnaire 'The Four-Dimensional Symptom Questionnaire' (4DSQ), Terluin, B. *et al.* (2016). The 4DSQ has been previously used to assess distress, depression, anxiety and somatization. It is mainly used in primary care. The questionnaire has been validated in Greek by Tsourela *et al.*, (2013). The Greek version of 4DSQ used a 3-point response scale instead of the original 5-point scale because of the impression that, especially older, patients understood the 3-point scale better than the 5-point scale. The 3-point scale ranges from: "no" (0 points), "sometimes" (1 point), "regularly", "often", and "very often or constantly" (2 points).

Satisfaction with Life Scale (SWLS)

To assess life satisfaction, we used the 5-item scale Satisfaction with life scale (SWLS) (Diener *et al.*, 1987). A SWLS scale designed to measure global cognitive judgments of one's life satisfaction and patients answer how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from 7) "strongly agree" to 1) "strongly disagree".

The scale has been translated in Greek and validated by G. N. Lyrakos *et al.* (2013).

The Social Readjustment Rating Scale (SRRS)

To measure stressful live events, we used "The Social Readjustment Rating Scale" (SRRS). The SRRS scale was developed in order to detect links between stressful live events and illness. Psychiatrists Thomas Holmes and Richard Rahe, after examination of 5,000 patients, isolated 43 common life events (Holmes & Rahe, 1967). Patients who experienced any of these stressful events add the score given to each event and collect a final score. A score between 11-149 have only a low to moderate chance of becoming ill in the near future; those who score 150-299 have a moderate to high chance of becoming ill in the near future; and lastly, those who have a score between 300-600 have a high or very high risk of becoming ill in the near future.

Meaning in Life Questionnaire (MLQ)

The Meaning in Life Questionnaire (MLQ) is a 10-item self-report inventory on a 7-point Likert-type scale ranging from 1 (Absolutely True) to 7 (Absolutely Untrue), designed to measure the presence of meaning and the search for meaning in life (Steger *et al.*, 2006). The instrument has been translated by Filippi & Stalikas (2012) and has been validated in Greek by Pezirkianidis *et al.* (2016).

Social Network Questionnaire (SNQ)

The social media scale was built by (Kordouti *et al.*, 2013) and includes 10 sentences concerning e.g. what is the number of close friends who come into contact on a 6-point scale from 1) Once a month to 6) Each day with a difference of one question that had a 5-point scale from 1) Not at all to 5) Very. This questionnaire has been used before in the medical and non-medical population and covers four dimensions 1) life conditions, 2) the number

3) the frequency of physical and non-physical contacts and 4) activities. The internal coherence of the scale is considered satisfactory.

4 *Statistical Analyses*

All statistical analyses were carried out using the Statistical Package for Social Sciences (SPSS) Version 26. Descriptive statistics were used for the baseline characteristics of the participants. Significance was set at the level of $p < .05$. The reliability of internal consistency was assessed through the Cronbach index α. To examine the normality of the variables, we applied the Kolmogorov-Smirnov test.

The Pearson's and Spearman's Correlations coefficients were used to analyze the correlation between parametric and non-parametric variables. Stepwise logistic regression analyses were carried out, in order to examine the predictive relationship between the variables distress, depression, life satisfaction, seven stressful live events, presence of or searching for the meaning of life, and social network.

Results

1 *Sample Characteristics*

Thirty-nine patients were initially approached. Two of them declined to participate by stating that they "did not have the time to participate" (refusal rate 5.1%). This resulted in participation of a total of 36 patients in the study, who completed and then returned the questionnaires (participation rate 100%). The majority of the participants were male (25 men versus 11 women) with a mean age of 56 ± 10 years. The majority of patients were married (20), a few single (12), and the rest of them divorced (3) or widowed (1). In order to estimate the severity of heart failure, the NYHA classification was used; from the patients that participated, 25 were classified in Class II and 7 in Class III. The majority of participants had ischemic

heart disease (29), the remaining patients had dilated cardiomyopathy (9) and the remaining (4) other diseases and/or conditions (e.g. valvopathy). Twenty-six patients had no history of depression (contrary to the remaining 10), while twenty-nine patients were receiving antidepressant treatment (contrary to the remaining 7).

Table 1.

Sociodemographic & Clinical Characteristics of Participants (*N* = 36)

Gender (*n*)	
Men / Women	25 / 11
Age	
Mean & SD	56.2 ± 10
Marital status	
Single	12
Married	20
Divorced / Widowed	3 / 1
NYHA (*Classes*)	
Class II / III	25 / 7
Type of CHF (*n*)	
Dilated cardiomyopathy	29
Ischaemic	9
Other	4
CHF severity	
> 80 normal	4
71–80 mild decrease	9
51–70 moderate decrease	9
≤ serious decrease	9
History of depression (*n*)	
No / Yes	26 / 10
Antidepressants (*n*)	
No / Yes	29 / 7

Abbreviations: NYHA: New York Heart Association; EF: Ejection Fraction; CHF: Chronic Heart Failure

Table 2.

Frequencies and percentages of the sample according to the main study variables

		Frequency	%
Stress Level			
≤ 10	Medium Stress	17	44.7
> 10	High Stress	19	50
Total		36	94.7
Severity of Depression			
0–2	Few symptoms	16	44.4
> 2	Moderate symptoms	6	16.7
> 5	High symptoms	4	38.9
Total		36	94.7
Level of Life Satisfaction			
30–35	Very high score; highly satisfied	8	22.2
25–29	High score	11	30.6
20–24	Average score	10	27.8
15–19	Slightly below average in life satisfaction	5	13.9
5–9	Extremely dissatisfied	2	5.6
Total		36	100

Abbreviations: SWLS: Satisfaction with Life Scale; N. of SLE: Number of Stressful Life Events;
POM: Presence of Meaning; SOM: Searching of Meaning

The stressful life events that had the highest self-report in our sample were: **(1)** the change in economic status n = 12 (33%); **(2)** personal injury or illness n = 11 (31%); **(3)** the death of a close family person n = 9 (25%); **(4)** the change in sleeping habits n = 9 (25%); **(5)** the change in social activities n = 7 (19%); **(6)** sexual dysfunctions n = 6 (17%); and **(7)** large mortgage or loan n = 6 (17%) up to one year before the onset of cardiovascular disease. Based on these 7 life events that emerged, we created a new variable that we used in order to predict other main variables in the study.

2 *Main Outcomes*

Pearson's and Spearman's correlations coefficient were computed to assess the linear relationship between distress, depression, life satisfaction, number stressful live events, presence and searching of life meaning, and social support network.

Patients' stress was negatively correlated ($p < .01$) with life satisfaction ($r = -.49$), the presence of and search for meaning in life ($r = -.65$, & $r = -.43$ respectively), as well as social network ($r = -.41$). No correlations ($p >$) were found between stress and depression ($r = -.36$) and life events ($r = .314$). No correlations were found between depression and the other variables $p > .05$. Life satisfaction was moderately and positively correlated ($p < .05$) with the presence of meaning in life ($r = .4$) and social network ($r = .35$), and did not appear to

Table 3.

Spearman's & Pearson's correlations of the changes of the main variables of the study

Variables	STR	DE	SWL	NLE	POM	SOM	SN	CHF severity
STR		-.036	-.486 **	.314	-.645 **	-.429 **	-.409 *	.59
DE			.137	.081	-.149	-.241	-.084	.27
SWL				-.509 *	.406 *	.76	.338 *	-.099
NLE					-.317	-.291	-.506 *	.325
POM						.725 **	.481 *	.025
SOM							.303	.152
SN								-.29
CHF severity								

* *p* < 0.05, ** *p* < 0.1, *** *p* < 0.001

Abbreviations: STR: Stress; DE: Depression; SWL: Satisfaction with Life; POM: Presence of Meaning; SOM: Searching of Meaning; SN, Social Network

be correlated with the searching for meaning in life ($r = .76$, $p > .05$). Life events were strongly and negatively correlated with social network ($r = -.506**$) and no correlation was found with any other variable ($p > .05$). The presence of meaning in life was also positively correlated ($p < .01$) with social network ($r = .48$). No correlations emerged between CHF severity and the other variables.

Following that, and in order to determine whether demographic variables such as gender and age, and personal history variables such as severity and history of depression, as well as socio-psychological variables such as major life events, presence of and search for meaning in life, and social network, explain changes in stress, depression and life satisfaction (dependent variables), we constructed three prediction models for each of these three dependent variables, respectively. We tested these models by using stepwise linear regression analyses.

It emerged that meaning in life predicts stress $F(1.29) = 17.234$, $p = .00$. For every one-unit increase in meaning in life, stress decreases by 0.539 and the seven major life events mentioned above can predict stress $F(2.28) = 14.336$, $p = .00$. For every one-unit increase in the seven life events, stress increases by 2.79 units. Furthermore, age appears to predict the depression score $F(1.29) = 6.389$, $p = .017$. For each year increase in age, the depression score decreases by 0.155. In addition, the presence of meaning in life appears to be a predictor of life satisfaction $F(1.29) = 8.832$, $p = .006$. For every one-unit increase in the presence of meaning in life, life satisfaction increases by 0.357 units.

Table 4. *Hierarchical Multiple Regression Analysis relating Stress*

Step & predictor variable	β	R²	p
Gender	.08	−.01	.59
Age	.01	−.02	.95
NYHA	−.042	−.1	.78
Presence of meaning	−.64	−.37	p < .001
7 stressful life events	2.79	−.5	.01
Social network	−.15	−.02	.4
History of depression	.07	−.01	.59
CHF severity	.16	−.14	.04

Table 5. *Hierarchical Multiple Regression Analysis relating Depression*

Step & predictor variable	β	R²	p
Gender	.02	−.00	.91
Age	−.15	−.15	.02
NYHA	−.02	−.1	.87
Presence of meaning	−.005	−.01	.97
7 stressful life events	−.09	−.21	.57
Social network	−.11	−.022	.53
History of depression	−.02	−.04	.91
CHF severity	−.06	−1.4	.72

Table 6. *Hierarchical Multiple Regression Analysis relating Life Satisfaction*

Step & predictor variable	β	R²	p
Gender	.092	−.21	.58
Age	−.017	−.04	.92
NYHA	.075	.01	.65
Presence of meaning	.483	.21	.01
7 stressful life events	−.125	−.27	.46
Social network	.263	.06	.17
History of depression	−.273	−.56	.134
CHF severity	−.18	.02	.47

For the three tables: *p* < 0.05

Discussion

In our study, we correlated key psychosocial factors (major life events, the presence of and search for meaning in life and social network), clinical factors (maximal oxygen uptake) with stress, depression and life satisfaction. We found that the greater the stress of a patient with HF, the lower the satisfaction he/she experiences in life, the less meaning he/she seeks or has in life and the smaller the social network he/she has. The results obtained from this study regarding stress seem to make sense as both stress and anxiety disorders often can result in psychosomatic distress, functional impairment, avoidance of preferred activities and introversion. These outcomes are consistent with those of previous similar studies (Friedmann *et al.*, 2006; Liu *et al.*, 2021). It is important to emphasize that in this study the measurement of stress was about the negative aspect of stress, which is also referred to in the literature as *distress*, rather than the positive aspect of stress, which is also referred to as *eustress* and is perceived as a challenge. If our study was about eustress, perhaps the results would have been different.

Another finding concerns the positive correlation between life satisfaction, the presence of meaning in life and social network. Previous studies have shown that people with a perceived sense of meaning or purpose in life, experience greater satisfaction in their lives; however, these studies have been carried out in other populations and in non-cardiological patients. Correspondingly, the study by Machell *et al.* (2014) revealed that daily social and achievement events affect the sense of meaning in life. The study by Amati *et al.* pointed out that the frequency with which individuals see their friends is positively associated to and affects life satisfaction. Another important finding concerns the correlation between stressful life events and social network. In particular, the accumulation of stressful life

events appears to have a negative impact on the individual's social interaction. This can be explained by the background of individuals, the unpleasant events that occur during social interactions and can lead the individual to defensive attitudes and introversion. In the study by Gronewold *et al.* (2021), there is a related association between stressful life events and social isolation.

This study highlights how psychosocial factors have either a positive or a negative impact on the mental health of patients, and how these patients perceive their life in general; adding to the literature the need to include psychosocial interventions in cardiac rehabilitation.

An unexpected finding is that there is no association between the variables and depression. Depression is often concealed and the individual experiences fear of stigma. It is often observed in questionnaires that it is easier for patients to respond more positively to symptoms of stress than to symptoms related to depression. (Boardman *et al.*, 2011). In addition, it is worth mentioning that the questionnaire used includes questions about the most severe depression manifested by suicidal ideation, despair, but it does not detect milder forms or lighter symptoms of depression.

The stress and depression levels in our findings were much higher than those observed in the general population (Huffman *et al.*, 2013), but consistent with the frequency that patients with heart failure experience in corresponding studies (Moradi *et al.*, 2022). In terms of predictive indicators of stress, reduced sense of purpose in life seems to predict both stress and life satisfaction. One of the most common symptoms of mental disorders is lack of motivation and loss of meaning. This finding may contribute to the inclusion of rehabilitation programs aiming to provide a sense of purpose to patients. Stressful life events can predict stress, which indicates that the accumulation

of stressful situations can cause stress to individuals. Assessment of life events during the medical record keeping of the patients with HF may help in pointing out those patients who are at high risk of developing stress. Young adult patients can also act as a predictor for depression in patients with HF. One possible explanation is that older adult patients experience more frequently health problems and so they are more vulnerable to them, whereas younger adult patients lack this sense of vulnerability.

The originality of this study lies in the fact that social network, stressful life events and the presence of and search for meaning in life are studied together for the first time in patients with HF. Factors have been studied separately in patients with cardiovascular disease but not the combination of factors. Despite the strengths, our study has some limitations.

Our sample is relatively small and the recruitment of participants was done by only one laboratory. Moreover, our results were based on self-report scales and not on objective indicators.

As the laboratory team remains active in research, a modern measurement instrument for stressful life events could be developed in the future, with the aim to predict heart attack. Furthermore, more objective indicators of stress and scales measuring more specific aspects related to life satisfaction rather than general assessment could be used in this study. Finally, as a next step to this study, we plan to examine the stressful life events as an indicator of the adherence to treatment in patients with chronic diseases.

Conclusion

Psychosocial factors such as major life events, the presence of meaning in life and social network can influence and predict stress, depression and life satisfaction in heart failure patients. Early detection and understanding of these factors in the mental health of heart failure patients would improve mental health and life satisfaction indicators.

- The accumulation of stressful life events negatively affects social interpersonal relationships.

- The presence of and search for meaning in life seems to have a stress relieving effect and increase life satisfaction.

- Early detection of stressful life events and lack of meaning in life can predict stress and low life satisfaction in patients with CHF (Chronic Heart Failure).

- There is evidence that the integration of psychosocial interventions within rehabilitation has benefits for patients' mental health.

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Exploring the Experience of Delivering Talking Therapies Online due to the Pandemic and Assessing the Impact on its Practitioners

R. F. Gentile & W. M. L. Finlay

Abstract: Demand for talking therapies rose exponentially during the COVID-19 pandemic and, despite growing research supporting the efficacy of online therapy for clients, the necessity to deliver remotely proved challenging for counsellors and psychotherapists that transitioned to this approach, particularly those in third sector organisations. To better understand how to assist practitioners in adjusting to new methods of working and incorporating technology into their practice, this study addresses obstacles faced by practitioners and offers practical observations based on research findings. By conducting qualitative interviews with practitioners from charitable organisations and applying a thematic analysis, it was possible to identify key issues experienced, an accompanying shift in perception and establish mitigation to overcome challenges to improve their practice. This study offers insights into the future of talking therapies, which includes benefits such as increased accessibility, and provides practical recommendations to better adapt to delivering therapy online.

Key Words: counselling, psychotherapy, talking therapies, online, COVID-19

Introduction

Prior to the COVID-19 pandemic and its subsequent restrictions in 2020, there was mounting evidence demonstrating that treatment efficacy for conducting mental health therapies online was akin to in-person delivery (Békés *et al.*, 2021; Marchand *et al.*, 2011; Fernandez *et al.*, 2021). Unsurprisingly, the demand for therapy surged during the COVID pandemic (2020): a report from the British Association for Counselling and Psychotherapy (BACP) found that

80% of respondents' services were full or over capacity, with a further 56% stating that this caused lengthy waiting list and/or referrals for other services (BACP, 2021). Many talking therapy services offering in-person treatment only, such as those provided by charitable organisations, were forced to deliver online almost overnight. This was disruptive for clients and proved challenging for many practitioners, particularly if they lacked previous experience, or had been discouraged to adopt such, which led to negative initial views about the format (Békés *et al.*, 2021).

In a survey exploring the transition to online delivery, a survey found that factors such as building strong, emotional and therapeutic alliances, technical / operational difficulties, confidentiality, and privacy were key concerns. In this study, a number of (n = 13) therapists reported experiencing issues in interpreting clients' emotions, establishing professional boundaries, and developing an emotional connection with their clients (Békés *et al.*, 2021). In another survey conducted by the BACP, 44% of therapists reported feelings of overwhelm and higher levels of stress since the start of the pandemic, and 59% of members found the effects of "Zoom fatigue" difficult (BACP, 2021).

Many naturalistic studies have shown that video-based psychotherapy has high levels of client acceptance and satisfaction, however some research suggested that practitioners felt negatively towards it, therefore, previously it had not been largely incorporated as standard practice (Simpson & Reid, 2014). Practitioners have reported that their clients were worried about their confidentiality and had difficulty maintaining a private environment (Békés *et al.*, 2021). In this vein, Di Carlo *et al.* (2020) recommended that clients should be made aware of the issues with personal privacy that might arise when utilising internet services outside of the usual therapeutic context, such as when communicating in fami-

ly rooms or in public settings where anybody could listen. In addition, Titlzer *et al.*, (2018) reported that therapists deemed issues ranging from poor internet connections to flawed interfaces as significant 'hindering factors' to their practice, disrupting the therapeutic process and leading to resentment and dissatisfaction in both the client and the practitioner.

Despite growing evidence of the efficacy of online therapy, little is known about the impact of this shift on practitioners working in the third sector to deliver talking therapy services for charitable organisations. This study, therefore, investigated the impact and challenges of an unanticipated transition to delivering talking therapy online through the pandemic by therapists working for regional, independent mental health charities that are part of a national, third sector federation. These organisations all offer relevant and sometimes tailored services to individuals in their local communities. In the context of this study, the word 'online' encompasses the delivery of talking therapy over the telephone, or via virtual communication platforms (such as Zoom or Microsoft Teams). This study looks to understand better how to support therapists and counsellors in adapting to new ways of working and to adopt technology. Through this, we can contribute to achieving a sustainable increase in availability and accessibility to therapy services delivered through third sector organisations.

Method

Participants

Thirteen practitioners, nine women and four men, were recruited for interviews. Their ages ranged between 26 and 75 (*M* = 49 years). The majority of participants were qualified to a Level 4 Diploma in Counselling; two participants held foundation degrees; two were educated to a postgraduate level; and one

participant was completing their Doctorate in Counselling Psychology. Practitioners' lengths of experience varied from one to eight years (M = 4.2 years). The inclusion criteria for participation required practitioners to be over the age of 18 and to be employed (paid, voluntary or as part of their training placement) by a charitable organisation. Whilst data around practitioners' type of employment, modality of therapy practiced, and type of clients treated was not captured explicitly, the counsellors and therapists in this study expressed in their interviews that they worked in either person-centred, psychodynamic counselling, or cognitive behavioural therapy. Practitioners also talked about treating clients of varying demographics including disenfranchised and marginalised individuals. Some also practiced with other organisations as well as privately.

Procedure

Several independent mental health charities that provided talking therapies services were approached to participate in the study. All participating organisations were provided with the same information pertaining to the study's aims, recruitment process and procedure. Service managers communicated with practitioner teams to disseminate details of the study, during which practitioners were invited to take part. Out of twelve charities approached, four participated, with the rest either not responding or declining to take part. One participating organisation provided the majority of participants, with eight out of a team of fifteen responding. Whilst the team sizes of the other three organisations that agreed to participate weren't specified to the researcher, two practitioners took part from one branch with two branches providing one practitioner each.

Once briefed, participants were asked to provide demographic details including age, gender, length of practice, and level of qualifica-

tion, after which they were invited to engage in a single video interview online. Dyadic, semi-structured interviews were employed as the principal mode of data collection as these are particularly suited to gaining rich and detailed data about individual experience (Howitt, 2019). Interviews lasted between 30 and 45 minutes, were recorded and transcribed. Participants were advised that they would be asked a series of questions regarding their experience of delivering talking therapies during the pandemic. Interview topics, based on a literature review, covered practitioners' perception of online practice (before and during the pandemic), building and/or maintaining a therapeutic bond, and privacy and/or confidentiality. When more details were required from responses, prompts were used to encourage the participant to expand on their answers. Questions also sought to understand what could help them improve their practice online and their opinion of the future of talking therapies. All identifying details have been removed and numerical participant codes are used in quotes featured in the analysis. This study received ethics approval by the School Research Ethics Panel under the terms of the institutions' Policy and Code of Practice for the Conduct of Research with Human Participants.

Analysis

A thematic analysis was conducted on the data. Howitt (2019) outlines a strategy for conducting such a theme analysis in six stages, as recommended by Braun and Clarke (2006). Data familiarisation was undertaken by reviewing the transcripts against the video recording to ensure accuracy in the data captured. Analytical and descriptive codes were applied to the transcripts by the first author, where conceptual themes began to emerge. These were concurrently evaluated by the second author, an expert in this qualitative methods, and constructive feedback was provided on the themes identified.

Results

The data collected yielded the following key themes: (1) efficacy; (2) loss of non-verbal communication; (3) client environment, including subthemes (3.1) safeguarding measures and (3.2) privacy measures and professional boundaries; (4) contracting differently; and (5) increased accessibility.

1 Efficacy

Every practitioner mentioned concerns around the efficacy of practicing online. For example, Participant 1 said: *"It was the concern simply about 'does this diminish my effectiveness and my usefulness?'"*

Some practitioners noted that they felt that delivering therapy via telephone or online was 'sub-optimal', one citing the issue of missing 'clues' through the lack of non-verbal communication. Others considered the potential negative impact on the therapeutic bond, feeling that it would be *"diminished and potentially might even be impossible if you're not sitting in the same room as somebody."*

Another said: *"How much of that therapeutic alliance, that that connection we have with someone could be lost over the Internet or the telephone?"* (Participant 5)

Others commented that although they had concerns about online practice, they had no proper evidence about whether efficacy was affected:

Participant 2: *"The concerns are just sort of what, what information I would be losing out on and whether the therapy that I would be providing would be sort of up to scratch to what I could provide in a room with someone. And I mean do: do I know for certain whether it's the same or whether it is up to that standard? No, I don't."*

Others acknowledged that their initial judgement of online practice had been influenced by the opinion of their training programmes and peers, who judged online provision negatively:

Participant 3: *"My opinions had been quite highly coloured by my training provider, there was a sort of assumption that [it] could never be as effective."*

Participant 8: *"It really was very much looked down upon in the counselling profession. It really wasn't taken that seriously."*

Some practitioners undertook continuing professional development (CPD) training, which they felt improved their confidence:

Participant 4: *"I did every course that I could do … to be the best counsellor I could be in this situation. So, I think – going in, I did feel quite prepared. I made sure I was prepared."*

Others reported that sharing experiences with their peers helped them gain perspective and improved their perception of online practice, leading to a reduction in concerns:

Participant 4: *"Also talking, talking to other people, you know, really just sharing our experiences. You know, at [Organisation name] with, you know, my kind of fellow counsellors and on my counselling course. I did have concerns at the beginning, but as it progressed those concerns kind of just dropped away."*

2 Loss of Non-verbal Communication

All participants mentioned a lack or loss of communicative body language as a concern. One practitioner claimed being physically present in the room enhanced their practice because they could see their body language. When conducting therapy via video calls, only a portion of the client's physical self is usually presented, therefore subtle clues can be missed:

Participant 3: *"There's a lot of communication that happens just with fidgeting feet and, and crossing un-crossing of legs, you know that sort of thing was gonna be missing."*

If sessions are delivered over the phone, some of the visual aspects of treatment are lost, which can make responding to the client appropriately difficult, particularly in instances where they become emotional:

Participant 1: *"Someone can sit there with tears running silently down their face and they can be saying very little and you're missing all those clues."*

Practitioners described feeling as though something was missing or that the experience online wasn't as effective as in-person practice, and how communicative clues provided an indication of the impact on the client during the session:

Participant 2: *"I realised how much I rely on sort of nonverbal communication and actually like how a person is sitting or you know whether they're sort of receptive to what I'm saying or not."*

Furthermore, practitioners initially reported experiencing a different type of engagement with clients in online sessions (as they may have done in person), which they found challenging and more tiring than usual, leaving them depleted and/or needing more time to recover. One described it as a *"diluted process"*, noting that it was the *"straining to interpret the words, inflection, intonation and volume"* (Participant 1) that contributed to both anxiety and exhaustion:

Participant 1: *"But the main impact of telephone counselling for me was anxiety, and [it was] just bloody exhausting. I just felt that that – for me – it was it was about the intensity was what wore me out."*

3 Safeguarding, Privacy and Professional Boundaries

The physical environment in which clients received counselling online during the pandemic proved challenging. Due to living arrangements, relationship dynamics and individual issues varied, therefore trying to build or maintain privacy when in-session was one of the main challenges for both clients and practitioners. For example, for vulnerable clients and/or those involved in difficult relationships, receiving therapeutic help this way could be difficult or risky. This became a new consideration for practitioners, with one therapist questioning the impact on their client(s) and if they would be able to *"really talk about what was going on"* (Participant 3). Another wondered if a client is not necessary to attend sessions in person, less responsibility and commitment is required, which undermines the overall therapeutic effort:

Participant 1: *"I still wonder whether the lack of effort on their part changes, not just the nature of the relationship with me, but changes the nature of their relationship to the counselling project."*

Conversely, one practitioner said addressing these distractions or unusual circumstances offered the chance to build rapport by showing the human element to both sides of the conversation:

Participant 2: *"It's just almost sort of offers that like that branch to be like, you know, I'm a human too, you're a human. Like, we're both just trying to do our best here. That can almost help because you wouldn't have that in a therapy room."*

Some participants talked about of the need to safeguard differently when online due to concerns around clients' wellbeing. One practitioner noted the importance of knowing a client's physical location:

Participant 4: *"You need to know their locations because quite a lot of people like to speak in their car or while they are walking around. And so, we have no idea where they are, the safety element feels a little bit more difficult."*

This participant further described having to contract specifically with a client with epilepsy and having to take action in an emergency when she was due to speak with her online:

Participant 4: *"It turned out that, in our penultimate session, she did have a seizure and I was just so glad that I knew that we contracted, and we knew exactly what we're doing."*

Most described that online practice caused issues around privacy and confidentiality and how clients didn't always understand the *"necessity of them being in a completely confidential space"* (Participant 4). Another practitioner noted that the client-practitioner boundaries were stretched because of the new nature of the practice. This was experienced by many participants and was put down to not being able to communicate as easily online. One counsellor described being contacted by clients out of hours and having to follow up via email to explain a concept – something they had been trained not to do:

Participant 1: *"That's breaking the cardinal rule … that we have no contact outside of the session and suddenly they can."*

One practitioner also highlighted the need to be *"firmer with boundaries"* with clients because of working in a new or non-confidential space. Several practitioners expressed concerns and doubts about some clients who may have not been speaking in confidence during session and having to adapt:

Participant 3: *"I'm coming to pay attention to noises and check in, you know: 'Is that someone coming in?' those sorts of things."*

And one counsellor recounted a client becoming aggravated when challenged about having someone else there with him:

Participant 8: *"There was someone else in the room because he (sort of) asked her a question about something, and then he said '… No, there's no one there.' So, and then he just said, 'Yeah, there was…' … and got a bit, defensive and angry."*

4 Contracting Differently

Contracting describes an agreement (formal or informal) which is arranged between the client and practitioner and is commonplace in counselling and therapeutic practices. Contracting should outline the structural aspects and boundaries of treatment alongside the necessary therapeutic components (BACP, 2020). Many practitioners noted attending in person offered reassurance which lacked in an online setting. This required more or different contracting because it was seen as a greater risk when practicing online.

Participant 2: *"There's no way of you ensuring that they're at home, or that they are in a safe space, or that they are on their own, and it starts getting a bit more complicated. It becomes difficult and it's just an extra layer of contracting. I think those are the sort of the impacts that I noticed, the risk element."*

Another participant explained that they revised a physical 'contract' to include new requirements of the client (including privacy and focus):

Participant 6: *"It sort of listed things like making sure they're in the same space, they've got privacy and no interruptions, so we sort of gave that to the client and they signed that and then it was up to them."*

Some practitioners described contracting differently at the start of sessions to address the risk of loss/disruption of connectivity during

sessions online and to reassure clients about best practice or that they're being treated in a safe environment:

Participant 1: *"I do say to them at the start, you know, I would never wilfully speak over you."*

Participant 5: *"You have to make sure that the start [of] the session, 'If we lose connection, don't worry I'll send you another link'."*

Participants 7: *"So I always say right from the first session and even assessments that I'm in in a space where we can't be overheard and won't be interrupted."*

5 Increased Accessibility

Some practitioners felt that clients that had physical, social, emotional, or financial difficulties as well as disenfranchised and marginalised individuals could access online therapy more comfortably:

Participants 5: *"I've had quite a few clients on the autistic spectrum… say that they've been wanting to access therapy, but they just haven't been able to because they suddenly couldn't walk into somebody else's space. There are real positives because this whole group of disenfranchised people are now being able to access talking therapies."*

Most agreed that online talking therapy provided both practitioners and clients with more flexibility, financial/economical value and offered greater access to more people.

Participant 5: *"It gave me more options, more choices, more chances to work with clients, more options for clients."*

Similarly, offering therapy online allowed individuals to receive help despite life commitments which would otherwise prevent them from visiting in person:

Participant 9: *"They can fit in more easily to the rest of their lives, they don't have to factor in travelling time. They have children in the house with them or pets or whatever it might be but at least the client doesn't have to make provision for them while they're away for two or three hours."*

Another practitioner found that for clients being treated in their own environment eased a power imbalance that can be experienced in person:

Participant 4: *"I recognise as well there is that power dynamic and actually it felt like that really reduced. For a client to be in their own home or their own space, that can very much reduce it. And I think I have felt that people are much more comfortable remaining in in their own space."*

Commonly, it was expressed that online practices had a firm place in the future of talking therapies. With most practitioners recognising that therapeutic *"relationships can be built online or one the phone"*, providing a range of options to clients and practitioners will imply future benefits, promoting agency in the therapeutic practice:

Participant 4: *"I think beneficial because I think it's great to use the whole gamut of, you know, phone, video and in person and then everyone can make their own choices."*

Participant 8: *"I think it's got its place and it's got quite a valuable place and, you know, in my opinion it can be really as, as powerful as doing it face to face."*

Discussion

The aim of this study was to examine and evaluate the effect on practitioners of providing talking therapy online due to COVID-19 and its restrictions. Recurring themes in the literature identified forming and maintaining a therapeutic alliance, maintaining privacy/confidentiality and technical difficulties as key concerns. Findings in this study were com-

parable to these themes but provide specific insights about third-sector practitioners, expanding our understanding of the transition to online practice.

Despite growing research around the effectiveness of delivering and receiving talking therapy online, the practitioner community has shown hesitation around adopting technology due to fears of affecting the analytical framework and relationship dynamics (Békés *et al.*, 2021). Participants in this study expressed reservations and concerns of how technology would impact their therapeutic relationship with clients. The theme of loss of non-verbal communication was an example, something they felt made therapy more difficult and which had a significant impact on them, often leaving them exhausted and disheartened. "Zoom fatigue" describes the negative effects in other contexts of spending consecutive hours engaging in videoconferencing (Bailenson, 2021), and is an additional factor in the physical and psychological strain caused by extensive practicing online.

Di Carlo *et al.* (2020) recommends that practitioners ensure their privacy is maintained and do not suffer any unnecessary interruptions. This aligns with the theme of safeguarding, privacy and professional boundaries. Practitioners expressed concerns when clients were in shared spaces where maintaining privacy was difficult, when they did not know a client's location, and when focus was lost because of disruptions and distractions. Participants also expressed worry about the efficacy of working online. Aafjes-van Doorn *et al.* (2021) examined psychotherapists' experiences of the transition and found that despite some reporting signs of nervousness and self-doubt, most therapists thought that online sessions had a solid working alliance. They found online therapy was more likely to be accepted by therapists with greater expertise in working this way, who had less self-doubt and worry

or who believed their patients regarded it favourably. This present study found that those who had received training in online delivery reported feeling more prepared for the transition, and that several practitioners noted that some of their clients favoured the new medium. However, some practitioners in this study reported continuing doubt over online delivery.

Some participants reported that their opinions of online delivery were influenced by their training cohort, peers, and supervisors as well as any literature they may have sought on the subject. Békés and Aafjes-van Doorn (2020) found psychotherapists held favourable attitudes toward online practice as a result of the pandemic-related change, and that attitudes were influenced by choice of practice modality, clinical background, prior online experiences, as well as geographic location and their transitional experiences during the pandemic.

Békés *et al.* (2021) found that therapeutic practitioners used several strategies to prepare clients and themselves to adjust to the pandemic, including talking to other peers, using community forums, and/or informing themselves on legislative rules. In the current study, a range of recommendations to improve online practice were identified. Practitioners reported contracting differently with clients (to address risk in safeguarding and privacy) and using peers as support systems. A recommendation from a separate study by Aafjes-van Doorn *et al.* (2021) noted that to improve the experience and enable successful use of online therapy, training is required. This is the case for therapists with less experience and mirrors findings in this study's area which found undertaking training in online practice was reported to increase confidence.

The forced transition to practicing online created the opportunity to increase accessibility to therapy. Clinical and counselling psycho-

logical services are often lacking in rural and isolated parts of the world (Simpson & Reid, 2014). Participants in this study described greater geographical and client reach (both for the practitioner and the client) as a major benefit. Munoz *et al.* (2016) suggested that if psychological treatments were to be accessed directly online, numerous obstacles to receiving help such as stigma, embarrassment, a shortage of available local treatment services, as well as expense could be bypassed (Fairburn & Patel, 2016, p. 22). Hilty *et al.* (2018) reported that online makes it easier for integrated, patient-centred practices to provide many underserved, diverse groups with high-quality, timely care that is also inexpensive and reaches culturally diverse communities, which have higher death rates because of socioeconomic circumstances and chronic illnesses, especially in rural areas (Hilty *et al.*, 2015; Hilty *et al.*, 2018). This was very much echoed in participants' experiences when working with clients who had specific medical and mental health needs. Participants described working with individuals with autism, acute anxiety, epilepsy, and living with other health requirements which would otherwise prevent them to attend a therapy session or made it very difficult to access. However, a major caveat to this finding is that this benefit might apply particularly to those with less severe mental health issues, those with access to phones and the internet, and to the particular types of psychological interventions and approaches offered by the type of third sector organisations sampled in this study.

There seems to be a lack of specific literature looking at accessibility to talking therapy in the context of the pandemic, other than the increased need for it. However, the British Association for Counselling and Psychotherapy reported in 2021 that while the need for therapy significantly rose during the pandemic, 82% of counsellors and therapists surveyed agreed that online/remote working had boosted accessibility to treatment. Furthermore, 91% of participating practitioners confirmed they would continue to work with clients online in the future, regardless of the pandemic (BACP, 2021). All of this supports findings from this research relating to the theme of increased accessibility for talking therapy and its future.

Limitations and Implications

The literature available on the impact of the pandemic on talking therapies and practitioners is a developing area of research interest and has often been focussed on practitioners in private practice. In this study, most of the sample came from one single organisation, with only 20% representing other regional charities, and most of the cohort identified as female (9 out of 13). Participating organisations were all charities serving the needs of their respective community members and, while all are part of a national federation, they are all independent operations with region-specific services. This raises an issue around service consistency, as each organisation's approaches to delivering their talking therapies may differ as well as how they responded and adapted to the pandemic. It should also be recognised that practitioners entered the pandemic at different stages of their practice, for example, three worked at their respective organisations on a voluntary basis as part of their counselling training which in many cases had to be paused at the start of the pandemic. The rest of participants switched to alternative means of delivering therapy in line with their organisation and joined the charities at different points in the pandemic, in some cases only once their final qualification was attained. Finally, team sizes and operational details were not collected but could have provided a better representation, enriching the context of the data. It should also be noted that the findings only apply to

the types of clients engaged with, and supported provided by, these organisations, and may therefore not apply to people with more acute and several mental health difficulties, and other therapeutic interventions and approaches.

The impacts of COVID-19 will likely be long lasting, thus management efforts to remove obstacles must be viable over an extended period (O'Brien & McNicholas, 2020). More research is required on how to best achieve the needs for greater accessibility in online therapy, particularly on how to ensure a cohesive and manageable application across therapeutic practices. Based on the experiences shared by the practitioners in this study, some observations have emerged, and a set practical recommendation have been outlined.

Educational institutions need to consider including evidence-based teaching on online delivery to better educate practitioners. This will offer not only greater career flexibility and choice but can also provide greater accessibility for clients. Updating frameworks for online practice which encompass best-practice standards and adhere to guidelines set by professional bodies could support achieving this. Furthermore, supporting current practitioners who shy away from, or lack experience in, online practice would be beneficial. This could be attained through peer support within training centres and volunteer placements, where knowledge and advice can be exchanged among experienced and training practitioners. Again, professional bodies could also look to increase knowledge and education through CPD opportunities and courses to support practitioner's understanding of online practice. Developing up-to-date standards that take into consideration contemporary challenges and increase practitioners' confidence will improve the talking therapies practice, resulting in better service provision and treatment as well as greater accessibility for more clients.

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"New Challenges for Psychotherapists"

UUP & EAP Symposium, June 16th, 2023

"Opening Address"

- **Patricia Hunt** (Former president of the European Association for Psychotherapy)
- **Alexander Filtz** (President of the Ukrainian Umbrella Association of Psychotherapy)

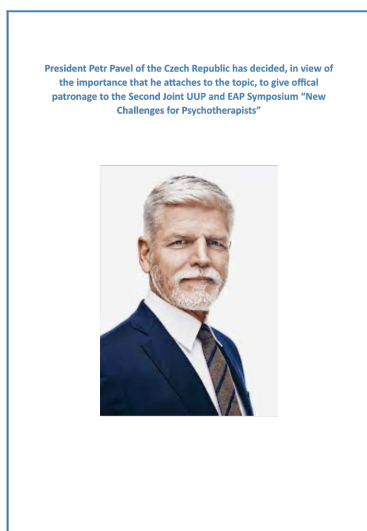*A video of this Opening Address can be found on:*
www.europsyche.org/new-challenges-for-psychotherapists-friday-june-16th-2023

Patricia Hunt: I am really honoured as the former President of the European Association for Psychotherapy to open this Symposium this morning. More than 1,400 people have registered for today's Symposium. I notice that nothing like that number have joined us, and I hope that this isn't to do with electricity or Internet difficulties in Ukraine. I think more and more colleagues will join us during the morning. It is extraordinary to have so many people join us and people are coming from Ukraine and from other parts of Europe, from the UK, from Lithuania, from Poland, from the Czech Republic, from EU countries and from non-EU European countries, from the USA, from Canada and from Australia. Welcome to everyone to our symposium!

The Ukrainian Umbrella Association for Psychotherapy and the European Association for Psychotherapy are delighted and honoured to hold this 2nd Symposium and we have a really important and significant announcement to make just at the very start of our day. We have received official patronage from the President of the Czech Republic, President

Petr Pavel. Here is the certificate on our screen. The certificate on the screen is signed by President Pavel supporting and giving his official patronage to our symposium. This is really extraordinary and a wonderful act of support for Ukraine and support for the profession of psychotherapy and the work that psychotherapists are doing.

So, President Petr Pavel says that he has decided, in view of the importance that he attaches to the topic, to give official patronage to the 2nd joint UUP & EAP Symposium, "New Challenges for Psychotherapists". This really is the most extraordinary honour, and we are profoundly grateful to President Petr Pavel. And we also give our sincere thanks to our colleague, Jirka Drahota. He has met senior officials in the Czech Republic and this certificate of patronage has come as a result of the meetings which Jirka was involved in. This is a way in which a psychotherapist and psychotherapy can be part of a central element of life in the Czech Republic at the moment as well as life within society. He says that he wishes to add the comment that President

President Petr Pavel of the Czech Republic has decided, in view of the importance that he attaches to the topic, to give offical patronage to the Second Joint UUP and EAP Symposium "New Challenges for Psychotherapists"

Prezident České republiky

Petr Pavel

uděluje

ZÁŠTITU

konferenci

„New Challenges for Psychotherapists"

16. června 2023

V Praze dne 12. června 2023

Pavel, as the former Chairperson of the NATO Military Committee, has been supporting Ukraine in its "fight for freedom" since the beginning of the invasion and that is why he became patron of this conference as well.

Jirka feels proud to have a President of such stature and proud that his people have elected such a President. And [so], we congratulate the whole team of colleagues from UUP and EAP, and also our technical and media team, and our translator, who were organising this Symposium and who have made this Symposium possible today. It is indeed a great honour and privilege for us to receive President Pavel's official patronage.

Last autumn, myself and senior colleagues from the European Association for Psychotherapy began to regularly meet online senior colleagues from the Ukrainian Umbrella Association. We offered these meetings as a space, hoping to give support to Ukrainian colleagues during this terrible time of war. When we asked the question: "What can we give you support with?" They answered: "We wish to hold a series of symposiums on a range of topics for Ukrainian psychotherapists and

for European psychotherapists, and we wish – through these symposiums – to be able to talk with and be connected with all our European colleagues during this time of crisis. They asked, "Please will EAP be partners in this to make it possible for us to hold these joint Symposiums." And so, our work began, and so these symposiums began, and our meetings have an extraordinary and a very rich and wonderful quality, and we hope this comes through in the symposiums and we are very, very pleased at the number of people that these symposiums have attracted to come to be part of these.

I honour all our Ukrainian colleagues for the visionary way in which you look to the present of Ukraine and to the future of Ukraine. You prepare for the time that will come; you work to respond to the situation now; you have a vision for your country in the future: and I have noticed, in all of our meetings, a positive sense that you have of how not to be overwhelmed by what is happening in your country at the moment. But now, within the last few weeks, another terrible disaster has happened: the destruction of the Kakhovka Hydroelectric

power station in the southern region of Ukraine. It has been completely devastating: it is a huge tragedy. Hundreds or thousands of people have died or been affected; more than 80 settlements are under water. It's also an 'eco-cide' – an attack on the ecology and on the ecosystems – thousands of animals and countless forms of wildlife have been killed; whole ecosystems have been destroyed; migration paths have been obliterated. It is a terrible humanitarian, environmental and economic disaster. This – and so many other terrible acts of evil – are the context for our symposium today: they form the setting within which we hold our symposium. We are going to focus our minds, our wisdom, our hearts and our professionalism on the new challenges that psychotherapists face when they conduct therapeutic work within the context of so much tragedy; within the context of so much devastation. The image – the visual image – of the destroyed dam at Kakhovskya – is a haunting one for us as professionals.

How can we conduct our work when so much around us is being destroyed? We aim, in our profession, to offer containment; we aim to offer holding; we aim to offer healing. But this becomes so hard to do when everything around us is uncontained, and is not being held: is being destroyed. As psychotherapists, it is our first task to understand the psychic situation of our time and to see clearly the problems and challenges with which it faces us. During times of war, this means that psychotherapy – is struggling with the traumatization that the war causes, – is working through multiple and complex grief and mourning, and the impact of damaged hopes and dreams. So, this is what our symposium is going to focus on today. How can we face all these challenges and continue our work. Our speakers today will speak from their hearts, from their experience, from their wisdom, from their research, to lead us into greater understanding of how it is possible to

continue work with so much devastation all around us. I spoke at the annual conference, the National Conference in Ukraine about a fortnight ago and I talked about 'Kintsugi' – it's the Japanese art of mending pottery – and someone told me that it really resonated and hit a positive note, and so, I'm going to talk about Kintsugi again as the final part of my opening address this morning. And I talk about it because it was one of my own patients who introduced me actually to the idea of Kintsugi: a profoundly traumatized woman who had been severely damaged in her early life and was like a broken vase: broken into pieces throughout her 20s and 30s and 40s and only came into psychotherapy at the end of her 40s.

Kintsugi is the Japanese art of mending a piece of porcelain. When a vase breaks, it breaks into so many pieces; and the Japanese art is, first of all, to gather all of those pieces together, even the small pieces, even the fragments, and to begin to build them back together. Each piece is stuck back in to begin to form the vase again. But, it's not just formed as it was, the Japanese art is to beautify it; to make it even more beautiful than it was before, by painting the places where the cracks were with liquid gold and fragments of gold. So that, by the time the vase is completed, it is even more beautiful than it was before it broke. And it is made beautiful by the gold, which makes the break-points a really beautiful network on the surface of the vase.

So, this is a metaphor: as my patient began to heal, through the process of psychotherapy, she said: "It feels like Kintsugi. I feel as though the fragments that have been there for decades are coming back together. And as they come back together, I'm stronger than I was before. I can see that I'm in a much better place." So, Kintsugi is a metaphor for psychotherapy. And our hope is that we can continue this important work, even when there is devastation around

us, we can hold the space and hold the therapeutic process (Kintsugi), which enables healing to happen. And it's also a metaphor for the country of Ukraine, and for you, our Ukrainian colleagues, within your country, that you too may be held and able to be healed. That your country may be able to be held and be able to be healed. And it is our sincere hope that this symposium is part of that process. Through this symposium, through the magic of online connections, we connect in with you today. From all parts of Europe, we bring to you speakers who will have important words to say. And we hope that today becomes part of the way in which you, Ukrainians, can be held in your work and in yourselves and in your country during this terrible time of war. You are not alone; we are with you, and in our symposium today, we really are with you.

So, that is what I wanted to say, at the start of the day, and now I would like to hand over to my colleague, Professor Alexander Filtz, who is President of the Ukrainian Umbrella Association for Psychotherapy, for his opening words to you, this morning. Good morning, Alexander.

Alexander Filtz: So, good morning to all of you and please allow me to speak in Ukrainian.

Translator: So, hullo again everybody and I am extremely happy that we were able to hold this second Symposium today. We hope it will become a tradition and we will be able to give ourselves more and more space and possibilities for our professional (and not only professional) growth and development. Let me also start with gratitude. First of all, I would like to express my gratitude to Patricia for her amazing introductory words. Patricia mentioned a lot about our colleagues, and about the President of the Czech Republic, Petr Pavel, who has found the time to personally greet us and support us, but I would also like to extend greetings to my colleague, who is now in the Czech Republic and who initiated this second conference; there were lots of talks conducted and he helped all of us to hold this second conference. So, basically, he was the initiator of this second discussion. Also, I would like to express gratitude to the entire Ukrainian team, who have also been, so to speak, the founders and inspiration of these conferences. This is a group of our special colleague, headed by Anastasia Sklyaruk; she continues to work on our joint conferences, and lead our group. Some of the other active participants of this group are: Roman Kechur, Oleksandr Myronenko, who will give one of the speeches today, and Andriy Molodorych, who cannot join us on every occasion due to war-related circumstances. We also have Volodymyr Karikash with us and he is going to make a speech. We also have to mention that our EAP colleagues have done everything they could so that we could have this great opportunity to spread ideas to our European colleagues and have this fruitful discussion. I will say a few words about this.

We received great assistance from Patricia, who, up until recently, was the Head of the Association; from the current acting EAP General Secretary, Tom Warnecke; from Eugenijus Laurinaitis, who was very actively engaged in the organization, and from his entire team. We would like to thank them all for this opportunity to meet today. And we are also very much supported by the current President of the EAP, our colleague from Croatia, Irena Bezic. Unfortunately, she could not address us today, but I hope that she will be actively participating in the next symposium.

I am grateful to Patricia because she mentioned a lot about our background and history; but I would just like to add that our conferences really give life to beautiful metaphors and ideas. One of them is a well-known idea, but at the same time, a new one – the idea

of creation of a safe and secure transitional space. The concept of a secured safe transitional space (SSTS) is one of the basic ones in our understanding and our 'technical' psychotherapeutic support of many original projects. You are familiar with one of them: we presented it at the EAP Board meeting back in 2018, proposing elaboration of a specific modality for psychotherapy of addictions. With this very type of psychotherapy, which is becoming especially relevant today, our SSTS concept has demonstrated its remarkable effectiveness. We create this space during our meetings because, without it, the laboratory of our professional thinking would be impossible.

We have to acknowledge that it happens irregardless of us and our capacities for conceptualization. An important feature of the transitional space is that both our colleagues and our patients find it easier to discuss – not only their disorders and struggles, but their imagined and desired resources for coping.

So, I would like to say a few more words about my vision of what is going on, because it is an important element of our meetings and discussions. It looks like we are living in such times, such very important times, when our modern world is a world of struggle. We live in a time of fighting over dominance; not an economic or technological ones, which seem to be just a façade. It also turns out that the biggest fight, the strongest and the most ferocious fight, is the one over dominance in the principles and rights of existence of the future world. So, in attempts to create a certain system, the dominant force can become such a power of principles and rights of the whole humankind, which can later be converted into the spheres of economy, technology, etc. And when we are talking about principles and rights of existence, the first thing we should consider is not modern technology or modern models of managing the world (which can lead the civilization to an utter catastrophe, as it

has been shown by the Russian model), but basic principles of human coexistence. This is the only way to preserve ourselves – starting out from basic principles of coexistence and continuing with economics, technology, science, etc.

I would like to illustrate my point with an example. What really impressed by the fact that, in China, experiments are currently carried out aiming to create a new system of education in accordance with modern challenges. In these studies, microchips are attached to the children's clothes to control the children's activity during classes and leisure. We can see that technology is becoming a really important tool to control our principles and rights. In my opinion, this is one of the vivid examples of turning the world upside down, when technology aimed at optimizing social control and installing 'order' in fact violates the basic principles.

It seems to me that the EAP started to consider these issues right from the start of the organization's existence. I would like to remind you that the first EAP monograph was published in 1998; it was an extremely interesting and useful monograph, where we mentioned the main approaches in our understanding of psychotherapy. It is not only a technique of healing, but also a special way of visioning and seeing the *conditio humana* – a kind of specific anthropology. Until recently, psychotherapy was regarded as a microscope for close-up studying of details of human experiences, conflicts, internal world, etc. Presently, psychotherapy has received another instrument – a 'radar' that is very sensitive at discerning ways and disturbances of relationships between people – from interpersonal up to social and international ones. We became a society of specialists who mirror all public processes. Moreover, we started paying attention to the connections between social processes throughout history

and to the way they change from one historical period to another. And this is necessary for us to have a clearer understanding of the times we are living in and what we are to expect. I would like to say that we are becoming a radar of social processes, and it seems to me that these symposiums that we have created together with our colleagues from the EAP act as a collective 'radar' for current civilizational changes. This is a great safe space in which we have installed this 'radar' to observe the whole perspective around us. Unfortunately, the way the story goes, we as Ukrainians are forced to operate this radar on our own territory, trying to keep track of what is happening around us. That's why we want to share our experience, which is unique to the previous history; however, our knowledge is still incomplete. We are still learning about ourselves in this respect, and there are the new challenges for psychotherapy. Therefore, I welcome everyone to join in the discussions. I'm very

happy that today we have this chance to be together, to listen to the speeches of our main presenters, and to talk during the round table discussion. So, I am giving the floor to our organizers again. Welcome everybody!

And please accept my gratitude for the possibility of making this conference possible. This is definitely not the last time that we meet. We will be getting together in the future, so that our microscopes and radars can become even more powerful, and we will be able to see more. Thanks a lot everybody!

Patricia Hunt: Thank you so much, Alexander, for your opening words. That was perfect. And I think also that our two opening addresses are very complementary to each other, and this is a good reflection of the way we work together in our meetings. There is a very complementary spirit with strengths coming from both sides. Thank you so much!

All the other presentations of this Symposium "New Challenges for Psychotherapists" (Friday, June 16th, 2023 are accessible via the EAP website: www.europsyche.org/new-challenges-for-psychotherapists-friday-june-16th-2023. These include:

- **Irena Besic**, Current President of the EAP – *"The role of psychotherapy in the war: lessons learned from the war in Ex-Yugoslavia, 30 years ago."*
- **Prof. Volodymyr Karikash**, Ukrainian Association of Positive Psychotherapy – *"Existential maturation of a psychotherapist in wartime."*
- **Assoc. Prof. Oleksander Myronenko** – *"The encounter of two wounded persons: the healing power of relationships."*
- **Larisa Didkovskaya**, President of the Ukrainian Association of Gestalt Therapy – *"Dynamics of contact with war from the perspective of Gestalt Therapy"*
- **Prof. Renos Papadopoulos**, Centre of Trauma, Asylum and Refugees, Essex University – *"The range of consequences from exposure to severe forms of collective adversities"*
- Moderators: **Prof. Eugenijus Laurinaitis** & **Prof. Roman Kechur** – *Round Table of All Speakers*

The presentations from the 1st EAP & UUP Online Symposium: "Ethical Challenges for Psychotherapists in Our Changing World", 24th February 2023 are also accessible from the EAP website: www.europsyche.org/online-symposium-on-24-february-2023

Italian Federation of Psychotherapy Associations

Federazione Italiana delle Associazioni di Psicoterapia (FIAP)

FIAP Journals Committee

www.fiap.info/category/pubblicazioni/riviste

Psychotherapy in Times of War

Edited by Margherita Spagnuolo Lobb, Paolo Migone, and Maria Luisa Manca

Dresden, after the bombing of February 13-15, 1945

Special Issue:
Psychotherapy in Times of War

Edited by Margherita Spagnuolo Lobb,
Paolo Migone & Maria Luisa Manca

Introduction

The Journals Committee of the "Italian Federation of Psychotherapy Associations" (*Federazione Italiana delle Associazioni di Psicoterapia* [**FIAP**]) has organized an inquiry into the function of psychotherapy in time of war. We know that psychotherapy and society are tied together by a double bond: social changes inevitably bring changes to clinical perspectives, and patients themselves change with social developments. If the various psychotherapeutic models are modified in a natural way during times of peace, in the case of collective traumas, we are perhaps witnesses to more abrupt transitions, which, on the one hand, dramatically exacerbate the suffering already existing in patients, and in the social fragilities of that specific generation, and on the other, they seriously raise questions for the clinicians who find themselves having to take on difficult situations, to some extent unfamiliar, in which the classic diagnostic and therapeutic frameworks no longer work. Clinicians therefore must question the tools at their disposal and the possibility of new perspectives, capable of more adequately helping the relational sufferings.

War in a country with strong European values – such as Ukraine – has represented a collective trauma and has arrived in a moment when people were already deeply stressed by the COVID-19 pandemic. Anxiety and depressive disorders had greatly proliferated, while the manifestations of psychiatric suffering acquired an increasingly more complex symptomology.

We, members of the FIAP Journals Committee, wondered what the needs of psychotherapists facing this additional collective trauma were, as well as the needs of the psychotherapeutic models in their pursuit to identify beneficial clinical tools in this complex and fragile situation.

We proposed to the various journals participating in the Committee to write their ideas beginning with the experiences of the psychotherapists. We proposed guideline questions, not as a compulsory path to take, but as a stimulus where it could help – an avenue of response to the desire for an experiential exchange, avoiding guilty judgements or political positions. Here are the questions we posed as a possible trajectory:

1. How have you experienced on a personal level the explosion of this war in Ukraine?

2. What effect did it have on you as a psychotherapist?

3. Was there a moment when you felt those values upon which you base your being a psychotherapist falter?

4. What impact did you observe in your patients?

5. Was there an episode with your patients or in your work that caused you concern, even from an ethical point of view (for example doing therapy with a person who has a different position from yours)?

6. What do you think psychotherapy can learn following a war?

We asked our colleagues representing the various journals to develop their ideas. From these stimuli, some very interesting and very diverse accounts emerged, fruit of initial reflections on the subject. It is not easy to give a well-defined shape to our emotions and agitation over war, which we are living first-hand as well as through our patients: we are too close to it, too much "inside" the trauma. These reflections, in their variety and diversity of theoretical conception, will help psychotherapists, supervisors, and trainers to formulate their position before a historical event that we cannot deny.

The original, Italian edition of these essays appeared in the FIAP web site, at the address www.fiap.info/download/FIAP-Guerra_2023.pdf.

The Journal Committee of the *Italian Federation of Psychotherapy Associations* (FIAP)

Margherita Spagnuolo Lobb, *Quaderni di Gestalt* (Committee Coordinator)

Paolo Migone, *Psicoterapia e Scienze Umane*

Maria Luisa Manca, FIAP *Past President*

February 2023

Table of Contents of this Special Issue

War and Psychotherapy

Rosanna Basili, Maria Luisa Di Summa,
Antonella Messina & Marina Pompei

Abstract: The question that begins our study is this: "Where does the human being learn those behaviours that tend towards the subjugation and destruction of the Other?" First, we take into consideration some personal experiences that allow us to highlight important elements. Then, from among the writings of some of the greats of psychological research (Freud, Reich, Erikson, Fromm), we identify some original and significant advances made in relation to the reasons for war. Ultimately, upon considering important the function of psychology in conflictual situations, we propose the specifics of our model, which allows, via the describing of bodily suffering, and the use of the specific eye movements of Reichian Vegetotherapy, a greater awareness of the Self and of the Other, at times enabling a true internal transformation.

Key Words: Conflict; Suffering; Listening; Transformation; Eye Rotation

When and where does a human learn and experience the psychic and relational processes that underlie invasion, destruction, discrimination, and the elimination of the Other?

In 1933, in *The Mass Psychology of Fascism*, Wilhelm Reich posed the question of how it was possible that one human being could prefer to go to war, leave wife and children, and risk dying or suffering, rather than live his own daily life. In doing this, Reich did not intend to engage in the logical-economic hegemonic processes of the reasons of state, but intended to examine the subjective psychic factor of history that brought the human to an inversion of vital rational values so as to adopt a logical reactive mechanism of "*I attack you because you…*". This mechanistic logic did not coincide with the rationality of existence and life and led Reich to ponder the processes of human energy management, which he called *Sexual Economy*, maintaining that sexual energy and vital energy are the same thing.

As is well-known, according to Reich, from a *Sexual Economy* perspective, one could make a sensible and positive (or rational) management of that energy, or a senseless one, and, in the final analysis, an always destructive one. What does this theory still teach us today, one

which in the Sixties of the last century had been disseminated by means of the popular expression: "*Make Love Not War*"? We know that war can also be a logical and consequential process, but – in reality – it does not follow the *rational* of human existence, of quality of life, of evolving through relationship. Where do we therefore continue to learn those behaviours that Reich would define as irrational? One of us shares a memory:

> *One day during my childhood, which I have difficulty placing in time (I would say between six and eight years old) my cousin, my companion in play, and my contemporary, had crushed, I am not sure how, the nail of his big toe; he was lying down on his bed, and was talking about having to cut the nail off. The image of an act of rough and violent extraction crossed my mind, together with a sensation of a not unpleasant excitement. Something however, in my soul, recorded the anomaly of the thing, perhaps cementing the memory in this way.*

> *Another memory in the same time frame reveals me throwing a school mate to the ground. I don't remember what she had done, but then, despondent, especially since I was extremely slight and not very muscular, I sensed that I had done it without having decided to do it.*

> *This sense of being alienated from my action reminded me of a day in which a colleague of mine, a prison doctor, told me of her dismay, during the compilation of an anamnesis of a man who had cut off the head of his aunt with a sword and who manifested more despondence and amazement than remorse.*

And so, these memories highlight two elements without which war would probably not exist. The first is a certain level of excitement in the face of an exceptional, destructive, and dangerous event – excitement that doesn't spare almost anyone; and the second, a certain alienation of the individual from their own destructive actions.

Freud would speak of *Thanatos*; Reich would not. What appears as a death instinct is, in reality, for Reich, the pathological result of a quashed and repressed life instinct. Immersed as he was in his time, he especially referred to sexual energy; today we are able to widen our view to all forms of castration of the vital movement, beginning with the intrauterine traumas of a difficult pregnancy on the physical or psychic level, but also of the simple premature cutting of the umbilical cord, when it is still bringing nourishment and energy to the new-born, immediately following its exit from the uterus. Bodily experiences of violence, careless, abrupt, and unsuitable physical contacts will then follow throughout that entire time of early life that shapes us before the structuring of cognitive ability. We are dealing with preverbal sedimentation which remains latent in us, experiences which produce anger without a name and that later can pave the way for a senseless desire to attack and destroy, as well as distant roots of which the masters of war take advantage, directing people towards their goals, masquerading as high-minded values.

This broadening of the concept of repression allows for the re-evaluation and completion of Reich's theories today, including, as well, some of the reasons for which the change in sexual practices in our society has not – by any means – put an end to our tendencies towards aggressivity and destructiveness.

Besides this, the Freudian hypothesis, which states that underlying the destructive tendency there lies the presence of a death drive, and the Reichian one, which states that it is only the result of a suppression of the life force, both lead to a need to understand better all the factors that prompt the activation of that

death drive or the emergence of the consequences of a degeneration of the vital energy.

Einstein, in 1932, was deeply worried about the use to which humankind would put the great scientific discoveries of those years, especially with the threat of fascism in power, and so posed crucial questions to Freud. These are the questions that every human could and should humbly pose, before engaging in scholarly geopolitical and economic discourses on war. And it strikes a chord – indeed a certain sense of humility – almost astonishing us, given the calibre of the participants in this exchange.

To begin with, Einstein asks if there may not be a way to free humankind from the inevitability of war, a possibility of directing the psychic evolution of humans, so that we may become capable of resisting the psychosis of hate and destruction. Hence, he asks himself: *"How is it possible that the minority (referring to the ruling class) manages to make the masses subservient to its own greed and fanaticism, people who will only suffer and lose in war? How is it possible that the masses allow themselves to be incited to the excesses of frenzy and self-sacrifice?"* Einstein asks this of Freud, because he recognized that one needs to start from an understanding of the human soul. Freud agrees with his observations, and expresses some fundamental theories of psychoanalysis, but senses that they are almost inadequate to Einstein's longing for a solution that would liberate humans and apologizes, after having modestly added that "reason", a term that for Freud possesses the significance of knowledge and self-knowledge, proceeds too slowly when faced with the urgency of the problem. And now the response to such questions is still urgent, since war has arrived; not that it had disappeared, but it seemed far away, as if it didn't concern us, as if we didn't know about interdependency, about its complexity, about the need not to be myopic. Now that it is so close, even the myopic see it.

How do we experience it in that special place which is the analytical setting? Is it repressed? Does it get named? And if it is named, how is it received? There is the intrapsychic experience of the patient and that of the therapist. The character modalities of each individual, shaped by each individual history, will give rise to different reactions, and then, how much will such a consequential event affect the future history of everyone? What enters the analytical setting is something that concerns both, something that redesigns the boundaries and roles of the therapeutic relationship.

We know that anxiety and depression are the most widespread psychic issues. A war on our doorstep, after two years of a so-called "health emergency", the ongoing erosion of the individual's economic situation, with a fear (more or less realistic) of next winter's cold, and the awful unknown consequences of an invoked nuclear war, can only exacerbate symptoms and make it more difficult to manage anxiety. It is even more difficult for the therapist to manage transference and countertransference, when faced with what is involving both patient and therapist.

The explosion of powerful events, beyond our control, affects the experience of impotence in many depressions. A weak self which does not feel that it has enough energy, together with the collapse of faith in our leaders, in our institutions, in the shared opinions that support the social fabric, leaves the depressed person in a state of dismay and loneliness, often in the awareness that nowadays, and for some time, every war is destined also to be a civil war, in the best of cases, in the case of a war of opinions which does not spare families and friends.

In 1959, Erikson introduced the hypothesis of a process of pseudo-speciation, namely of a fictitious distinction between human beings on the basis of cultural differences, to the extent of generating a distinction between hu-

mans as if they were different species; in this way, the human being is authorized to violate the laws that exist in nature among mammals according to which the killing of another of the same species occurs only in very particular circumstances, like an accidental clash or in circumstances of necessity, while the instinctual action to fight is neutralized as soon as the rival accepts defeat, submits, or abandons the field. This is something that is found less often in human cultures: rituals that lead to a violent challenge tend towards a modification of perception in order to overcome natural inhibition and interrupt the course of empathy towards a fellow creature.

We are dealing with an interesting theory, one which however points to disturbing scenarios if we simply move from cultural differences onto the differences themselves, in other words to processes of individualization, which are today more pronounced in the course of personal development. And when this does not take on an evolutionary value, or rather, there, where the experience of diversity is not an intentional course guided by consciousness and interest in the diversity of the other, one risks reaching a kind of *war of everyone against everyone*. Projection, which being a defence mechanism that we previously defined as neurotic, and that is also a glue for social relations, gets substituted by that primitive or psychotic mechanism of negation, which leads towards the annihilation of the Other.

On the other hand, without venturing into too much of an in-depth analysis, Fromm wrote in 1973, in *The Anatomy of Human Destructiveness*:

"War is exciting, even if it entails risks for one's life and much physical suffering.

Considering that the life of the average person is boring, routinized, and lacking in adventure, the readiness to go to war must be understood as a desire to put an end to the boring routine of daily life–and to throw oneself into an adventure, the only adventure, in fact, the average person may expect to have in his life. War, to some extent, reverses all values. War encourages deep-seated human impulses, such as altruism and solidarity, to be expressed – impulses that are stunted by the principles of egotism and competition that peacetime life engenders in modern man. Class differences, if not absent, disappear to a considerable extent. In war, man is man again, and has a chance to distinguish himself, regardless of privileges that his social status confers upon him as a citizen. To put it in a very accentuated form: war is an indirect rebellion against the injustice, inequality and boredom governing social life in peacetime." (p. 214 in the original edition)

Faced with these reflections, and these questions, what could the functional role of therapists be? In a study meeting of our Italian Society of Reichian Analysis (*Società Italiana di Analisi Reichiana*, *SIAR*), we asked ourselves what our training offers us to be able to confront the terrible challenges that we are living through. Here are our answers: listening to the body, and eye rotation [1]:

- listening to the indications from suffering bodies more than to dogma and affiliations

- eye rotation, so as to emerge from the state of alarm and to provide a broad and

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1. This is about a Vegetotherapy action acting, an analytical Reichian bodily methodology. The eyes, when moving, activate the pre-fontal zones of the neocortex, stimulating a greater presence of consciousness; they activate connections and enable new discoveries. The gaze helps thoughts to become generated, and if the breath is connected, the emotions are also connected.

open vision, not one that is narrow and rigid, so as not to remain prisoners of the dichotomous and reptilian brain, and so as to reconnect to the limbic system of relational ability and to the neocortex of intelligent projectuality.

This rotational movement, *"as all the voluntary movements of the eyes, activates the area of the neo-pallial prefrontal cortex, stimulating in particular the more complex patterns, that is the highest ones in evolutionary organization."* (Ferri, 2020, p. 138)

He also says: *"With circular movement of the eyes, one is surely led to greater arousal and vigilance, brought about by an attention to the entire visual field, which is transmitted from the periphery to our Ego's field of consciousness. We set a perimeter around the territory, we explore it, as if we were illuminating it focussing on the scene, with a circular movement of synthesis."* (p. 140). One can use this acting in both directions, clockwise and counter-clockwise, in order to explore different viewpoints, as if saying: *"Look what is happening to you if you move in one direction or the other."* (p. 143)

And, ultimately, he states: *"The analyst, who is laying out the territory and is leading the analysand in a sustainable rhythm and pace in the exploration of the territory, also creates a being-together, an accompaniment which broadens horizons and the observation of the things of the external and internal world."* (p. 146)

As therapists, we must accept feeling fragile, exposed just like everyone else to the distresses of this social situation, but also with a capacity for resilience, in order to try to restore breath to collapsed chests, greater light to ruined eyes, and an embrace against despair. But when will we truly complete the transition from the domination of the Furies Erinyes of revenge, death, and blood to that of the Eumenides? When will the world find the way to truth and peace?

On July 22, 2022, Rai3 transmitted live from Piazza del Quirinale, in Rome, a world premiere of Nicola Piovani: the Cantata, *Il sangue e la parola: Non la spada ma la parola illumini la via [The Blood and the Word: Not the Sword but the Word Lights the Way]*. The text, written with Paola Ponti, was sponsored by the Constitutional Court in the context of the effort undertaken by the Court itself for the diffusion and awareness of our Constitution. Starting with the myth of the Furies Erinyes whom Athena knew how to transform into the Eumenides, the text concludes with the presentation of Article 11: *"Italy repudiates war as the instrument for the resolution of conflicts."* This project was born a year ago, and saw the light when Italy sent weapons of war to the Ukraine. We have not seen any pursuits for diplomatic means on the part of international organizations, although they were established precisely with the goal of never having war anymore.

If the process of self-knowledge is slow, as Freud asserted, this however remains the main instrument with which the psychotherapist can carry out any contribution to the social fabric, so that the rejection of war may arise out of an awareness of the self, and out of the conscious rejection of one's own recognized destructiveness, whatever its origin.

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War and its Traumas: Transgenerational Transmission

Marina Brinchi

Abstract: The traumas provoked by wars pass from generation to generation leaving their marks on both the body and the psyche of those who have not directly experienced them, including psychotherapists. Therefore, we analyze how this could happen with reference to the role that mythical dimensions and the concept of loyalty plays in the transgenerational. This theme is dealt with by taking into account the vision of different approaches, in particular the systemic vision of L. Onnis and A. Niccolò Corigliani, the concepts of invisible loyalties of I. Boszormenyi-Nagy, and the transgenerational concept of A. Ancelin Schutzenberger, with a nod of acknowledgement to the neurosciences. Lastly, by way of example, we will recount the experience of J. Teszáry, aimed at overcoming the consequences of the creation of the enemy in peaceful communities of the ex-Yugoslavia, and the study of M. Pernar on the risk of secondary trauma in the therapist, who is caring for the person who has been affected by the trauma of war.

Key Words: War; Myths; Transgenerational; Secondary Trauma

Introduction

In the first days of the invasion of Ukraine by the Putin's Russia, we found ourselves facing the need to ask ourselves if, and possibly in what way, armed conflicts challenge us as psychotherapists. We wondered if they affected us and if the fact of physically being on European soil might justify in some way our perception of a greater emotional proximity to this war compared to the many other conflicts that have always been disrupting populations in different areas of the world. It would certainly require our reflection and comprehension of how not all wars touch us in the same way. How is it that the war on our borders in the ex-Yugoslavia was recorded as a civil war, or that the fall of the Berlin Wall still affects us, while this is not the case with the wall on the Israeli-Palestinian border, or that the refugees from Syria behind the barbed wire on the eastern borders of the continent do not merit a physical and emotional reception?

We can associate an important aspect to these questions: the majority of Italian psychotherapists living in these times have only heard stories about, in contrast to what happened to the Founders of Psychology, whose lives were upended and conditioned by war. Sigmund Freud, who treated some of the wounded of Verdun, wrote *"Why War?"* (1932); during the Second World War, Anna Freud founded the Hampstead War Nurseries in London (1943); Wilfred Bion gained experience in the Northfield military hospital; Melanie Klein did not stop seeing her patients, publishing essays, and reworking those already published; Sigmund Foulkes, Carl Gustave Jung, and Wilhelm Reich, who served in the 1st World War on the Austrian-Italian front, and thus directly dealt with effects of war (I have cited here only the most famous examples). US Psychology was also born immediately following this 1st World War.

Thus, war reaches this generation via the memories, words, and images of others. Giovanni di Cesare (2022) reminds us that conflict is recognized as ontologically foundational and inescapable and *"corresponds to the 'rupture of symmetry' that, as we know from cosmological physics, has given rise to the birth and development of the universe to which we belong. We are close to the 'difference that creates difference' of Batesonian memory"* (Heraclitus, IV sec. B.C.; Bateson, 1972; Benasayag & Del Rey, 2007) [1].

Hillman (2005) urges us to delve into the *"knowledge of the psychic dimension of war, which we carry within and carry into relationships as a modality still considered effective today for resolving conflicts."*

Thus, we take our cue from this particular war, which – more than others – seems to involve us, in order to contribute to a reflection still open to how trauma runs through generations, how it is preserved, and how it affects the way we feel today. To do this, we will take advantage of the experience of those who, through their contact with more recent and closer conflicts, have to face the repercussions of the war on the functioning of the mind, including the one of the therapists.

War beyond the generational boundaries, between myth and loyalty

War does not only affect bodies, but leaves deep wounds in the psyche, and is not limited to destroying life in the present. It perseveres in the person who survives, and the post-traumatic disorder is transmitted through the generations and afflicts even a person who has not personally taken part in the conflict.

In my own case, for example, war is represented by the stories of my grandmother, the last-born of many children, and – by the time she was born – whose older brothers were dying or missing in battle. She, as the sister of the 1st World War Unknown Soldier, was tasked with taking care of the brother who had gone mad beneath the bombs of the trenches of the Carso. She, as a mother was also tasked with treating the wounds of the body and soul of the son, who parachuted from Albania to Al Alamein during the 2nd World War. She had seen two World Wars and told her stories of them. And she had seen other conflicts as well, with a son-in-law who, having enlisted at 18 years of age and having immediately been shot down

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1. Heraclitus (IV century B.C.): "War (polemos) is the father of all and the king of all."
   Benasayag & Del Rey (2007): "Conflict is what ontologically establishes the multiplicity of the dimensions of being, the becoming little by little more complex than the existent."

with his plane, decided to end his service. And so, under the same roof, she had a son and son-in-law, besides the crisis of civilization between the two World Wars. Tales of pain and rage, madness and loving care. I experienced as well the protests against the war in Vietnam, so critical for the changes in culture and traditions of the 70s, but, at the same time, infinitely far away. Then, there were the images of mutilated bodies brought home to us by the newscasts and films.

So, how does the trauma of war endure through the generations, and what are the consequences?

The Russian writer, Tolstoy asks in *War and Peace*: *"Why do millions of men start to kill each other? Who orders them? One could say that it is clear to everyone that none of them would benefit, but, in fact, things would only get worse. Why do they do it?"*

Hillman (2005) comments that if *"from before the beginning and up until the last clash, an oppressive sense of fatal necessity surrounds war,"* this depends on the fact that this *"is a mythic event ... It is the effect of the myth."*

Similarly, Anna Nicolò Corigliano (1996) to the question: *"Why did this happen despite the possibility that things could have gone differently?"* responds: *"Rather it is necessary to make reference to myths understood as unconscious transgenerational group fantasies, which are part of the symbolic family universe."*

It therefore seems that the exploration of the myth and function of transgenerational transmission of a shared symbolic universe could represent a point of departure for our study.

For the relational systemic approach, the *myth* represents the cohesive explanation of the functioning of the family system: the family is organized and established on the *founding myth* between *belonging*, as *recognition* and loyalty to the values, rules, and laws of the group, and

formation of identity, as personal *responsibility* and the freedom to comply (Caillé, 1985; Onnis, 2017). *"All the members of the family from generation to generation contribute to its establishment and permanence, in this way organizing the continuity of the family group culture."* Besides the functions of belonging and identity, the myth *"plays an important role in moments of crisis and tension and is a defence mechanism of the group in order to cope with the catastrophic distresses of change."* (Nicolò Corigliano, 1996)

The *myth* however also has *"the task of maintaining tradition in a social group where the past is more important than the present and constitutes a model where the present cannot be anything but a repetition."* Myths, in fact, although, *"they are integral to one's identity and to that of the family, parasitize the subject and relational life, and require great distortions of reality .... They are never denied by any of the persons involved."* In fact, even though *"in the non-pathological dimensions the prescriptive dimension can also be challenged by the personal history of the subject that can therefore give new meaning a posteriori to certain aspects of the myth rather than to others."* This proves in reality to be terribly difficult for the subject (Niccolò Corigliano, 1996).

This aspect is confirmed by Luigi Onnis (2017) for whom: *"The affective bonds that do not get to develop and be transformed thus become constraints that curb potential and evolutionary needs."* The myth then becomes: *"ambivalent and doubled: a manifestation of myth protection and, at the same time, an implicit declaration of its being unbearable."*

Many writers, researchers of *implicit relational knowledge* or *implicit memory*, maintain that what subsists *"beneath the family sharing of myths"* is the *"intersecting mirroring of the emotions and mental states of the others"* and *"the interactions that activate mental processes"* which *"do not only occur within the range*

of consciousness: they also embrace that wide area of experiences and learning considered, if you will, unconscious" – highlighted by studies on the functioning of mirror neurons (Stern, 2004; Gallese, Migone & Eagle, 2006; Gallese, Eagle & Migone, 2007; Rizzolatti, 1996; Onnis, 2017).

Thus, it seems comprehensible how a family member, albeit not having taken part in war, could feel connected to the family myth by a feeling of injustice suffered by ancestors and not healed, something that happens frequently in wars. In this way, it is possible that unconsciously this feeling, which also refers to *invisible loyalties* and to *the great book of family stories* (Boszormenyi-Nagy, 1973, Ancelin Schutzenberger, 1988), contaminates the generations to come and reveals itself through them.

Boundaries between Neighbours

This phenomenon was observed by Judith Teszàry when considering the second generation of refugees from the ex-Yugoslavia; we are dealing with the youth that demonstrates symptoms such as uncertainty about the future, fear of the unknown, loss of trust in the other, anxiety, attacks of panic and depression. They come from families that saw their neighbours, those with whom they had lived in peace for years, quickly become dangerous enemies, capable of committing the most horrifying crimes. According to Teszàry (2011), these young people, although having fled the ex-Yugoslavia before the beginning of the war

and therefore not having directly experienced the killings, feel the entire weight of them:

> *The situation raises additional questions of hereditary or collective guilt for the actions of their predecessors, at both the individual and group level"* and *"the heavy baggage, like the sense of guilt for their fathers, who were war criminals, oppressed some of them.*

In some way, the mythic aspects emerge out of the history of the forefathers involved in the creation of such a distorted reality that it transformed a neighbour into an enemy [2].

Although aware it could take generations to explore the reality of war, tackling the question *"How could it have happened?"* and beginning the work of rehabilitation, Teszàry has employed psychodrama and sociodrama techniques to launch a process of understanding the phenomenon and a process of reconciliation among the participants.

Conclusions

The traumas of war risk extending beyond even the boundary of the therapeutic relationship with uncertain consequences for the patient or the psychotherapist. Certainly, the latter, starting with his/her/their family myths, can question the resonances with his/her/their family myths and with cultural, ethical and historical ones, and can thus rework those aspects that may affect him/her/them more than others.

On the other hand, however, if it is true that the psychotherapist always risks fatigue due to compassion or secondary trauma in their clin-

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2. Socio-political analysis explains that a society that is experiencing a profound economic crisis or a lengthy phase of social conflict, and a clear and shared enemy, can trigger frustrations, hate for someone, and fears, and it increases the identity of a people and makes it more cohesive and maneuverable. *"By declaring who are their enemies, all societies..., define who they themselves are, what their own cultural, ethical, and moral boundaries are, as well as their own value and courage, and they define themselves through opposition: they are what the enemy is not"* (World Social Agenda, Fontana Foundation, 2022).

ical work with seriously traumatized patients, many writers highlight how countertransference in work with war trauma goes beyond the framework of the standard explanations and definitions of this phenomenon. Many studies related to clinical work with people traumatized during civil and/or military conflicts show that the nature of this is completely different than traditional psychotherapies.

Although they may attempt to avoid it, psychotherapists can take on the pathology of their patients affected by war trauma: this ensemble of phenomena, called *"secondary traumatization"*, can be seen *"at the group level, at the level of the supervision work of a group that supervises the work with psycho-traumatized patients. In the same way, these phenomena can be found at the level of entire teams and institutions."* (Figley, 1995; Pernar, 2019)

In conclusion, as the family myth passes through generations and conditions the way in which these generations perceive and react to conflicts, the psychotherapist can in the same way enter the therapeutic relationship by responding to the myth of loyalty, which connects him/her/them to his/her/their family of origin. In these cases, it is believed that treatment in supervision or acts of prevention, directed at avoiding a blockage of the therapeutic process or consequences to the psychophysical health of the therapist, are necessary.

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Psychotherapy in Theatres of War

Fabio Gianfortuna

Abstract: This article is based on the experience of the author in war zones with *Médecins Sans Frontières* (Doctors Without Borders). Therefore, it contains several differences between psychotherapy in theatres of war and psychotherapy in conditions of security and peace (such as, for example, what is taking place in Italy). These differences require modifications to technique, to the therapeutic relationship, and to the setting, aimed at adapting to the context of war in terms of both the objectives as well as the conducting of the therapeutic process. This article provides some examples of these "adaptations" and constitutes evidence of how a psychotherapist can manage their work even in very difficult conditions, all the while always respecting the broad guidelines of the profession.

Key Words: Psychosynthesis; War; Trauma; Emergency; Mediator

Of course, a question posed by colleagues on psychotherapy and war, is for me more a challenge than an invitation to reflection. I, in fact, have spent quite a few years working with *Médecins Sans Frontières* in zones of conflict, or – in any case – of disaster.

On thinking about the questions that have been sent to us, I immediately had the thought that therapists could be involved in a war situation in two ways:

- in a direct way, with their physical presence in a war zone

- in an indirect way, through participation in a general situation, or when exposed to transference or countertransference experiences, provoked by patients, or shared with them.

Practically speaking, the therapist can undergo the impact of war at the primary level, directly, or at the secondary level, as a witness/citizen or as a provider in the service of traumatized patients.

I would like to speak of the first level, which plays a bigger role in my experience as a provider of psychotherapy in emergency situations and, specifically in a conflict situation.

The association with *Médecins Sans Frontières*, undertaken from 2004 to 2018 has left a decisive impression on my way of understanding the work of a therapist.

Twenty years ago, within humanitarian organizations, mental health work was considered optional in terms of support for medical intervention, necessary only in specific situations or contexts. Now, mental health work has become a natural component of intervention for the health and well-being of the individuals. In the projects of *Médecins Sans Frontières*, we psychologists perform a variety of tasks in different contexts: direct interventions with patients, training operations and the coordination of the local staff who give psychosocial support to the community, counselling for HIV/Aids programmes or for other chronic diseases, counselling for the medical personnel in the communication of a particular pathology to the patient, and psychological support to patients, and victims of gender violence. Therefore, not everything that is part of the experience of a mental health provider concerns the psychotherapeutic intervention. But I will speak of a specific psychotherapeutic one in this article.

In contexts of extreme uncertainty and suffering, it is necessary to re-evaluate everything that we believe means to be 'taking care of a person'. Here, the primary need is to survive, and the exigency to grow with respect to one's daily existence seems very distant. But a therapist must however have the ability to present another level, because, on the level of the primary need, there is nothing that he/she/they can really do. It is not possible to make the bombs, the hunger and the danger disappear. The therapist can only help the people to stay in contact with their thoughts, their body, their soul, and to seek out the sensation of being able to live and remain alive.

Having to adapt psychotherapy to a situation of war brings to mind three aspects of psychotherapy that need to be intensely rethought: the setting, the contract/therapeutic alliance, and the objective itself of psychotherapy. In "normal" psychotherapy, one starts from the request of a person who then becomes the client/patient. The patient comes to us with a malaise (not necessarily an illness) to alleviate. Normally, what is brought to us are situations of suffering, pain, deprivation, and pathology.

The techniques, the methods that we therapists use, our training and experience of life and of psychotherapy, converge in the goal to discover, recognize, and safeguard the deepest identity of the person who relies on us.

If we wish to delve into a technical aspect, we can list some particular features of psychotherapy in "war" situations or contexts of violence. Some of these underscores a difference with psychotherapy conducted in more "protected and regular" situations; others instead are common, but are intensified by specific contexts.

The most striking disruption of the "classic" setting is the presence of a cultural mediator/translator in the session.

■ I would have to spend too many words to tackle this subject matter fully and so I will simply say how I resolved it: the mediator is an element at play, one to insert into the setting and utilize. Attempting to build a setting rigidly attached to classical rules is impossible, and more than useless.

■ Usually – in extreme contexts – there is no therapeutic request on the part of the patient, either because potential users live in cultural contexts in which psychotherapy is completely (or almost) unknown, or because mental health is not considered a primary need, as compared to the need for protection and pure survival. The psychotherapist proceeds on his own initiative in that we speak of the "recruitment" of patients. Any mental health provider who has worked in situations of extreme distress knows this situation, not only one

who operates in contexts of war, and not only outside of Italy. We have to 'convince' them to become patients. Is this ethical? Is it technically correct? Honestly, I do not know. What I do know is that it is difficult to abandon them to themselves, just in order to maintain the technical and deontological correctness to which we are accustomed.

- The sessions are conducted in sociocultural contexts in which the concepts of growth, of the person's ability to plan, of the discovery of one's own identity, and the understanding of life are usually left to religion, or directly to God. The real issue is connected to reduction of suffering (and who can blame them?).

- All of the individual situations, due to the corresponding nature of the war situation, make reference to a post-traumatic framework; the suffering/disability are – above all – truly associated with a threat-to-life situation, to a negative external process, and not only to symbolic content or, at any rate, interiorized ones (which however exist, otherwise psychotherapy would not be possible). We consider that, since the external situation is often in the process of becoming (it is not a past episode, but one of current daily life) out of control, the traumas are repeatedly experienced and awaited day after day because the threat of death, or at least of trauma and suffering, is present, even in an immediate or distant future. Even the sessions themselves are not always conducted in secure places (as would be required in a psychotherapeutic setting) and sometimes even reaching the place where the meetings are to be held means taking a physical risk.

- Very often, because of the patient's real experience, the therapy focusses on the working through of mourning, or of a traumatic situation. In many respects, psychotherapy – in the context of war – resembles emergency psychotherapy or traumatology, but in a situation of extreme and constant "emergency". The intervention puts the therapist into contact with people – who have normal reactions to abnormal situations. Even in psychotherapy not in contexts of war, violence, or disaster, the patient often perceives the context as being dangerous, but, in these cases, the abnormality is evident and shared by all. We are dealing with an attempt, in and of itself almost impossible, on the part of the patient, to adapt his/her/their own psychic organization to a new reality that threatens to be overwhelming. Often the result is pathological, at least temporarily, but hopefully able to safeguard the individual's capacity to continue to "live".

- We could/should say that psychotherapy in the time of war works prevalently on trauma, uses the techniques of short-term therapy, must be supported by work within the family and the community, is usually rigidly programmed in terms of the technical aspect (techniques, therapeutic plan, and management of clinical records), and is conducted within a more general plan of intervention, often within a team.

- And now we come to what is probably the technical and programmatic essence of therapy in time of war: the first need of almost all the patients is the reactivation of their coping mechanisms, and the building of a functional system for managing their personal energies and restoring some of their inter-individual and social relationships. The coping process, within the patients' reality, follows three by-the-book phases: 1) The impact phase:

the sensation of being overwhelmed and not being able to react; 2) The withdrawal phase: characterized by a great variety of out-of-control emotions; 3) The post-impact phase: the processing and recovery of control. This phase is characterized by denial mechanisms and periods of intrusion of (often negative) images and thoughts. We must recognize them in order to help our patients to "move around" within a process, since the patient cannot exercise the 'fight' or 'flight' reflex of the Autonomic Nervous System, they get stuck in the 'fright' reflex. Therapy then starts to activate the 'social vagal' system (Porges) to help them move on.

■ The coping mechanisms that belong to a person's various levels of experience are:

– Individual and personal (attention to one's physical and psychic health etc.)

– Social (care of the status of relationships, use of protectors and a social safety net)

– Communal (participation in the life of the community)

– Familial (interest in family relationships and in the circumstances of its members)

– Relational (interest in the situation of others, attention to interpersonal relationships)

– Spiritual (participation in the religious or spiritual life of the community, attention to and care of one's own spiritual needs)

All psychotherapists have their own professional theoretical framework and a quantity of attitudes and techniques that they consider suitable for formulating a plan and a therapeutic intervention. In my opinion, they are all worthy, just as all forms of therapy have

value. It is the therapist and the alliance with the patient that make therapies truly effective. Obviously, the context of war forces us to make some technical adaptations: the setting cannot be too rigid, and, of necessity, the number of sessions must be limited. However, within the psychotherapeutic plan, the external reality remains at the forefront, etc.

I would like to allocate some words to what has been the theory that has guided my psychotherapy choices. My theoretical/training framework of reference is that of 'Psychosynthesis'. In Psychosynthesis, we place a great deal of importance on the transpersonal experience of the human being, on that level of presence in life that we could call "spiritual". We could say that, for a Psychosynthesis psychotherapist practicing psychotherapy in time of war, means taking care of our patients by calling upon those resources of a deep reality that exists beyond the traumatic experience of the moment: (Do we wish to call that the soul – without any forcibly religious significance, but exclusively tied to the experience of the Self?). Basically, the soul is almost more of a therapeutic tool than an object of care, a powerful ally even before an object of suffering! Even in time of war, whatever Wikipedia says, healing is not the putting together again of a damaged organism (a necessary process however, so that the individual might be able to emerge in the world) but the freeing of the potential of a human, blocked in his/her/their existential emergence from an external reality, so threatening and painful as to be paralyzing. Living is not only functioning, but also the revealing of diverse aspirations on diverse levels. These are what mobilizes the coping mechanisms, and we must come to terms with them.

Ultimately, psychotherapy in theatres of war is a shared process of the freeing of the potential and the energies of a person in a context that would tend to suffocate them, or to reduce all sense of life to mere survival.

I like the idea of closing with an example of an individual intervention in a refugee camp. I will never be able to forget a patient whom I encountered in a camp for refugees in Shangil Tobaya in North Darfur, in the heart of the Sahara Desert. One of the counsellors whom I had trained within the camp pointed out a little girl of 13 in a tent on the edge of the camp, where the new arrivals were staying. It was a kind of shelter made with the few rags that her companions had brought with them on their long march towards the camp. She was lying down unmoving, her eyes wide open, totally silent. Since she had arrived, she hadn't said a word. Her only sign of life had been to begin to cry and scream when certain people passed by her tent (day or night, it made no difference). In the end, we understood that what was terrorizing her was the dialect of the camp guards, the same one as that of the captors who had burned her family in front of her). It was startling for me, accustomed to working in my consulting-room, or in a hospital outpatient setting: a tent in the middle of nowhere, beneath the eyes of relatives, who watched her, powerless. And she was a child with those wide-open eyes, which seemed no longer in contact with anything that surrounded her. I have also seen more "serious" situations, even technically more difficult, but these were nothing like the "work" carried out, together with my "mediator", to enter into a relationship with her and help her, first to get her to look at and see us, and then the outside world, and then to imagine the minimum of communication and participation.

I think that the only effective technique was empathic listening. I never discovered anything else. We communicated with gestures and a few words. It may seem a little ludicrous, I know, but the first time that she began to eat again will always remain in my personal bag of memories: one that I will continuously open and reopen, just as the sound of her voice will remain inside of me when she tried to talk to me for the first time. She chose something that could leap over every intermediary, the only way she knew how to leap over every type of barrier: "Maharaba" and then, "Hello Fabio".

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Gestalt Psychotherapy and the "Field" of War

Margherita Spagnuolo Lobb & Pietro Andrea Cavaleri

Abstract: As psychotherapy was gradually evolving in tune with the complexity that the world was confronting, the irreducible contrast between Eros and Thanatos became definitively substituted by a more articulated perspective on human aggression, beyond the simple destructive significance, as demonstrated in the thinking of Perls and Goodman. Today we are obligated to apply these principles in our therapeutic function. This article puts forward the insertion of a basic condition within the therapeutic relationship to counteract the diffusion of desensitization and the consequent dissociative processes, which affect not only the patient but also the therapist: the co-creation of a "neuroceptive" sense of safety between therapist and patient.

Key Words: Gestalt Therapy; Dissociation; Desensitization; Ukraine; War; Supervision

In search of a meaning

In these last few months, following the Russian invasion of Ukraine, references were made by more than a few persons to some authoritative psychoanalysts, who in the past have dealt with the thorny question of the reason for war. Often, for example, the work of Franco Fornari (1970) has been cited. His ideas were developed when, at the beginning of the Sixties, the concrete risk of a serious conflict between the United States and Russia was identified. But what attracted our attention was above all the famous Freud-Einstein correspondence, beginning in 1932, in which the father of psychoanalysis explains the phenomenon of war by especially making reference to the perennial conflict between *Eros* and *Thanatos*. *"We assume,"* insists Freud, *"that man's drives are of only two kinds, those which tend to preserve and unite (...) and those that tend to destroy and kill; we understand all of the latter under the denomination of aggressive or destructive drive. (...) Both drives are equally indispensable, because the phenomena of life depend on their concurrence and their contrast."* (Freud, 1932, pp. 72-73). Freud was firmly convinced that the destructive drive: **"operates in every living being and that its aspiration is to bring it to ruin, to bring life back to the state of inanimate**

matter." (Freud, 1932, p. 75). Proceeding to conclude his answers to the questions posed by Einstein, Freud maintains that everything that brings us back to Eros, to the opposing life drive, can be mobilized against war. What can therefore work against war are the emotional ties, but also the reduction of inequalities between human beings and a more careful education of those "*persons endowed with independent thought*", capable of guiding "*the masses devoid of autonomy*".

These reflections of Freud have inspired many psychotherapeutic approaches over the years, whose critical ideas have contributed to the affirmation of human rights against the challenges of Thanatos. Let us think of the contribution to humanistic thought and to the phenomenological perspective that, by overtaking the dichotomous epistemology of good and evil, have looked at aggression and war as a phenomenon emerging out of forces and needs unheeded and present in an experiential field. It was in this direction, in the Forties, that the critiques of Frederick Perls and his wife Laura Polsner, two German psychoanalysts who had emigrated to the United States to escape Nazism, were aimed. It was there that they established Gestalt psychotherapy.

From the *Eros/Thanatos* contrast to the integrating form of creative adaptation

Since their first book, *Ego, Hunger, and Aggression*, written and published in the middle of the Second World War, the Perls couple maintained that it was not possible to understand human relations, social tensions – and in particular what happens in war – without confronting the theme of aggression and the meaning that is attributed to it.

> "*If the aggressive tension of an oppressed class becomes too strong, the ruling classes usually divert it towards an external enemy. They provoke a war or look for a scapegoat in some other class, race, or doctrine.*" (Perls, 1996, p. 129)

Taking his cue from Lewin (1943), Perls maintains that the continuous recurrence of the conflictual tension between life and death is not to be sought in the inevitable instinctual rigidity of a blind and cyclical "repeating co-action", but rather in the continuous emerging of new "unresolved problems", which have always characterized the existence of the human species (see Perls, 1995, p. 111). Within the perspective of resolving new problems and ever-open tasks, aggressiveness does not have an exclusively destructive bearer-of-death power, but, encompassing a greater complexity, it assumes a positive meaning and an adaptive function, not considered in the Freudian conception. The aggression which emerges in human relations, *when it is not "deformed" by the will to annihilation*, possesses within itself a natural impulse towards survival, growth, and self-realization. A few years later, in the book, *Gestalt Therapy*, Perls, Hefferline and Goodman state that the living organism diminishes its own tension and reaches a lost equilibrium, not through death, the return to an order of inferior structure, but through the creation of new forms of adaptation to an ever more complex environment (Perls *et al.*, 1997, p. 160).

Today, we find ourselves having to reflect on the meaning of the war in Ukraine, and the other wars in the contemporary world, and we are wondering how to grasp the dynamics of the field in all its totality, as well as the demands of reciprocal recognition that the individual parts sometimes express in the form of unacceptable aggression. It seems to us then that there may be something that belongs specifically to contemporary society, something upon which we must reflect (see: Spagnuolo Lobb & Cavaleri, 2021). Today, we are experiencing a facility in handling relationships in

a dissociative manner, and therefore the frequent transformation of what could otherwise be aggressiveness (motivated by an impetus for contact, from Latin *ad-gredere*) into violence (as a dissociative and an affective form of aggression). Stunned that a violent invasion of a European nation could happen in 2022, we have been impacted by an aggressiveness "*deformed by a cold determination to annihilate*". Despite the possible historic motivations of the war, what proves to be very different today in relation to the past is the tendency to a widespread dissociation in the entire western world, something which constitutes a much more fragile ground to oppose the will towards the annihilation of a single individual, with the paradoxical risk of dangerously supporting it. In this historic context, in order to orient ourselves within our therapeutic function, it is not enough to refer to only two distinct entities such as *Eros* and *Thanatos*, but also to have faith in the single processes of self-regulation of relationships through the support of relational aggression. All this is still not enough to understand what is happening.

Desensitization is the "social illness" of our time – the inability to stop and listen to ourselves, to begin from bodily processes that are unknown or avoided from the time of early relationships, and to encounter the Other, looking into the eyes of that person and acknowledging that person's existence. Many people today suffer from this "illness", which is evident in so many forms of anxiety, dissociations, and depression. Is this the meaning that an absurd war has in our world? It is not just about opposing forces that are demanding recognition, but about the cynical and unfortunately insufficient contrasted determination on the part of a man (Putin) to create around him a system of total obedience, threatening destruction as an alternative. The psychological and relational dysfunction which underlies this war is desensitization, triggered by

a threatening order, or one that is accepted through economic convenience.

It would be wise for us to ask how much the sense of desensitization in our patients, and in our own experience, prevents us from using healthy aggressiveness (such as: "You Just Can't Do That!") to help us regain possession of our life and our relationships and give meaning to the struggle for something.

Contexts of war and clinical cases

To promote a dialogue within the Gestalt outlook, the *Gestalt Institute HCC Italy* has dedicated an entire issue (2/2022) of the journal, *Quaderni di Gestalt*, to a collection of professional experiences and clinical cases in war contexts (not only with respect to the Ukrainian situation): "*Gestalt Therapy in tempore belli*" (in time of war). Here are a few examples of how the therapeutic function was maintained in various contexts. Inna Didkovska of Kiev tells us:

> *At the beginning of the war, I experienced a severe crisis, both as the Institute's director and educator, but also with the faculty and students. The first week was so hard that it felt as if my Institute might emerge from it destroyed. The first thing I then did was to assemble the college of instructors of the KGU (Kyiv Gestalt University) and discuss the suspension of all training programs and the start of support groups for the students. We received considerable moral, psychological, and material support from some European and American colleagues, who set up three free projects, which were very important for both our trainers and students, but as well for the entire community of Ukrainian psychotherapists. And, in their turn, the teachers engaged in a great number of free support groups for the students; the students worked without payment with the Ukrainians, creating and maintaining a wide circle of mutual*

help. Carrying out and maintaining these projects was invaluable in this period."

Here are the words of Max Mishchenko of Moscow, a refugee in Italy of a few months since:

As Russians, we all must bear the fact that – in our country – heinous crimes are being committed. Whether we are in agreement or not, that we have participated (or not) in the protest demonstrations, we are citizens of a State that has unleashed an aggressive war on our neighbours, and this has provoked a sense of guilt. One can try to cope with the sense of guilt and work on it, or one can avoid it and side with the aggressor, with the strong one, with whom one stays safe. It is a different degree of violence than that which is perpetrated against the Ukrainians; however, it is still a brutal violence. This dominance is criminal in nature and is seeking to implicate all the citizens in its criminal logic. When I still lived in Russia, it had become difficult to work with those patients who had already left the country. I was incapable of freeing myself from the sensation that they had found themselves in a safer and more advantageous situation than my own. It was as if I did not have the ability to take care of them. One of the most painful themes that emerged after February 22 was the idea that Russians were hated and judged by everyone. I was in correspondence with friends and colleagues from other countries, and these dear people were writing to me from all over the world. This provided me with incredible support; every message of this type felt as if it were dragging me out of a sea of madness in which I constantly risked drowning. I kept telling my patients, and those I was supervising, of the compassionate attitude of foreign colleagues towards all of us and of their support for me. This gave me considerable relief.

Olga Movchan, of Moscow, who emigrated to London two years ago:

The war has brought up a flood of transgenerational reactions, which are tackled in a unique and original way by each individual. When the war started, one of my patients (a 48-year-old writer and film maker) decided to stay in Moscow. It was not an easy decision and we often dealt with this subject during our sessions. I had been working with her for a year and a half; she had come to me because of problems associated with her divorce and her professional life. She had spoken about her opposition to the war, and, during a session, we tried to find ways to adapt to life in Russia in this new situation. During our work, I noticed the anger that had developed between us, but I couldn't understand why my anger was so strong and how I could address the emotions in a more useful way for the patient. At a certain point she told me how, in 1922, her grandfather – although he had already booked tickets on the last ship to New York – had then decided to stay. My grandmother, who at the time was 19 years-old, stayed with him. After six months, he was arrested by the police and spent the next 37 years in Kolyma, in Siberia, first in a work camp, and then in exile. 'If I left now, it would mean that all that my grandfather did was in vain,' she said. It seemed as if the patient was seeking support for her decision in this way. I felt an extreme pain in my chest. For a moment, we were united by this pain caused by what had also happened to our predecessors in Russia in the twentieth century. When I asked her how she felt, she answered that she was a little disappointed because she hadn't received my support and admiration for her decision to follow in the footsteps of her grandfather.

The patient was right, of course. I didn't like her decision and it was difficult for me to sup-

port it. I asked for supervision [1] *in the hope of understanding the nature of my anger, in what way it was connected to my patient, and how the situation could be changed in our contact. The supervision provided me a safe and stable environment, in which I could feel fear for my patient, and for myself, in large part connect- ed to my personal transgenerational history. My grandfather, just like my patient's grand- father, lived in post-revolutionary Russia. He was arrested and then died in a work camp. I consider it a fact that happened in vain. My answer to my patient's question of whether: 'It was all in vain that my grandfather had spent 37 years in Kolyma, in Siberia,' just like my answer to my own question of whether: 'It was all in vain that my grandfather died in a work camp' is "Yes". Besides, even if it hadn't been in vain, it should never have happened. I do not wish this bloody regime to mock peo- ple's lives. I myself do not wish to be its victim, and I do not wish others to be. The support and respect for my feelings that I felt on the part of my supervisor made it possible for me to see my patient and respect her decisions – namely, her love for her grandfather, and her need to keep his memory, and the significance of his actions."*

Conclusions

War triggers insidious traumas, which show their effects through generations. In contem- porary society, these traumas are grafted onto an experiential ground marked by desensiti- zation, which easily leads to dissociation. It is important to be aware of desensitization that pervades both the therapist's experience, as well as that of the patient. Working in a trau- matic field, the therapist is inevitably retrau- matized. It is this collective trauma, which has infiltrated the therapeutic relationship, that we must deal with to refine our tools in time of war. Today, in order to work on end- ing incomplete situations and achieve new integrations, as humanistic thought in the middle of the last century had highlighted, a new competency is necessary: the creation of a sense of "neuroceptive" safety in the ther- apeutic situation (compare Porges, 2007), thanks to which it is possible to breathe and be oneself in the relationship. In our opinion, this represents a basic condition for the thera- peutic function in our time. The horror of war, often denied by desensitization processes, will strikingly emerge within the experienc- es of people who have lived through it, either in a direct or indirect way, and will be able to be treated from a safe space felt in the bodily process, which will allow for the emergence of a unifying sense of oneself-in-relation, and consequently of an ability to be oriented with sensitivity within the environment, closing off incomplete situations and attaining new integrations.

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1. The reference is to Dr. Margherita Spagnuolo Lobb's supervision work with Pietro Andrea Cavaleri.

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Some Reflections on War from a Psychoanalytic Point of View

Paolo Migone

Abstract: In the wake of a clinical case of a patient with various neurotic disorders, a case which had shown the disappearance of all symptoms during a period of war but their reappearance at the end of the war (this concerned the Gulf War of 1990-91), we will present here some thoughts on the temporary well-being which can appear thanks to the projection of internal anxiety on a real external danger. This psychodynamic hypothesis, of a Kleinian derivation, will also be discussed in conjunction with some considerations on Post-Traumatic Stress Disorder (PTSD), on mourning, and on the similar effect that other traumatic events can have, such as certain natural calamities and serious illnesses.

Key Words: Projection; Paranoia; War; Post Traumatic Stress Disorder (PTSD); Kleinian Theory

Years ago, I was treating a 35-year-old patient affected by a variegated symptomology characterized by anxiety, phobias, fears of various types, some brief quasi-delusional periods, transitory paranoias, terrifying dreams, the inability to feel attraction and sexual pleasure in monogamous relationships, etc. For example, she could not have sexual relations with her husband, whom she felt she did not love and to whom she was not attracted. But she felt a strong emotional and physical involvement with a lover; the husband, when he became aware of this extra-marital affair, decided to separate, but the patient opposed this with great resistance, and immediately after the separation, which the husband decisively pursued, she experienced desire for her husband and, at the same time, stopped having any emotion or physical attraction for the lover whom she had previously desired so much.

In subsequent years she did, however, succeed – thanks as well to therapy – in maintaining a relationship with her ex-lover, even though with enormous anxieties and difficulties, having also to be careful not to fall back into the temptation to create a clandestine relationship with another man, exactly as she had done when she was married and de-

sired her lover and current partner (and I had a strong impression that she had succeeded in this thanks to a new triangle that she had created, in which I represented the third pole, as if I were a sort of "lover", given the affective investment she had made in me); however, she was not able to go and live with the ex-lover, other than after several years, because she was afraid, and the feelings of love and sexual attraction towards him no longer appeared, except on rare occasions (she felt like making love sometimes when she was on vacation, or when they had a guest and she feared that he might hear the creaking of the bed – it was precisely in that moment that she wished to have sexual relations, attempting to do it in such a way that the guest would not realize it).

I do not wish to delve into a description of this interesting clinical case and into how the therapy evolved (it lasted ten years and ended with reasonable improvement) because I intend to only linger on one part of the clinical material, which might allow us to make some observations on the psychological significance that war can acquire.

This therapy was begun in 1985, and was terminated at the end of 1995, and so I could observe the psychological reaction of this patient regarding the Gulf War that took place between 1990 and 1991. This patient belonged to that category of people who were terrorized by that war, who feared that it could even involve Italy, and who – as was reported in the newspapers as well – for example, went to the supermarket to stock up on supplies. My surprise was great when I saw her reaction to the moment of the actual outbreak of the war. While I feared that her condition would worsen even more, she suddenly calmed down, appeared serene, and all of her symptoms disappeared. She wished to make love with her partner. She experienced feelings of love and sexual attraction, without conflict of any kind, and her phobias, anxieties and paranoias disappeared.

She was peaceful and efficient at work, always in a good mood. In short, she lived the most beautiful period of her life.

Immediately, I and this same patient (who was a psychologist, with a key position in a Department of Mental Health) intuited that an important psychological dynamic was at work here, and I remember that I said, in fact, a little ironically, that "unfortunately", when the war would end in a short time, everything would go back to the way it was before. And this is what precisely happened: when, at the end of February 1991, the Gulf War ended, all the patient's previous symptoms returned (absence of sexual desire, phobias, anxieties of various types, etc.).

How can we explain this interesting psychodynamic? The observation of these phenomena – which can seem paradoxical – isn't new. It is well-known that, in time of war or natural disasters, bouts of depression are less frequent. I remember reading in the paper that after the earthquake in Aquila (Italy) in 2009, many of the survivors said that never had they had such feelings of cohesiveness. In the tent cities they felt united, as if the external adversity had allowed them to discover feelings that they had not experienced before. It is also well-known that, during wars, mental disorders diminish, to then reappear when peace returns. I recall that immediately after the end of the war in the ex-Yugoslavia (one of the cruellest ones after the Second World War with cases of genocide and ethnic cleansing), there were a high number of suicides among soldiers, as if many of them, who felt stable during the battles, became destabilized when there was no longer an enemy to fight. This, incidentally, is the same dynamic that we observe in Post-Traumatic Stress Disorder (PTSD), in which the soldier becomes ill, at times even seriously, when he returns home, but not in war where he must fight for his life. The flashbacks, the nightmares, the sudden

and painful memories, the depression, etc. do not occur on the front, but afterwards, in the successive months and years, when he is with his family and in a state of safety.

Various hypotheses have been put forward to explain this clinical fact. I will mention one of them: certain very painful emotions cannot be expressed in circumstances of danger because all of one's energies are being already employed in the effort of fighting it, but they can be expressed and remembered only afterwards, when, on the basis of the new circumstance of safety, namely the greater strength of the ego, the patient can finally allow these emotions to emerge in order to work on them – a psychological process very much needed – at times, even terrifying dreams appear, paradoxically, when, after a very difficult period, a person finally begins to feel well (see Migone, 2005). The same psychodynamic happens in mourning, when – in an early period – one is often blocked emotionally (this defence is adaptive, because one has to cope with various needs, organizing the funeral, etc.), and then, after a little time, extreme grief can erupt (this automatic regulation of defences is an ego function, and in the history of psychoanalysis has been studied initially in the decade between 1930 and 1940, when Ego Psychology inaugurated by Heinz Hartmann and his collaborators became widespread [Hartmann, 1937, 1964; Hartmann, Kris & Lowenstein, 1964]).

A similar dynamic is described in research on control-mastery theory (where the terms control and mastery refer precisely to the regulation of defences) formulated by the *San Francisco Psychotherapy Research Group* led by Weiss and Sampson (Weiss, 1986, 1990, 1993; see Migone, 1993b, 1995; Gazzillo, 2016). For instance, think of the concept of "crying at the happy ending" (Weiss, 1952), with which the patient finally, in a condition of safety, can allow the emergence of the painful emotions that were previously repressed. For many pa-

tients, psychotherapy itself can represent this sense of safety, in which they can finally re-process themes which first they could not permit themselves to face, and they can even let themselves go and shed tears.

Certain psychoanalytical intuitions of Kleinian derivation can provide us with further interesting hypotheses. The certainty that a "real" evil exists can give a momentary feeling of well-being – to the extent that the patient feels an internal persecutory anxiety, which is easily "projected" externally – and in the sense that the patient is reassured that the evil is outside of him, something that allows him to deflect attention from the persecutory feelings he fears are within him (in this context, see the psychoanalytic concept of "projective identification"; Migone, 1988, 1993a).

In other words, the depressed patient, or one who is affected by chronic persecutory anxiety (as may have been the case with my above-mentioned patient), in the moment in which they see that there is a real external danger, calms down, because it seems that it is no longer inside; it would be as if the patient says to him/herself that "the fault is no longer mine but someone else's." In Kleinian language, or that of object relations psychoanalytic school, now the patient does not feel "bad" anymore, but can feel "all good", because evil is "completely outside".

Furthermore, the theory of the scapegoat is well-known (the guilty one is another who must be fought in order to divert attention from oneself – as, for example, the case of homophobia, one of many), and it is known that some wars have been declared precisely for the purpose of diverting attention from internal crises (economic depression, the people's discontent, etc.) and of consolidating the whole nation against an external enemy that is to be fought (for instance, according to various political commentators, the war in the Falkland

Islands was declared by Argentina because there was a serious economic crisis at the time). And there are well-known cases of paranoid patients, who calm down as long as they find a real external enemy, and grow worse (at times to the point of decompensating) when the enemy does not behave as predicted, or does not respond to their provocations (to the extent that it seems as if they are seeking an enemy at all costs, or as if they are provoking others into assaulting or pursuing them).

A similar psychodynamic has also been observed in the case of terminal patients or patients with serious physical illnesses. As it has been documented in various cases (Nichols, 1985, 1987; Blechner, 1993; see Migone, 1994, 2003, 2006), a patient who learns of having a serious illness, or one that is potentially terminal, can respond in a paradoxical way, gathering his/her strengths to fight the disease, which now is objectifiable – like a somatic,

non–psychological disease; it would be as if the patient were saying to him/herself that the "fault is no longer his/hers, but that of the disease."

Perry's observations (1983) are also interesting on the "need for pain", that is on the need for strong and often painful physical stimulations to alleviate an inner sensation of emptiness and loss of identity (Perry's work refers to burn victims, but these observations are very valid with regard to the cuts and acts of self-harm to which some patients with personality disorders resort in order to have some relief from an internal malaise that decreases to the extent that it is "projected" onto the body).

Upon closer examination, the ideas that I have presented do not therefore concern war *per se*, but to war that, as a traumatic event, can be considered homologous to other events that trigger similar dynamics, and that can make us reflect upon the way we function as humans.

Author

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At the Heart of the Stories

Giuseppe Ruggiero & Slava Grichenko

Abstract: The goal of this paper is to present a reflection on the therapist's subjectivity in dealing with collective traumas like the current Russo-Ukrainian war. Beginning with clinical and personal experiences, we will review the effect of war on individual and group psychic dimensions such as the sense of integration, the perception of the self and the environment, the sense of belonging, and changes in social bonds. Besides identifying the risks to psychological health, we will draw on affective attunement and nostalgic affectivity as therapeutic resources capable of resewing identity and temporal fractures caused by catastrophic events.

Key Words: War Trauma; the Russo-Ukrainian War; Integration of the Self; Therapeutic Subjectivity; Nostalgic Affectivity in Psychotherapy

Introduction:

Giuseppe Ruggiero

It is a Tuesday in the month of March, Training Day of the first Year of our School of Specialization. It is less than a month ago when war broke out in Europe. Russia has attacked Ukraine. It is impossible not to devote some thought to what is happening, impossible to begin our training day by evading this question, which seems to be communicated by the looks of students and teachers alike: and now, what is going to happen?

Edgar Morin (2022) reminds us that we are in the heart of the crisis and that the crisis is at the heart of humanity. Our task, according to this philosopher of complexity, is essentially that of civilizing the earth, transforming the human species into humanity.

Slava Grichenko sits next to me, now as a student teacher, while a few years ago, as an intern (post-graduate) of another group. Slava was born in Vinnitsya, a city in central Ukraine, which she left at the age of four when her parents relocated, first to Italy, and then to Canada. Still, she has maintained a strong emotional attachment to Ukraine, and often returns to her native city, never losing her connection to her family of origin.

Together, we recall the story narrated during her training, through her family genogram, the emotion felt on that day, and the resonance from her teammates. I ask Slava if she

feels like mentioning something of this story to the new first-year trainees, who have been endowed with a particular baptismal name: 'Metis', meaning the intelligence of Ulysses, not the strength, but the capacity to adapt to the unexpected, to the misadventures, and to the reversals of destiny which would punctuate his Odyssey over land and sea. Together with agility, irony, and aesthetic sensitivity, Metis is one of the principal ingredients of the clinical model of our Neapolitan School: therapeutic intelligence, which essentially has rhythmic and musical qualities.

Slava is feeling moved. She knows that revisiting her family history, right in the heart of the conflict which has touched her land, has a special flavour, but she immediately begins her tale. She recounts a story, in which, despite multiple and frequent geographical displacements, the sense of belonging to the place of her origins remains unaltered. Even though she has changed cultural contexts and language and has adapted to different ways of doing and thinking, her affective world remains anchored in the place of her childhood – the house of her grandparents, the favourite neighbourhoods of her city, the memory of family rites and traditions, precious memories that however feel as if they are wavering under the threat of missiles.

Since the outbreak of war, a strong need to defend Ukrainian culture, to retrace its history, and to support the country's right to independence has been triggered, as if defending her very own identity. Part of Slava's family preferred to stay in Ukraine, while still maintaining the possibility of getting to Italy. This is a decision that reflects the difficulty of abandoning a place that embraces a sense of one's very own life and, at the same time, the difficulty of abandoning a cause, of which one inextricably feels a part.

The group listens, participates, concentrates on the more significant passages in Slava's story. One can perceive the emotion, when reference is made to the values, the myths, and the culture of the Ukrainian people. It is especially interesting to hear her delve deeper into the myth of Ukraine's origins, historically known as "Kyivan Rus", the territorial and cultural centre of the first Slav kingdom. We learn that this establishment came 500 years before the founding of Moscow on the part of one of the Princes of Kyiv, Yuri Dolgorukij, in 1147. And thus, a key to a symbolic reading was suggested to us, one in which Ukraine represents the mother nation of Russia.

Finally, after thanking Slava for this important testimony, I pause and reflect upon the importance for us therapists to continually find points of contact between the suffering that our patients bring into our therapy consulting rooms, and the world that exists outside, with its contradictions and events that make every day less hospitable: wars, not only the one between Russia and Ukraine, pandemics, climate disasters, continuous human rights violations, homophobic behaviours, and perpetual violence against women.

In fact, the therapist is a social actor; his/her ethical posture prompts him/her to be with the 'patient in the world', to make clear his/her principles, the values he/she professes, his/her own beliefs; and all the while being aware of the ever-present risk of prejudicial attitudes. But, at the same time, the therapist is also an artisan of words, of the gaze, and the gesture. His/her aesthetic sensitivity allows him/her to access the heart of the histories, to nourish hope, and to accept the pain, in order to transform it into beauty. Thus, ethical posture and aesthetic sensitivity constitute the two fundamental pillars of the psychotherapy experience.

As Hannah Arendt wrote (1971) after the Second World War: It is up to us to *"decide whether we love the world enough to take responsibility for it"*. This world on the brink, on the razor's edge, is waiting for us to fall in love with it again, joining together scientific rigor and personal creativity.

My last question, inspired by a verse of Hoderlin, is an invitation to reflection: In your opinion is it still possible to live poetically within the world?

This memory of an intense day of training sparked the idea to send our small contribution to the debate sponsored by the Journals Committee of FIAP on war and psychotherapy.

War experiences, clinical experiences: The psychological support project for Ukrainian children:

Slava Grichenko

For several months, I have had the good fortune to be involved in a project launched by a Comprehensive School (i.e., from kindergarten to Grade 12) in Avellino province, dedicated to Ukrainian war refugee children, who came to Italy with family members. All the children whom I have met bring with them the history of being forcibly uprooted from their home territory, and from their own home. The journey towards Italy is punctuated by dangerous trips in cars or buses, in the direction of safer borders, with the awareness of the possibility of constantly running into armed enemies, explosions, missiles, and the incessant roar of sirens. Nina, a ten-year-old, tells me of the trip she took in a crowded bus, accompanied by her mother, eight months pregnant. She seems older than her years and, in a tone of voice tending to dedramatize the incident, tells me of the discomfort of travelling at the back

of the vehicle, among strangers because there was no place to sit next to her mother. In any event, her mother was often crying, frightened by the jolts and shocks to her womb, and consequently was not a good travelling companion, as instead her mp3 player and videogames on her phone were.

Stories of lengthy displacements, stories of relinquishing personal possessions, abandoning family members who stayed, and pets left in the custody of trusted individuals, stories of separation from loved ones, friends, and places in which to find a sense of self and identity. All these aspects united the experiences of these children whom I continue to follow within the project, although just as numerous are the differences that characterize each individual journey of adaptation to the new environment. As therapists, we are trained to use our subjectivity to guide the destinies of the therapeutic process towards the goals of targeted change.

Over the course of the project, I noticed how, thanks to the affinity with my own past experiences, and besides the possibility of using my mother tongue, I was able to help the children to build affective-temporal bridges between what came before and the present, between what was familiar and what could be familiar in an apparently unfamiliar place. I understood their needs, their linguistic difficulties, and the hardships of adaptation, since within them I perceived elements akin to my own experience. Cultural uprooting involves being impacted by a divergence in the ways of being and doing, by a diversity in customs and behaviours, and entails the need to understand who one could become in the new context and how one wants to position oneself there. This already intricate journey is further complicated if one finds oneself in a strange place without fully knowing why. In this sense, I believe that the process of correlating one's own experiences, as well as the ability to detect similarities between the place of origin and the

host environment, may prove to be protective mechanisms, capable of consolidating an integrated representation of one's own experiences and stave off the risk of dissociation.

What does war mean for our psyche?

Reflections of *Giuseppe Ruggiero* and *Slava Grichenko*

From a symbolic-affective point of view, the event of war invokes the concept of laceration. Like the image of the famous "Slashes" ("*Tagli*") of Lucio Fontana, the cut emerges as a perceptive focal point, on a background of a uniform, solid and homogenous colour, in a permanent temporality – familiar, and almost indestructible in appearance. From the reassuring background of a monochromatic canvas emerges the contrast with the dark hole. The artistic suggestion provides us with an initial starting point for meeting, in the psychotherapy clinic, the trauma of a war that has shaken the collective unconscious, provoking general psychic turmoil, whose scope seems to challenge the boundary itself between therapist and patient, between the one carrying the traumatic experience beneath the skin and the one who painfully does the looking on.

The fractures of war involve essential psychic dimensions, connected to the sense of integration of the Self, like the environment, relationships, and existential time. The attack on territory, its "annexation" – besides representing a death threat – constitutes a denial of one's own historic-social and emotional roots. For the person who is an external witness, the changes, in the surrounding environmental spatiality, redraw the horizon and the vision of the world, in which – despite the lessons of history – peace, progress, and the coexistence of differences are still called into question.

On the level of relationships, war imposes a reorganization of roles in the family, just as in society. And yet, if, on the one hand, war shatters attachments, at the same time, from an emotional, affective, and spiritual point of view, the family nucleus is strengthened, the bonds become more solid, and the family paradoxically appears more united in the face of a greater goal. War also transforms the bonds of vertical time. Transgenerational heritage is forced to pass through the cure of the myth of sacrifice, an *imago* presently inscribed in the collective consciousness of Ukrainians.

Ultimately, wartime is a time that is scanned in relation to threats or truces. This rhythmicity moves in a space of the eternal present, where a return to the past seems to be definitely ruled out, just as the possibility of accessing an image of the future is also precluded.

Can nostalgia come to our aid? The nostalgia process in many ways overlaps the psychotherapeutic process and can constitute an important defence against the atemporality provoked by catastrophes such as war. Retrieving and reinterpreting the meaning of past memories can provide a common thread out of which emerges the dimension of continuity and consistency in our own experiences. In this sense, nostalgia abandons its pathogenic value, and reacquires a reparative functionality, which can facilitate the recovery of projectuality (Nikelly, 2004).

In the conversations with the Ukrainian children, it was necessary often to return to and dwell upon the description of their homes, their neighbourhood, or the house of a neighbour, as if the recounting of these familiar places defused the sensation of danger and, at the same time, safeguarded the parts of the self at risk of fragmentation. As a matter of fact, rather than getting in touch with the characteristics of the new Italian environment, the landscape of estrangement, what

predominated was the need to protect themselves, and take back the memory of familiar environments connected to a sense of security and containment.

Closing thoughts

The reasons for war are always many; and yet war possesses no reason. Faced with the blind and furious destruction of human lives, dreams and destinies, the possibility of understanding its meaning appears to be irremediably denied us. We believe that this is exactly the fracture that most greatly disrupts this current historic period. Moreover, the effects of war tune us into a chaotic, ambiguous, and paradoxical dimension. We feel the loss of the cognitive mastery of reality, which is exactly what happens when the functions of the Ego weaken, and the primary thought processes predominate (Stierlin, 1975). A little more than a hundred years ago, Freud (1915b) wrote:

> Caught in the whirlwind of these war times, without any real information or any

perspective upon the great changes that have already occurred or are about to be enacted, lacking all premonition of the future, it is small wonder that we ourselves become confused as to the meaning of impressions which crowd in upon us or of the value of the judgments we are forming. It would seem as though no event had ever destroyed so much of the precious heritage of mankind, confused so many of the clearest intellects or so thoroughly debased what is highest.

How can we emerge from the "return of the repressed"? How can we repair the fracture? The answer to these questions touches all of us. As psychologists, we are called upon to help society to recuperate the ability to dream, the ability to symbolize the world, to tolerate its darkest moments so as not to ever lose the hope of finding the light again. The cyclical nature of existence is not necessarily a mechanical repetition of a destiny, but can be the comforting consciousness of a rebirth, an eternal, but never identical, movement.

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Why War? [1]

Courtenay Young

Abstract: This essay is an attempt to answer a fundamental question about the aberrant human behaviour of war or warfare. There are very few examples of such behaviour in the animal kingdom, hence the word 'aberrant': the human animal is possibly the only animal on the planet (bar one) that conducts sustained aggression (warfare) against others of its own species. There are many examples of anger or rage, and even of other aberrant behaviours (like abuse) but sustained and directed rage against other groupings of the same species is incredibly rare, if not unique, among animal species. Why is this?

Key Words: war, warfare, origins, palaeontology, neolithic

What is War?

The Oxford English Dictionary defines "war" as:

1. A state of armed conflict between different countries or different groups within a country.
2. A state of competition or hostility between different people or groups.
3. A sustained campaign against an undesirable situation or activity.

In 1932, the League of Nations invited Albert Einstein to engage another prominent world figure of his choosing with the question, *"Is there any way of delivering mankind from the menace of war?"* Sigmund Freud was chosen and responded to this question in *'Why War?'* Freud presented a psychological look into aggression, violence, and war and introduced readers to concepts and theories that have shaped human understanding of their own actions, both peaceful and violent (Freud, 1933). Unfortunately, albeit 90 years later, despite the efforts of these two great intellects, we are still not much better off.

> *Conflicts of interest between man and man are resolved, in principle, by recourse to violence. It is the same in the animal kingdom, from which man cannot claim exclusion;*

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1. An earlier version of this article appeared in the International Body Psychotherapy Journal, Vol. 21, No. 2, Fall/Winter, 2002–23, 13–22: www.ibpj.org/issues/tocs/TOC%20IBPJ%20Vol%2021%20No2.pdf.

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nevertheless, men are also prone to conflicts of opinion, touching, on occasion, the loftiest peaks of abstract thought, which seem to call for settlement by quite another method. This refinement is, however, a late development.

To start with, brute force was the factor which, in small communities, decided points of ownership and the question of which man's will was to prevail. Very soon physical force was implemented, then replaced, by the use of various adjuncts; he proved the victor whose weapon was the better or handled the more skilfully.

Wars have seemingly been a part of human history for thousands of years and have become increasingly destructive. The 'rule of law' (that Freud proposed as a remedy) does not work very well, despite the United Nations. As Ferrill (1985) reminds us, war is not a modern invention – even though modern warfare has become incredibly prevalent, especially in recent centuries – wars have been with us since (at least) the Stone Age. It seems that – at some point in the dawn of human pre-history – early human societies adapted techniques and weapons that were originally developed for hunting animals, towards fighting other people. But why?

There is, to our knowledge, at least one other animal species on this planet that regularly conducts a form of warfare: in fact, this is one of our nearest relatives, the chimpanzee, *Pan troglodytes*. [2]

A recent (2023) 4-part Netflix series for TV, *Chimp Empire*, is about troops of chimpanzees in the Ngogo forest in Uganda's Kibale National Park (that contains the largest known group of chimpanzees in the world). This group has been studied for over 20 years. [3] The film-makers have spent years catching aspects of chimpanzee life that have never been seen on film before, which was the 2nd series made about the Ngogo chimpanzees, as there was an earlier (2017) film, *Rise of the Warrior Apes*, by the same filmmaker, James Reed.

Whilst instances of aggression between rival groups of chimpanzees were fairly well-known previously, what was exceptional – and what was clearly caught by these films – was that the original 'central' group had split into 2 or 3 other groups, occupying neighbouring territories.

Apparently, chimpanzees are very, very, very territorial and – purely because of this split – there arose a great rivalry between the larger central group and the smaller, but more closely bonded, western faction of these chimpanzee groups. Chimpanzees have an incredibly complex societal structure and can form very strong and sophisticated social politics and familial relationships: forming alliances, building trust, caring for one another, as well as often going head-to-head in a seemingly never-ending fight for dominance.

These films give completely new insights about the violence, brutal power struggles, rivalry, enmity, friendships, and diplomacy within these strictly hierarchical primate groups and also about the territorial rivalry between neighbouring groups. There exists not only severe aggression, on a regular basis, towards conspecifics (members of the same species) and furthermore a state of actual warfare exists between the neighbouring chimpanzee groups.

This is possibly because chimpanzees are very dependent on their food sources – mainly fruit trees – and the different types of fruit trees in

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2. Chimpanzees share about 98.8% of their DNA with humans.

3. For more information about the Ngogo Chimpanzee Project, see: campuspress.yale.edu/ngogochimp/project/

this region come into season at different times, so there is a territorial imperative to be able to access these different trees whenever needed: therefore, competition is rife – and whilst there is a good tradition of sharing within any particular group, there is absolutely no sharing with others outside of the resident group.

The most important food source is the giant fig tree, *Ficus mucuso*, which does not fruit seasonally and yet which produces enormous fruit crops, some of which are available most of the time. The feeding territory of a particular group must therefore be quite flexible, which is not problematic – as long as there are no rival groups.

Furthermore, an additional factor is that the brutal group hunting of other monkey species is very common: monkeys (especially the red colobus monkey (*Piliocolobus*) that also eat this fruit) are regularly chased away, and are also frequently caught, killed and eaten by the chimpanzees.

An emergent property of between-group competition is evolutionary group dominance, which increases the size of their territory and reduces neighbour pressure in wild chimpanzees (Lemoine *et al.*, 2020; Amsler, 2009). Increases in the number of males in a group lead to territorial increases, as a result of the dominant role of males in territorial acquisition and protection. Males regularly go out in 'patrol' groups to maintain – and extend – the boundaries of their territory and, if they meet a chimpanzee from another group, they will almost inevitably chase and often kill it. Patrolling groups of chimpanzees cover long distances, and these patrols are likely to involve high levels of energetic costs for participants, as well as some considerable dangers.

Meeting up with a number of chimpanzees from another group **always** results in war-like behaviour (with aggressive behaviour and the use of weapons – stick and stones) and individuals will often be hurt and killed until the smaller group flees, which then results in a territorial extension for the larger group. However, what the filming shows, is that the cohesion within a particular group is also significant as a closely-knit group will work together much better that a group with inherent rivalries, even if that group is larger.

These sorts of anthropological observations have stimulated numerous comparisons between chimpanzee violence towards neighbouring chimpanzee groups and similarities with instances of human warfare. Male chimpanzees compete with males in other groups over territory, food and females and base their decisions to attack strangers on assessments of numerical strength and strive for dominance over neighbouring groups (Wilson & Wrangham, 2003). This is – in actuality – a form of warfare. Further exploration (Engelhaupt, 2016) gives:

> *Humans inherited a propensity for violence from our primate ancestors, a new study says, making it easy to think, "Ah, see – we really are just animals." But that doesn't give animals enough credit. The first humans were probably about as violent as could be expected based on their family tree, (researchers report, September 28 in the journal, Nature* [4]*). The scientists pored through examples of lethal violence – not animals killing other species, such as predators and prey, but killings within a species, whether by cannibalism, infanticide, or aggression.*

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4. nature.com/articles/doi:10.1038/nature19758

More often, though, people think animals are more violent than they really are, says animal behavior expert Marc Bekoff, an emeritus professor at the University of Colorado Boulder. "Violence might be deep in the human lineage, but I think people should be very cautious in saying that when humans are violent, they're behaving like non-human animals," Bekoff says.

Bekoff has long contended that non-humans are predominantly peaceful, and he points out that, just as some roots of violence can be found in our animal past, so can roots of altruism and cooperation. He cites the work of the late anthropologist Robert Sussman, who found that even primates, some of the most aggressive mammals, spend less than one percent of their day fighting or otherwise competing.

These differences among primates matter, says Richard Wrangham, a biological anthropologist at Harvard known for his study of the evolution of human warfare. In chimpanzees and other primates that kill each other, infanticide is the most common form of killing. But humans are different – they frequently kill each other as adults. "That 'adult-killing club' is very small," he says. "It includes a few social and territorial carnivores such as wolves, lions, and spotted hyenas." While humans may be expected to have some level of lethal violence based on their family tree, it would be wrong to conclude that there's nothing surprising about human violence, Wrangham says. "When it comes to murderous tendencies", he says, "humans really are exceptional."

Wrangham's book (1996) explores, in a meticulous manner, some of the controversial issues about human aggression, when examined anthropologically. It unfolds a compelling argument that the secrets of a peaceful society may well be, first of all, a sharing of power between males and females, and secondly, a high level and variety of sexual activity (both homosexual and heterosexual). The authors:

… present evidence that most dominant human civilizations have always been likewise behaviorally patriarchal, and that male humans share male chimpanzees' innate propensity for dominance, gratuitous violence, war, rape, and murder. They [also] claim that the brain's prefrontal cortex is also a factor, as humans have been shown experimentally to make decisions based both on logic and prefrontal cortex-mediated emotion.

They also quote an example of primate behaviour in bonobos (*pan paniscus*: sometimes called 'pygmy' chimpanzees), who live in a predominantly (please note) matriarchal system and are unique for their female-biased dispersal relationships that encourage resolution and peace-making tactics among the group and discourage violence and war. Bonobo social structures reject aggression and focus on the power of cooperation, and this benefits the overall survival of the group.

It is perhaps interesting that Erich Fromm, in his 1973 book, *The Anatomy of Human Destructiveness*, states there are stable, life-affirming, unwarlike, often matriarchally-oriented social associations in which there was no need to hold down an alleged instinct to kill. (Fromm, 1973, pp. 158-172) As late as 1998, the ethnographic atlas listed 160 "purely matrilineal" – that is, considering only maternal descent – *"indigenous peoples and ethnic groups"*. That was still about 13% of the 1267 ethnic groups recorded worldwide. Erich Fromm's book is (perhaps) *"the most comprehensive compilation of arguments from psychoanalysis, (social) psychology, palaeontology, anthropology, archaeology, neurophysiology, animal psychology, and historical*

science that speak for an innate human tendency to cooperation and peacefulness." [5]. However, this is obviously not enough to overcome the latent aggressive instincts in humans that co-exists.

Since male violence is – by most counts – evolutionary undesirable (as well as being morally reprehensible) and – given modern weapons – the existence of the whole species is now potentially threatened. Whilst some figures that suggest that violence has been decreasing in some human societies, the case is also made that human males are genetically predisposed to violence, but that the human species also has the intellectual capacity to override this flaw … but only if our human society generally recognises that it is in the interest of humanity's survival to do so. There is no doubt that we come into the world with the potential for pro-social behaviour, for love, friendship, co-operation, and peacefulness. However, there is also a latent tendency for aggression, especially in males – as any mother of young boys knows. The result of these two opposing tendencies depends on how each is fostered in the child's upbringing.

> *In a world like ours, which is characterized by authoritarian hierarchies, exploitation, oppression, family and state control, and environmental destruction, there is little room for the development of psychologically healthy children.*
>
> *The resulting suffering and deprivation, their often inadequately satisfied needs, cause grief, pain, and anger – which, as a rule, may not be adequately expressed to their educators.*
>
> *For this reason, these feelings get dammed up until they reach destructive proportions –*

a condition later reinforced by humiliations at school, in training, and in the professional and working spheres. Since even such dammed-up feelings are usually not allowed to be acted out officially – unless, e.g., one becomes a soldier – they are hidden behind a façade of social conformity, politeness, and niceness. (Peglau)

Given all this as background and given the evolution of humans from a chimpanzee-like ancestor (5 million years ago), we can now possibly begin to look at human aggression in a different light.

The First Evidence of War

When modern humans (Cro-Magnon man) emerged somewhere between about 200,000 and 40,000-50,000 years ago, they were sufficiently adaptable to survive the last Ice Age that peaked about 18,000-20,000 years ago, before it gave way to the interglacial Holocene epoch about 11,500 years ago. During this Holocene period, modern humans were able to take advantage of the warmer weather to develop agricultural and domestication techniques. This interglacial period, which we are still in, affected northern latitudes much more than equatorial regions.

Unfortunately, those hotter, more equatorial regions have a much poorer archaeological record. Global sea levels have also risen since the peak of the Ice Age by as much as 400 feet. This sort of increase is responsible for hiding any evidence of any coastal developments and artefacts. [6]

It must also be remembered that another proto-human species, the Neanderthals, had also lived in similar areas, especially throughout

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5. Peglau, Andreas (2023). *Are we born warriors?* andreas-peglau-psychoanalyse.de/are-we-born-warriors/#_ftn6
6. In the last 100 years or so, 1901-2018, the globally average sea level rose by 15-25 cm (6-10 ins).

Europe. They had been existing there from about 400,000 years ago up to about 40,000 years ago (BCE). [7]

Recent archaeological finds suggest that Neanderthal technology was quite sophisticated. It included the Mousterian [8] 'flint' stone-tool industry, as well as the ability to create fire and build cave hearths, make adhesive birch bark tar, craft at least simple clothes (similar to wraps, blankets and ponchos), weave natural materials, make use of medicinal plants (as well as treat severe injuries), store food, and use various cooking techniques such as roasting, boiling, and smoking. Neanderthals also made use of a wide array of hunted food, mainly hoofed mammals, but also used other megafauna, plants, small mammals, birds, and aquatic and marine resources. Although they were probably apex predators, they still had to compete with cave bears, cave lions, cave hyaenas, and other large predators. They mainly lived in natural caves. However, the Neanderthals disappeared shortly after we (Cro-Magnon man) appeared about 40,000 years ago, despite having been around for several hundred thousand years.

So, the transition of the dominant human species from Neanderthal to Cro-Magnon is possibly very significant. The Neanderthal's slightly larger brain capacity, devoted more towards vision and physical control, did not seem to encourage 'higher order' thinking and so, they began to lose out when in competition with the newer, more modern, more adaptable Cro-Magnons (Pearce, Stringer & Dunbar, 2013). The Neanderthals never invented written language, agriculture, nor did they evolve

tools beyond the traditional flint Stone Age ones.

It is, perhaps, too easy to assume that there was not just competition for food, shelter and natural resources that existed between the two species, but there was possibly / probably also conflict. There has been no clear archaeological evidence found for such conflict, but this does not remove the possibility that early warfare – due to the pressure of competition for similar resources – started then, about 40,000 years ago.

It may also be possible that the implications of potential genocide by our Cro-Magnon ancestors are so unpalatable that such evidence can easily and conveniently be overlooked. However, there is also some DNA evidence of interbreeding, mostly confined to Europe and Asia, where Neanderthals lived (but much less so in Africa), though it is quite possible that such 'mixed' offspring were possibly less viable, or less socially acceptable, so that their lineage may have died out quite quickly.

Early Natural Aggression?

There is some evidence – that some of the earlier hominids (*H. Australopithecus* (3.5 – 3 mya), who lived fairly widespread throughout Eastern and Southern Africa – may have been quite aggressive. Some of the history of other hominid species that evolved in different branches, *H. Habilis* (2.3 – 1.6 mya), *H. Erectus* (1.8 – 0.3 mya), is very, very patchy. *H. habilis* probably used stone tools. It is also possible that these early species may have co-existed, but there is no absolute evidence that they evolved one after the other. Their differential

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7. BCE: Before the Common Era.
8. 'Mousterian' refers to the period when there was an industry of stone tool making, associated primarily with the Neanderthals in Europe and the Levant and to the earliest anatomically modern humans in Europe, North Africa and West Asia. It started around the end of the Middle Palaeolithic era and represented quite a technological step forward, where stone tools are shaped into points, flakes, blades and cores.

evolution may have resulted from a beneficial climate change.

At some point in this early period, hominids like *H. Erectus* started to use fire. These hominids spread quite widely throughout Eurasia, with a continental range extending from the Iberian peninsula to as far east as Java. There is no proper evidence that they made any sophisticated tools or weapons (other than stone hand-tools), but they may well have used animal bones (or branches) as a club. *H. erectus* is postulated to have been the earliest human ancestor capable of using fire, hunting and gathering in co-ordinated groups, caring for injured or sick group members, and possibly simple seafaring, and even art. There is – as yet – no evidence of inter-species violence within this species. However, it is also quite likely that there was little pressure from competing or co-existing species, which might have engendered any inter-species aggression.

There were – and still are – a number of controversial theories about the nature of animal aggression in man, but a more recent consensus is that these earlier species were probably quite peaceful. There is however some evidence of aggression from skulls with holes in them, but this is not conclusive. It is possible to theorise that there might have some intra-species aggression, with some competition between small family groups, but given the widespread nature and the relatively small numbers, the concept of actual 'war' for these species is hardly tenable.

Given that later hominid species (*H. habilis*, *H. erectus*, *H. neanderthalensis*, etc.) were more adaptable, quite widely spread out, not so reliant on single food sources, and more able to travel widely, any form of competition for the basics (food, shelter, mates) was possibly quite small. Therefore, the war-like aggression (as seen in the films of the chimpanzees) may well have lain dormant until we (their survivors) became more competitive and/or until social pressures became sufficiently strong to 'trigger' the *Homo* species' war-like tendencies.

By the start of the last Ice Age (about 70,000 years ago), when Neanderthals were widespread, there is evidence that wooden spears were in common use, but no evidence that these were used against other people (i.e., skeletons with splintered ribcages). One Neanderthal skeleton has been found with a hole in the pelvic section that might have been made by a spear, but this could have been a hunting accident. Their main tool was probably the pebble chopper, or its later development into the stone (flint) hand axe, but this can hardly be considered as a weapon of war.

There is, however, some significant evidence coming from the late Palaeolithic Age (35,000 to 14,000 BCE), the age of Cro-Magnon cave paintings. In these paintings, spear points of stone and bone are commonly illustrated, and even quite a sophisticated spear-thrower, that extended a person's forearm and gave the spear greater range, accuracy and penetrating power. However, the plethora of cave paintings reflect very little evidence of warfare.

> *There are several thousand scenes of animals, and, on the whole, they are idyllically peaceful. Only, about 130 depictions altogether may be of men – the figures are too crudely drawn to permit certainty – and a few of the men … seem to be dead or dying from wounds. Still, most of the 130 anthropomorphs are shown in peaceful scenes.* (Ferrill, p. 17). *Of all the Palaeolithic cave paintings, **only one** illustrates what may be arrows, but there are no depictions these are bows, and the 'arrows', if they are not male sex-symbols, as many believe, could just as easily represent spears or darts.* (Ibid, p. 18)

Given all that, in the beginnings of this interglacial period, at the end of the Palaeolithic, and during the Mesolithic (Middle Stone Age,

12,000-9,000 BCE), there begins to be appear some archaeological evidence of warfare. Up to this point, the only potential weapons available were Stone Age spears, daggers, and clubs – all used predominantly in hunting.

However, there were four other types of tools (weapons) developed in this period: the sling, the dagger (or short sword), the mace or club, and then later, the bow and arrow. Clearly, by Neolithic times (c. 6,000 BCE), the bow and arrow were used both in the hunt and there is also some significant evidence from this period that the bow and arrow was also used in warfare.

> *"Much more important for the history of warfare, there is evidence for the application of strategy and tactics by the beginning of Neolithic times, the use of organised troops according to plan. It is generally assumed, probably correctly, that strategy and tactics in human warfare emerged out of the complex hunting patterns of Palaeolithic man. There is considerable evidence that organized groups of men, almost certainly under the command of a leader, helped to stampeded large animals over cliffs or to draw them into bogs."* (Ibid, p. 20).

However, the availability of weapons does not produce war; there needs to be an underlying genetic tendency towards physical violence and aggression towards the "Other" – be it tribe, race, country, or nation. Chagnon (1968) – studying warfare between the Yanomamo villages in the Amazon – concludes that competition for food, water, territory or women creates the initial friction, but then minor bow-and-arrow confrontations ensure, escalating to a death, and then the other tribes enact their revenge, which results in warfare. Blood vengeance then 'pays off' in increased social status and reproductive success. This sort of anthropological pattern can be seen in several other societies, like the 19th century Cheyenne Indians.

Ember & Ember (1994), who analysed anthropological descriptions of 186 non-industrial societies, offered a tentative theory of war (at least in such 'simple' societies) in that the most war-like seem to express considerably more fear of food shortages, caused by expected but unpredictable natural disasters, such as drought, food or infestations. The fear of the 'Others' further fuels the tendency to 'fight-or-flight' and parents in war-prone societies may have encouraged toughness and aggression in boys, but this tendency is fuelled by war-like conditions, rather than causes it.

As time passed and human societies evolved in the Late Neolithic period (c. 7,000-5,000 BCE), there is distinct evidence of several matrilineal societies: the Neolithic settlements of the Fertile Crescent (such as Çayönü, Çatalhöyük, Hacilar Höyük, Nevali Cori, Jerico, etc.), the earliest settlements in Mesopotamia, the early Indus culture, the Neolitic Vinča culture, the Bandkeramik culture, several of the megalithic cultures, and the Minoan culture on Crete. However, there is no clear correlation between these Neolithic matriarchal societies and societies that show any signs of violence, war, and social differences, which suggests they may have been less war-like.

It seems that human-on-human warfare might have become fairly well-established by the later Neolithic (10,000 – 3,000 BCE), with the advent of fixed human settlements and the beginnings of agriculture, particularly with the development of bows and arrows. This contradicts somewhat the theory that early humans might have developed (or extended) warfare by exterminating the Neanderthals some several thousand years earlier, but then – if war is a result of increased tension between neighbouring communities – there may have been an extended period of reduced tension, caused by (say) an external factor like better climatic conditions.
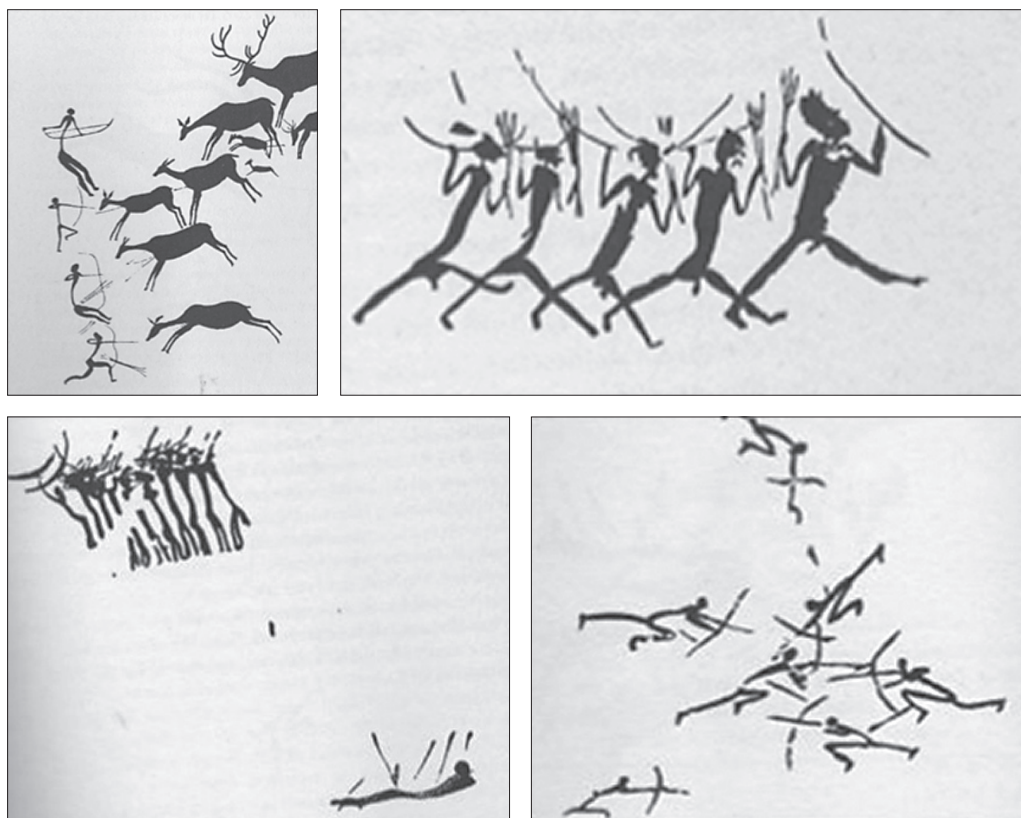
Neolithic Cave Paintings from the Spanish Levant*. Showing hunters with bows and arrows: 1) organized in a deer hunt; 2) in a column of (mostly) men, with a designated leader (with headdress); 3) in a file, possibly executing another person with arrows; and 4) with 4 warriors attacking 3 others, flanking them on two sides.* (Source: Ferrill, pp. 20-22)

There are some Neolithic paintings from the Spanish Levant in which: (a) warriors attack a herd of deer; (b) marching warriors in a column are carrying bows and arrows and have a leader, differentiated by a headdress; (c) another painting shows a possible 'execution' with archers organized into a firing line, presumably firing on command at a separated body with arrows in it; and (d) a fourth Neolithic painting shows four warriors attacking three others, flanking them on both sides, though it is possible that this was a spontaneous attack, rather than a planned strategy (i.e. a war).

There is further definitive archaeological evidence of a prehistoric massacre in northern Sudan, with skeletons dating back about 13,000–14,000 years ago. [9]   There is also, apparently, evidence of another warlike situ-

9. The earliest site of a war is at Jebel Sahaba, with the conflict apparently between the Natufians and the Qadan cultures, in the wake of an early ecological crisis.

ation with numerous 10,000-year-old human remains at Nataruk, in Turkana, Kenya, on the shores of a lake. All these sorts of records are of events that occurred long before any oral or written history, so evidence of causes is non-existant.

There is also archaeological evidence of more recent massacres: one of 34 people at Talheim around 5,100. BCE; at least 26 Neolithic people were killed by blunt force and arrow wounds in the Kilianstädten massacre around 7,000 BCE; and a massacre of more than 200 people in the Schletz area (Lower Austria) in about 7,000 BCE. There is therefore an assumption (based on extrapolations) that these massacres were not singular events but were actually more commonplace. So, by this era (around 12,000 years ago), these cultures seem to have engaged regularly in various forms of warfare. Again, there may have been predominant external factors that raised tension and triggered latent aggression

We also have several written accounts of early warfare, like the story of Gilgamesh, the hero-king of ancient Mesopotamia, (set in c. 4,000 BCE, although written later); or the earlier parts of the Bible, like in the *Book of Exodus*, which records how Moses led the Israelites out of their slavery in Egypt, through the deserts of Sinai, and to their 'holy war' – the conquest of Canaan (the Promised Land) – events that happened possibly around 1,300-1250 BCE; or stories like the epic Hindu saga of the Mahabharata (c. 900 BCE); or those in the Ramayana, a Sanskrit epic (dated to between 800-400 BCE), which narrates the life of Rama, a legendary prince, that follows his 14-year exile and tribulations to a successful conclusion.

Reasons for War

For a long time, there were two main anthropological theories as to why humans might go to war: these can be labelled as "cultural ecology" and "cultural materialism" [10] on one side and several other "-isms" on the other, that tended to prefer explanations that refer to social dynamics, differing ideologies, or other non-material factors.

> *Some materialists argued that societies undertake warfare only when forced to do so by competition over food or other essential resources. Peace is [therefore] the inertial or natural state to which societies revert when essential material needs can be cheaply supplied by nonviolent means.* (Keeley, 1996).

These theories essentially posit that such primitive societies only went to 'war' under conditions of threat and/or opportunities for material advantage, but these are essentially developments of the now refuted 'noble savage' concept. The archaeological evidence suggests that the prehistorical tactics of warfare favoured raids and ambushes, as opposed to formal battles – which often yielded a high death-rate – and that adult males falling into the hands of their enemies were almost universally killed; and that surprise raids seldom spared even women and children. But the perennial question still remains: What causes War?

People – humans – are social animals and, as such, gather together in groups: these can be initially small extended family groups, collecting together in larger social groupings, settlements or villages. There is some evidence that warfare happens, even at this early stage of development, long before we get to-

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10. 'Cultural Ecology' is the adaptation of a culture to a specific environment; 'cultural materialism' is the relationships between the physical and economic aspects of a particular society and the values and beliefs that predominate in that society.

gether in towns, cities, or countries. War is therefore a feature of early social groupings, going back tens of thousands of years. When and how did it start?

We have seen that there is some good evidence that chimpanzees conduct deliberate raids of neighbouring communities and that this can lead to the annexation of territory. However, Nicholas Newton-Fisher [11] feels that this type of behaviour is more akin to the raiding of a guerrilla band, rather than a planned and executed battle. However, the Ngogo observations (mentioned earlier) put this into a more definite and possibly realistic context – our nearest relatives have a strong in-built, hereditary propensity for war.

The potential for aggressive group behaviour – as such – can therefore be traced back as far as our animal origins, even though modern chimpanzees are more like distant animalistic cousins (with only about 2% difference in our DNA). Various other animal groups do compete over resources, sometimes in an organised way, but "war" implies something much more organised. [12] Unlike humans, chimpanzees and other large primates don't usually seem to form into opposing armies, nor do two communities ally to defeat a third. So, the potential for aggression seems to be part of our animalistic nature: we might have to say goodbye to Rousseau's 'Noble Savage' concept.

However, if we go back into what we know of our history, our first designated 'enemies' (or 'Others') were probably the Neanderthals and the reasons for warfare with them would probably be over the first homesteads and hunting grounds, originally occupied and used by the

Neanderthals, and then 'taken over' several thousands of years later by the 'smarter' but potentially 'weaker' Cro-Magnon incomers. Here, we can see the naturalistic beginnings of an "Us" and "Them" – the necessary differentiation that is able to justify the killing of "Others". If the 'Others' are 'different', then they can be a threat. This triggers a 'fear' reaction, which takes us easily towards Sam Keen's theories about how we might then need to demonize the "Enemy", so as to justify killing him. [13]

It is therefore possible to theorise a connection between: **(a)** the development of weapons (especially those that 'distance' us from our prey / enemies) and co-ordinated hunting strategies; **(b)** natural, protective aggression towards competing social groups; and **(c)** the beginnings of all-out war against "Others". Yet the various Stone Ages (Paleolithic, Mesolithic and Neolithic), having lasted several million years, ended somewhere about 5,000 BCE, with the ending of the last Ice Age, with a very significant climate change, and also with rising sea levels. These factors will have had a huge impact on resources and thus on competition for resources.

In this period of extreme change and significant hiatus, the existing peoples began to develop agriculture, permanent settlements and animal husbandry, to begin with in the fertile regions of: the Middle East (the 'Fertile Crescent' in Mesopotamia, between the Tigris and Euphrates rivers), which gave rise to some of the world's earliest civilisations; the fertile Nile valley; the similarly fertile Indus valley; and the Yellow River valley in China (see di-

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11. Nicholas Newton-Fisher is a primate behavioural ecologist at the University of Kent. He was quoted in a National Geographic article by Liz Langley 30-Jan, 2016).

12. This article does not consider insects as 'animals'. There is good evidence of insects, like wasps and ants, conducting 'war' on another colony.

13. Keen, S. (1986). *Faces of the Enemy: Reflections of the Hostile Imagination.* San Francisco: Harper & Row.

agrams below). This period was followed by the much more technological Bronze Age, beginning about 4000 BCE, during which time bronze (a more resilient alloy of copper and tin) was discovered and widely used for weapons, tools and jewellery. The food surpluses generated other surpluses, mainly wealth; early cities were built, trade developed, and so did – probably / inevitably – greed, envy and war.

More modern theories about reasons – or justifications – for war, include those from Bennett & Stam (2009), who conducted a thorough empirical appraisal of the plethora of theories, conjectures and hypotheses of conflict and concluded that a single theory is not helpful in understanding actual behaviour, so they focussed on what sets of theories seem valid, which required an appropriate research design for such an analysis.

However, these theories tended to focus on the different origins of modern wars such as: democratization; polity change and externalization of violence; alliances and membership of defence pacts; arms races; balances of power in nondirected dyads; conventional deterrents; democratic peace agreements; expected utilities; geographic contiguities; nuclear deterrence; transitions of power; trade interdependence; economic cycles; systemic power concentrations and movements; dangerous dyads and combined effects. They also point out that, despite these analyses and understanding it better, both from a theoretical perspective and from an empirical one, there has been no reduction in, or elimination of, the scourge – or pox – of war: 'pox' – as it almost has an infectious quality. However, these more modern theories also seem to accept warfare as being almost inevitable. This assumption was not really questioned until the 20th century.

Eventually, on October 24, 1945, at the end of the 2nd World War, the United Nations Charter came into force in an attempt to prevent international disputes from escalating into wars, and/or to help restore peace following the outbreak of armed conflicts, and – ideally – to promote lasting peace in societies emerging from war. Whilst it provides a unique platform for countries to meet each other in open forum, and whilst it may have helped end some conflicts and fostered reconciliation by conducting successful peace-keeping operations in dozens of countries, including: Cambodia, El Salvador, Guatemala, Mozambique, Namibia and Tajikistan, there have also been about

60 interstate wars since 1945, [14] so its success has been somewhat limited. There are now approximately 200 countries in the world.

All of these wars or conflicts (in one form or another) are the sources of immense human suffering and regional instability. All wars and conflicts destroy property, displace people, disrupt production of food, goods and services, and create violence and disorder: besides killing people. For what gain?

Since the Second World War (1939-1945), there have been wars that have included: the Indo-Pakistani war (1947); the Arab-Israeli war (1948); the Korean war (1950-53); the Vietnam war (1955-75); the Suez crisis (1956); the Israeli Six-Day war (1967); the Yom Kippur war (1973); the Turkish invasion of Cyprus (1974); the Cambodian-Vietnamese war (1975-1989); the Somali-Ogaden war (1977-78); the Iran-Iraq war (1980-1988); the Falklands war (1982); the Invasion of Grenada (983); the US invasion of Panama (1989-90); the Gulf War (1990-1991); the NATO bombing of Yugoslavia (1999); the US invasion of Afghanistan (2001); the invasion of Iraq (2003); the Russo-Georgian war (2008); the 'military intervention' in Libya (2011); the Russian "take-over" of parts of the Ukraine, including the Crimea (2014-now); and the current ongoing Russian invasion of Ukraine (2022). Estimated deaths in combat (since 1945) total between about 5 million (minimum) and about 10 million (maximum), and these figures do not include any civilian casualties. [15]. There are not any proper figures for these.

Furthermore, the above listing of so-called 'interstate wars' does not include so-called 'civil' wars, fought between organized groups within the same state or country, which total about 450 conflicts or wars since 1945: these include armed conflicts, wars of independence, coups and insurrections, with currently about 30 on-going civil wars. These numbers also do not include protests and terrorist incidents. It is almost impossible to enumerate the numbers of people killed in such civil wars.

Many people flee such conflicts, as we have seen recently, particularly – most recently – in Syria and in the Ukraine. The UNHCR (the UN Refugee Agency) estimates that there are currently well over 90 million displaced people, as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order. [16] This figure does not include economic migrants.

The nature and type of this man-made disaster (called "War") has also been changing in recent times. From direct fighting between countries, there is an increasing incidence of conflicts becoming internal, within countries. This trend results in much higher civilian casualties, with the use of terror to exert social control, if necessary, by disrupting the fabric of grassroots social, economic, and cultural relations (Bracken *et al.*, 1998). A good example of this is the present conflict in the Ukraine, with the Russian emphasis being on the destruction of Ukrainian cities and infrastructure. The sum total of human misery that all these conflicts entail is therefore appalling. As a species, we are inflicting this tragedy on ourselves (Somasundaram, 2006). There **has to be** some deeply serious pathology at work, or else – as a species – we are just totally insane, hell-bent on self-destruction, and very deeply damaged (wounded) or traumatised.

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14. Interstate wars since 1945: en.wikipedia.org/wiki/List_of_interstate_wars_since_1945
15. The above totals do not include any figures for the US invasion of Afghanistan (2001).
16. www.unhcr.org/uk/figures-at-a-glance.html: plus about 5 million people from the Ukraine in 2022.

However, before any further and deeper explorations are undertaken about the causes and motivations of war, there also needs to be some consideration about the impact of trauma and possible trans-generational trauma and especially the perpetuation of traumatisation through warfare.

A number of researchers have specifically identified some of the impacts of war and trauma, mostly on non-combatant civilians – the bystanders, the 'collaterally' damaged, the tragic casualties. These researchers include: Rathi (n.d.); Murthy & Lakshminarayana (2006); Raam & Balasubramaniam (2020); and Musisi & Kinyanda (2020). These articles make dire reading, and this is, perhaps, somewhat like identifying the problem after the event. The problem is that human beings – the currently predominant species on this planet – create war (frequently), and also suffer from it (massively). The question that no-one seems to be able to answer is 'Why?'

Treatment

Before we jump in and try and help, let us take a somewhat wider perspective: otherwise, we are just applying a very small sticking plaster onto a huge, deep and long-lasting wound. No one of us, nor any small group, will be properly able to counteract the global effect of all these wars. Attempts are being made, within the United Nations, and by health professionals in reports, and by documentation and publications, to raise – and maintain – a consistent voice for peace. Unfortunately, the power of the armament lobby and the arms industry, as well as the rattle of the machine gun and the explosion of the bombs, tend to drown all these efforts out. Global military expenditure on armaments is about US$ 550 billion (or about 4-5% of world GDP), split between 'home use' and exports.

The arms trade (selling weapons to other countries) is worth about $100 billion annually. The USA exports about $10,000 million annually in arms expenditure (1st at about 45%); Russia about $3,200 million; France about $2,000 million; Germany & Spain about $1,200 million each: [17] these figures do not include "military aid" – i.e., 'gifts' to other countries. A clear fact emerges here: our major industrial countries are making much too much money out of warfare to stop. Swords into ploughshares just doesn't compute; neither does missile launchers into windfarms! We will not, or cannot stop, such a lucrative industry.

So, if we can't stop war, then we should perhaps first examine how people survive, and have survived, naturally to date. What are the various 'resilience building approaches' of different communities and cultures, and how do they affect psychological healing of children, as well as adults, in the aftermath of war and destruction? Just as we don't have the answer to "Why War?", we don't have the full answer to "How to Heal from War?" Therefore, further research – as Rathi claims – is needed:

> *Essential humanitarian efforts in the form of programs, resolutions, conventions, campaigns, and interventions, by various local and international NGOs and UN agencies, are addressing actual and perceived stressors with which non-combatants may be confronted. A common assumption in developed nations is that the Western ideas of psychological trauma, therapy, and healing are universal. Yet, Summerfield (1999) questions whether there is sufficient empirical evidence that Western models of mental health, medical, and technical solutions, which are tar-*

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17. Figures from Stockholm International Peace Research Institute.

geted at providing psychological aid to distressed populations in developing regions, trump the pre-existing cultural and religious coping strategies in those countries. ...

Wars are likely to continue and cause emotional distress. Additional empirical studies that focus on healing, promoting resilience, and incorporating cultural capacity builders are needed in order to provide appropriate and effective mental health services to future victims of war. (Rathi, p. 2-3)

However, the afore-mentioned traditional ('pre-existing cultural and religious') coping strategies are probably outdated and seriously ineffective. Perhaps, we need to move back – somehow – to more matriarchal and matrilineal societies that seem to be less aggressive.

As a psychotherapist, and particularly as a Body Psychotherapist, all of this is naturally of great interest in treating individuals. We now know that people 'store' trauma in their bodies, not just in the muscles (Reich, 1933, 1973), but also in the soft tissues (Keleman, 1983) and in their digestive systems (Boyesen, 2022). Traumatisation – however minor – tends to stay locked into the body, and the psyche, and any subsequent traumas will just escalate these effects.

Post-Traumatic Stress Disorder (PTSD) – only properly recognised in the last century – is increasingly prevalent. It affects social behaviour and psychology and a person's physiology, as well, and therefore treatment is quite complex. There seem to be a plethora of therapists offering relatively 'quick-fix' solutions for trauma, but Bessel van der Kolk has said – in effect – that the only people knowledgeable enough to treat trauma effectively are Body Psychotherapists, because trauma is stored in the body. [18] There are a number of body-oriented psychotherapists that seem to hold out

some hope for individuals, at least. These include: Pat Ogden, Deb Dana, Stephen Porges, Peter Levine, Dan Siegel, Babette Rothschild, Gabor Maté, Ruth Lanius, Allan Schore, Ricky Greenwald, Jan Winhall, Ken Wilbur, Susan Aposhyan, and many more, who all seem to offer ways in which to heal trauma – at least in individuals. However, no-one seems to be able to offer a solution for the whole human species: a way to heal (or stop) the tendency to go to war.

Trauma is very persistent and gets locked into the body; severe trauma in one member of a family can even traumatise others – so that trauma can often be seen trans-generationally. Given that only one (or two) animal species indulges in warfare, it is possible that this species (us, humans) could have been severely traumatized at some point in their development and, what we see now, is the phenomena of embedded, embodied, trans-generational trauma, that has been buried deep within the human DNA – for millennia.

We know that certain breeds of dogs are much more aggressive than others, so it is possible to 'breed' (genetically) for aggression. Humans may have war-like aggression buried back in history and deep in their DNA. Human society is therefore 'shaped' by warfare. However, Laidloff (1975) claims to have found an Amazonian tribe that did not have any words for anger or aggression, where any form of aggression was seen as an aberration and a dysfunctional, pathological result of (probably) poor mothering. So, it might also therefore be possible to 'breed out' aggression in humans, given sufficient time and sufficiently 'safe' social structures and positive environmental conditions. Matrilineal societies tend to demonstrate better chances of this than patriarchal societies.

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18. van der Kolk, B.A. (2014). *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma.* New York: Penguin.

It is also possible that our views of war and aggression have been influenced by the suppression of earlier hunter-gatherer, possibly more matrilineal societies, who were less aggressive than the large-scale influx of Indo-Aryan, more patrilineal and nomadic cultures that came into Europe from Asia about 3,000 years ago. Some of the early myths and legends of Greece and Britain refer to the huge cultural shifts that happened in this era, coinciding with the Bronze Age – Iron Age transition, and how the pre-existing matrilineal cultures could not compete with the much more aggressive (and better armed) patrilineal incomers. However, we are currently left with a legacy that seems to view war as an almost inevitable 'evil'.

Most modern wars are initiated by governments or by leaders, not by the actual populations; and most of the time, they are results of unresolved disputes over resources and land, or of a particular governmental group's desires to increase their influence and power. But Steve Taylor comments that, *"looking back over the history of warfare, what is most striking is how willing most people have been to fight in wars, or at least to support them"*. He also comments: *"Warfare provides people with a semblance of psychological positivity in oppressed societies where other outlets are lacking"* and illustrates this with the example of how both German and British populations enthusiastically welcomed the outbreak of the First World War. The American psychologist, William James, once suggested that – at least the idea of – war is so prevalent, because of its initial positive psychological effect. For men, particularly, there is a power element in the thought of war.

Reich (1933) had a different view: we need a psycho-social revolution: *"If you try to change the structure of people alone, society resists. If one tries to change society alone, the people re-*

sist. This shows that not a single thing can be changed on its own."

Peglau concludes:

> *"For our present time, this could be concretized as follows: adults should work on their inherited mental disorders – mostly by recourse to psychotherapeutic knowledge – and at the same time ensure that their children and grandchildren are spared from developing these disorders in the first place.*
>
> *So, it is about accompanying children lovingly into life, actively striving for good and equal partnerships, fulfilled sexuality, and mental health. And it is about privately and publicly denouncing authoritarian norms that are hostile to life or even incite war in the family, school, profession, media, church, politics and state – and looking for like-minded people with whom to resist them."*

Therefore, it seems a good idea that humans might need to find activities that provide the same positive effects of warfare, but which don't involve the same levels of devastation. This could account for the growth of competitive national and international sports, like football: a way of channelling aggression and competition. However – as we have just seen in 2022 – this isn't fool-proof: the other 'reasons' for war (as mentioned above) can, unfortunately, sometimes overwhelm us – to our cost.

Ultimately, I do not feel that I have answered the primary question, of "Why War?" totally satisfactorily. I don't even know if the (intellectual) answer – if there is one – would be useful. Any remedy would have to be applied universally, globally, and over many generations, in order to eliminate war. We might even have to make significant changes in our societies. I only know that, for as long as people want war, agree to go to war, support war, eulogise war, and pay for war, we will inevitably be stuck with it.

Author

COURTENAY YOUNG is a well-known Body Psychotherapist, who has also been working in the NHS around Edinburgh in Scotland for 20 years and been an active member of the EAP since 1996. He is also currently the Editor of the International Journal of Psychotherapy and a Trustee of the United Kingdom Council for Psychotherapy (UKCP). He has written many articles (available on his website: www.courtenay-young.com) and has edited several books.

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OBITUARY

Daniela Heinzl

1 June, 1971 – 11 July, 2023

Dear Colleagues and Friends,

We are deeply saddened to inform you that Daniela Heinzl passed away on Tuesday 11th of July 2023. Daniela's funeral will be held on August 16th, 2023 in Vienna.

It is hard to find proper words to express the sadness for losing such a colleague and friend, a deeply loving, wise, capable, compassionate person as Daniela was. She was one of the pillars of our organization, which she loved and cared for heartfully. EAP cannot thank her enough for all her contributions over 20 years of her work in EAP.

Daniela was very proud of the EAP family constantly growing and she was fully dedicated to it and also loved and enjoyed cooperation with all of you.

Daniela fought with cancer in an admirably courageous and dignified way. Her courage and strength was recognized and thus she was asked to contribute with an article/interview for a book published by the Health Centre aiming at encouraging cancer patients to fight this difficult disease, which she did. We are sure that her experience has been assisting many people who are going through the difficult path of treatments and recovery.

During this time of sorrow our hearts go out to Daniela's family and to all who loved her.

Rest in peace our dear Daniela. We will always treasure you and miss you immensely.

On Behalf of the EAP Executive,

Ivana Slavkovic
EAP Registrar
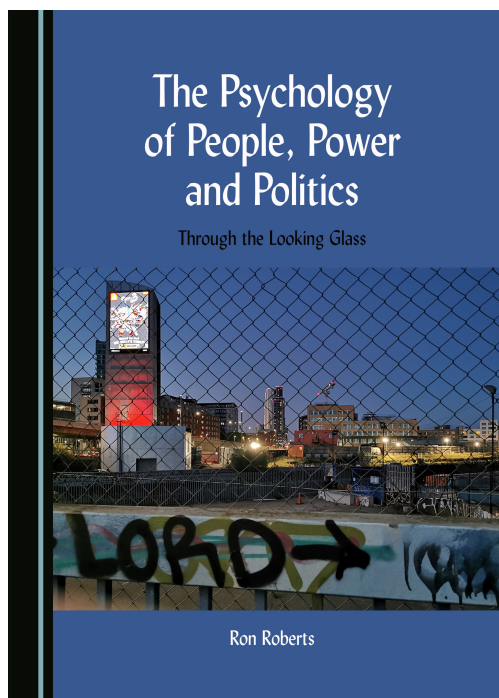
The Psychology of People, Power and Politics: Through the Looking Glass

Ron Roberts

The best politics of psychology and the best psychology of politics consists of trying to tell the truth. The politics of truth, within the logos of psyche, circles around open, authentic and straight talking.

Ron Roberts, a well-honed writer (13 books), psychologist, teacher, scientist researcher and practitioner, is hailed, as belonging to the "very best names in this field" (Wiley-Blackwell publishers). He presents in this important collection of previously published essays, spanning from 1990 till the present, a rich harvest of professionally gained insights. The handy and beautifully produced book is arranged in three sections: "People, Power, Politics," with nine chapters in all. Chapter 8: "The Politics of Truth", is published here for the first time.

Roberts feels – like R.D. Laing, Francis Huxley and Thomas Szasz before him – fervently uneasy about the common, modern habit to medicalize human troubles. As a well-seasoned research scientist (active in his time, in various UK Universities, including the Tavistock Clinic and Institute of Psychiatry), he resists and exposes easy, pseudo-scientific explanations. Along with the above-mentioned critical colleagues, he assesses various categorical errors in theory, mappings and models, applied haphazardly as corrective treatment onto persons in mental distress, who, most often, did not ask for these injurious interventions. Life is already hard and difficult enough, without undue further iatrogenic suffering.

When he brings in the arguments, approaches and aims of Thomas Szasz, R.D. Laing and Svetlana Boym (among others), he reflects on their similarities, as well as diverging approaches to the alleviation of mental distress.

He appeals to us readers to accept the idiosyncrasies of thoughts, experience and habits of others, as long as they do not infringe on our way of living, and *"for the freedom to be different and to take charge of one's own life, free from the machinations of state sponsored psychiatric interference."* (p. 6)

When writing about the social anthropologist Francis Huxley, he guides us away from the psycho-phobia that is endemic among researchers in the social sciences, towards embracing other's way of seeing. This allows us, as participant observers, to shift our point of reference, opening up to pursue at least two paths of meanings. Laing called them *"checkpoints of possibilities"*. Thus, we enter a roundabout of life experience, where rationality and intuition intertwine. Accepting and appreciating different cosmologies current in our species, will always help us in our pursuit of knowledge about homo sapiens. One of Roberts' core questions is:

> Just what kind of knowledge, what kind of enquiry, what programs of learning, what kinds of academics and researchers subscribing to what kinds of values, do we want? (p. 15).

Fun, love, liberty, justice, freedom, openness are modes of being supporting an off-modern psychology, an approach favoured by the author. His late friend, Svetlana Boym, formed the framework, and Roberts shepherds us in to accept and deal with the complexity of being in the world.

This is even more complex than we can imagine. Again and again, Roberts appeals to the individual and her/his freedom to choose, to resist the givens, to live and let live. From this follows his stance and faith, formed back in his study days in the 1970s, that our field of research and knowledge is interdisciplinarian. We, as social scientists, are never value free. We are free to assess the values we carry over from our socialisation and domestication, be this the primal family, class, politics, schooling and other variables that made us the person that we are. Roberts appeals to us, to understand the network of *"institutional power relations where the very knowledge it generates affects the action not only of those institutions but also peoples' understanding of their predicament within them."* (p. 25)

"We have a choice", he writes, and endeavours after many years of experience, teaching and researching in psychology, to see that the findings of life's experiences are not ignored. There is always an attempt in psychology faculties to ignore, forget, and forget that they have ignored certain facts, because they do not fit vested interests. When we mention truth, lying is not far away. Psychologists have been long involved, as spin doctors, to orchestrate lies and sell them as truth. The author does not shy away from exposing the British Psychological Society's reactionary stance, in *The Psychologist*, in the example of their reporting and commenting on the Iraqi war. The struggle for truth is continuous.

These points he argues in his hitherto unpublished essay in Chapter 8, "The Politics of Truth." Misinformation, cunning by big business in buying researched facts, infiltration of big pharma, etc. must be watched for and exposed for what they aim at, which is the destruction of the credibility of the social sciences and the humanities (psychology belongs into both areas). This author is not interested in nuanced serious science best stated in plain language for the general public, in whose service, the citizen Roberts sees his work. *"How science functions as an institution is deeply tied to the democratic nature of a society."* (p. 105) An open science belongs to an open society, and it remains imperfect and open to challenge. The final anecdote is contained in *"The psychology in the Covid-19 dream world"*. Through the looking glass indeed!

Theodor Itten
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BOOK REVIEW 2
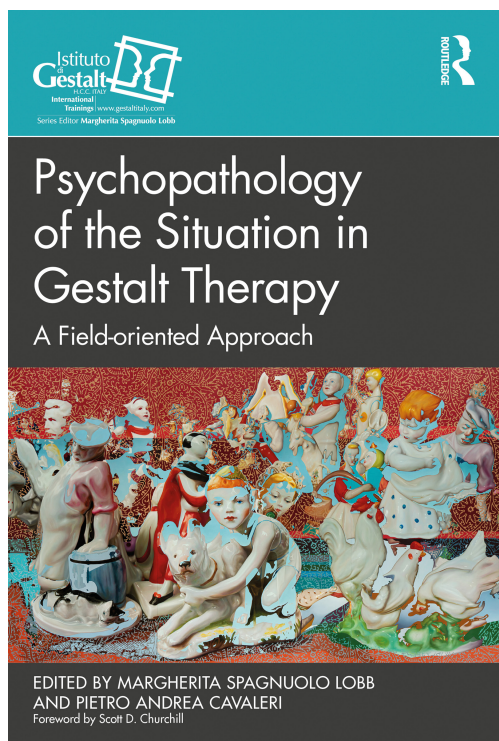
Psychopathology of the Situation in Gestalt Therapy: A Field Oriented Approach

Margherita Spagnuolo Lobb & Pietro Andrea Cavaleri (Eds.)

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Seventy years after its publication, the founding book of Gestalt therapy by Perls, Hefferline and Goodman (1951) is still nurturing our reflections. But what mostly fuels the debate is perhaps the contrast between its revolutionary relational, phenomenological and field perspective and the sometimes psychoanalytically-derived language that maintains a monopersonal and intrapsychic flavor.

At first the imbalance toward the individualistic perspective – condensed in the style of the late Perls – seemed to have hegemonized Gestalt therapy practice and identity, abetted by the strong needs for freedom and individual fulfillment of the time. However, in the following decades, a widespread relational turn involved the entire spectrum of psychotherapies, and especially Gestalt therapy, which in some of its currents returned to its relational and field roots, putting the organism-environment unity back at the center (see Spagnuolo Lobb, 2020a).

This shift is set against the backdrop of profound changes in society over the decades, changes that with the ongoing globalization have become planetary in nature. Considering the unity organism-environment implies looking at the person as an expression of the continuous interactions with environment of which he or she is a part, and the field perspective naturally leads us to turn to the wholeness of socio-cultural context to understand the manifestations of human suffering.

For many years, the Gestalt Institute, Italy has been engaged in the ongoing search for an increasingly coherent relational and theoretical formulation, and for a radically phenomenological and aesthetic language, constantly focusing on social change as a key to understanding behavior and suffering. As part of this quest, the book *Gestalt Therapy: Therapy of the Situation*, by Georges Wollants, which deepens the phenomenological roots of our approach by rigorously anchoring them in the thought of Husserl, Merleau Ponty and Gestalt psychologists, has provided a valuable enrichment to the theoretical and epistemological ground of the Institute's reflections.

Psychopathology of the Situation in Gestalt Therapy: A Field Oriented Approach, edited by Margherita Spagnuolo Lobb and Pietro A. Cavaleri, is the result of integrating Wollants' lexicon and rigor with the Institute's research in the field of phenomenological aesthetic and field psychopathology, as well as in neurosciences and in the studies on development by Daniel Stern. A particular choice was made to retain the term *situation*, which, compared to the term *field*, is *"a less contaminated concept, (...) a concrete and practical term [that] relates more to everyday experience."* (Wollants, 2012, p. 3)

This is thus an ambitious book that condenses years of research into the coherent elaboration of a relational and field approach to treatment of contemporary disturbances. It encompasses and integrates Margherita Spagnuolo Lobb's work on *Polyphonic Development of Domains* (2012), *Aesthetic Relational Knowing* (2017) and *"Dance" of Reciprocity* (2020a), applying them to a "situational psychopathology" where the therapist takes care not of an individual, but of a situation of which he or she is a part and which is an expression of a larger social ground. Aesthetic Relational Knowing is the way the therapist uses his/her own senses to know the situation of the client. It's the

sensory intelligence of the shared experiential field, a contemporary evolution of the concept of intersubjective awareness (or countertransference) defined as the way in which a psychotherapist, via their senses, uses the tools of both embodied empathy and resonance to understand the client's situation.

The "dance steps" are described as procedural spontaneous actions of contact between therapist and patient, supported by their intentionality (Spagnuolo Lobb, 2013, 2017a, 2017b, 2018, 2020a, 2020b, 2022).

These studies are framed in Pietro Cavaleri's critical reading of contemporary social pre- and post-pandemic evolution. In this direction goes the choice to take as the unit of reflection – rather than individual pathologies – difficult situations of contemporary living: developmental issues, couple crises, family mediation, aging, chronic illness, grief, social withdrawal in adolescence, autism, family, addictions and abuse. Each of these chapters is written by Institute members who have long worked in these fields, and is illustrated by a clinical case.

The book also could not ignore the sudden breakout of the Coronavirus pandemic in the global field, with all its implications in the short and long term, in individual, family and collective experience. As is evident from reading the book, the field perspective proves to be a very useful tool in interpreting and coping with the changes and suffering that will shape our lives, and mental health in particular, for a long time.

It is therefore a rich and complex text that is an enjoyable read and offers a great deal of food for thought on clinical change that is needed today. The foreword by Scott Churchill, one of the most relevant phenomenologist and humanistic psychologists in the US, roots the contents of this book in the phenomenolog-

ical tradition. For the sake of brevity, I will highlight only a few aspects here, which in my opinion are of particular relevance.

Firstly, the anthropological analysis of the first part of the text, which questions the human condition in this historical period of "great disorder" and complexity (see, in particular, Chapter 3 by Cavaleri), serves as an important premise for clinical applications. It helps us understand how the strongly libertarian vocation of the first Gestalt therapy should be carefully declined at a time when, alongside freedom, the needs for security and rootedness are coming to the fore, in a context in which hyperstimulation and the dissolving of many limits is bringing bewilderment, anxiety and desensitization. In our clinical practice the primary human needs for recognition, safety and integration must now figure prominently if we want to contain the paradoxical return to more regressive and archaic collective forms of managing conflict and difference.

This anthropological key, in addition to questioning all of us as human beings, therefore also requires the clinician, not only to pay more attention to the background in all its meanings, but also to consider it as the actual patient of the therapeutic situation. We know by now that the nourishment of novelty can only be assimilated if the background is experienced sufficiently safe, and without this attention, we risk being ineffective if not (re)traumatizing. This aspect emerges clearly throughout the book, even and especially in the clinical vignettes, where the individual suffering is seen as part of a field of which the therapist is part, and the family and the social context are illustrated in all their delicacy.

There is no shortage of links with neurosciences that confirm the strong association between safety and learning and the importance of more implicit functions of our nervous system related, for example, to states of alertness, the need for attunement, and the environmental perception of danger. We speak, of course, of Porges' theory (2011), but also of numerous other research, which by different routes reach conclusions that support and orient Gestalt therapy reflections.

But more than anything else this profound relational turn, and the search for a radically phenomenological perspective, is completely redefining the role of the therapist who, stripped of his narcissistic guise as the expert who directs change, becomes a sensitive and conscious instrument of resonance of and in the field, taking care of the suffering backgrounds of the patients. Not an easy task that implies assuming one's own vulnerability, but takes away the burden of having to be the one who "knows" in order to become the one who dares to stand in the imperfect dance of mutual attunement.

These are just a few of the important themes explored in this book, valuable for therapists of any modality and students alike, which succeeds in integrating into a clear *Gestalt* the complexity of our contemporary work, placing a new piece in the evolution of a strictly phenomenological Gestalt psychopathology, both in theory and practice. And precisely with regard to clinical praxis, I wish to conclude by emphasizing again the numerous clinical cases included in this book that, besides being therapeutically useful, communicate in a touching way what it means to be in the delicate dance with the patient

Stefania Benini
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