

# INTERNATIONAL **BODY PSYCHOTHERAPY** JOURNAL

Published by the European & United States Associations for Body Psychotherapy & Somatic Psychology

## The Art and Science of Somatic Praxis



Special Section

## **WAR TRAUMA**

Volume 21 ■ Number 2 ■ Winter 2023



INTERNATIONAL  
**BODY PSYCHOTHERAPY**  
JOURNAL

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# A Flame in the Darkness



**Aline LaPierre**  
*Editor-in-Chief*

“**W**e can see the light of a flame in the darkness that, however small it may be, is fiercely resisting, with the strength of life itself, and is helping us all to continue our shared journey.”

—Edoardo Pera

The year was 1958 and my father – who believed that travel was the best education for a child – took me on a road trip through Europe.

In 1958, Northern Europe was still deeply scarred by the ravages of war. On any given day, we were one of a few cars driving through desolate towns and villages. We stopped by quiet rivers and bridges, in bucolic forests, and my father, who had spent the war years in London as a Canadian liaison officer, would tell stories: “*Let me tell you what happened here...*”

As a young French-Canadian girl growing up on the peaceful shores of the St Lawrence, war was an unknown. Driving through the Northern European towns and villages, I remember the innocent thrill of travel slowly giving way to an energetic imprint that was far beyond my understanding. Rubble; colorless dilapidated buildings; blank stares in people’s eyes. An unknown sensation filled my body – a dreadful pressure squeezing my heart. The family vacation I thought we were on was, for my father, a pilgrimage to important WW II battle sites.

In sharp contrast were the teary-eyed open-armed welcomes we received along the way: “*Vous êtes Canadien! Merci! Merci! Nos libérateurs!*” The Québec license plate on our car was a passport into people’s hearts. Deadened eyes lit up as people invited us into their homes, delighted to tell stories about how family members had found refuge in Canada, about how French-Canadian soldiers on the front lines had brought the message of liberation. More than 10 years after the war’s end, they graciously extended us the gratitude they felt for our countrymen.

I didn’t know it at the time, but I was witnessing Europe in trauma recovery. I was receiving a direct imprint of the slow, painful lifting of profound shock that permeated the land and its inhabitants. I was learning the meaning of the words “*the war is over,*” and

witnessing, through the open arms of its survivors, the heartfelt connection that signals healing.



While preparing for this issue, I searched the internet; the cost of war in the 20<sup>th</sup> century is staggering. As best I could find, 203 million deaths from war and oppression: 33.5 million military deaths, 54 million civilian war deaths, and 169 million government-inflicted deaths. Global military spending between 1945 and 2000 amounted to \$35-40 trillion US dollars. The 20<sup>th</sup> century was the bloodiest century in human history.

In war, the body is the target; on the front lines, it absorbs horrors and bullets, shocked and enraged by inconceivable violations. Meanwhile, even as war crimes continue to be perpetrated moment-by-moment, our somatic field is at the forefront of trauma healing. Through the advances in the science of trauma recovery, interpersonal neurobiology, attachment and polyvagal theory – and so much more – devoted researchers and clinicians are birthing a hopeful body-mind scientific understanding of how we are wired for safety and love.

When interdependence is violated, conflicts ensue leading to, at their worse, irretrievably deep cuts in the fabric of the heart and psyche. It is our hope that the message of safety, attunement, and collaborative reciprocity arising from somatic psychology and body psychotherapy opens the way to a journey of embodiment that is compelling, inspiring, and peacefully cooperative.

Will the carnage ever stop? Could the wisdom of compassionate heartfulness become a guide for the evolution of our human “family”? Could a concert of united voices with a resounding global reach arise that would imprint these words in the core of all humans:

***“Imagine if we measured success  
by the amount of safety that people felt in our presence.”***

*—Jonathan Louis Dent*

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## In This Issue...

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The authors in our special **War Trauma** section, each in their own way, shine a light into the pervasive darkness that is war. Our guest editor, Christina Bogdanova, who is also our Deputy Editor, has done a masterful job bringing together articles that deepen the equanimity needed to address the seemingly universal oscillation between war and peace in which humanity spirals. For a detailed overview of the articles in our War Trauma section, read Christina’s guest editorial on p. 10.

In our ongoing rubric **Interdisciplinary Approach**, Antigone Oreopoulou and I talk with Harvard neurobiologist **Ioannis Gampierakis** about his research. *Exploring the Connections Between the Microbiome and the Brain* reveals the growing recognition of the impact of inflammatory stress on depression and anxiety – a paradigm shift in understanding how the gut, the microbiome, systemic inflammation, the immune system, and adult neurogenesis all contribute to brain function.

In the **Research** section, **Courtenay Young** draws our attention to the importance of case studies and their role in outcome research. To further the goal of establishing a scientific basis for body psychotherapy and somatic psychology, Courtenay is planning, together with **Herbert Grassman**, a second volume to *Body Psychotherapy Case Studies*. **Case Study Research** draws our attention to three books that ground writing about clinical experience in a way that supports research – three important resources to support us all in taking concrete steps towards writing up our cases for publication. These two seasoned clinicians have the future of body psychotherapy at heart, and offer their expertise to help somatic practitioners take the necessary steps to grow their strength in an area where our field has been notably deficient – a paucity of publication that holds us back from due recognition.

The **Clinical Practice** section supports the expansion of our clinical trauma work. *From WWII with Compassion* by **Anita Blanchard** introduces the work of Pethő Sándor, a Hungarian physician who worked in refugee camps for the Red Cross during WWII. She gives us an in-depth introduction to Calatonia, the somatic approach Sándor developed, anchored in the reinstatement of self-regulated states through the neurobiology of dyadic regulation. Initially a trauma-based approach, Calatonia was later incorporated into psychotherapy treatments in Brazil, where Sándor settled in the 1950s. Although widely published and researched in Brazil, Calatonia has remained relatively unknown internationally, largely due to the language barrier, and, possibly to a bias from developed countries who, intent on exporting their methodologies, have neglected to look into the local knowledge. The practice of Calatonia sets in motion an array of neurological and psychological processes that practitioners who work with touch will find powerfully valuable.

In **Psychotherapy Around the World**, **José Martín Amenabar Beitia** introduces us to *Body Psychotherapy in Spain*. He reviews major historical body psychotherapy milestones, and draws attention to Character-Analytic Psychotherapy in Spain, one of the country's most influential modalities.

**Personal Viewpoint** continues to build on the theme of war with *Fragments of War* by **Natasha Kuhn**, a refugee from the Bosnian war who now lives in Seattle. She shares with us how body psychotherapy has allowed her to “sit differently with the pain of war.” Appropriately for our troubled times, **Antigone Oreopoulou** leads us in the discovery of the world of volunteering. At a time when so many are in need of help, *Volunteering: A Healing Process and Training in Awareness* introduces us to volunteerism, a way of life independent of political parties and ideologies, and a world of people who readily offer their knowledge, time, experience, and willingness to support and help others in order to better our world.

Lastly, we should all mark our calendars for two major events this year: the **USABP Biennial Conference** in May in California, and the **EABP Congress** in September in Sofia. The event details, and the call for submissions for both events, can be found at the back of this issue.

Whether you live away from social and political conflict or in an active war zone, whether you offer support to refugees or are a refugee yourself, it can be difficult to know when it is appropriate to take action, give significant support, have faith and offer hope, or simply listen deeply. We hope that you will find inspiration and incentive in this issue.

*Alni La Pierre*

# The Bitter-Sweet Task of Saying Goodbye



**Antigone Oreopoulou**  
*Managing Editor*

**H**ow can I easily leave a place where I had fun while gaining experience? A place with wonderful colleagues ... where I could be creative ... where team spirit and work are an optimal dream.

How easily can I leave colleagues who have become friends with whom I have bonded? People initially met professionally, with whom I quickly felt authentic communication, respect, recognition, trust, and honesty? Qualities and feelings that remain unchanged after years of working together.

People with similar values, work ethics, and perspectives, who remain in my heart and in my mind, who feel like I have known from the beginning of time yet have met only on Zoom in two dimensions.

How can I easily leave a role that connects me with fascinating colleagues from around the world? A role that enriches me as a professional and as a human being, where I grow and become a better person, even through adversity? A challenging role that is simultaneously rewarding as each new issue comes to life.

It is not at all easy. On the contrary...

Since I began participating in boards, committees, and organizational projects, I have had a rule: "Never remain more than two terms." Why? Because routine and fatigue step in. Effectiveness becomes foggy. New people with fresh ideas should step in to take the work to new heights.

Being Managing Editor has been a wonderful experience. This role demands stable backstage work coordinating all aspects of the Journal and creating a safe haven so that the Editorial Team, the Boards, and the volunteers can creatively contribute to its evolution. Making sure all goals and details are taken care of would have been cumbersome and lonely had I not been blessed with such good communication and relationships with Aline, Madlen, and Christina. We were a team where each decision was made by a "we" and not an "I."

I spent hours looking at the Journals we created, at the Zoom photos of our Editorial Team. I reviewed reports and numerous files, my initial application and the selection email. My work with the loving Jill van der Aa, my predecessor and mentor.

I remembered my thunderous heartbeat when I first took over – exactly like starting my first therapy session without supervision nearby...

Countless hours planning with the Editorial Team. New rubrics and their realization. The goals, research, and questions seeking answers. The seriousness when trying to solve issues, the steps in uncharted waters. Aha moments. The exhilaration and disappointments. The deadline anxieties. The correspondence with translators. Murphy's laws. The unbound joy of accomplishment.

The brainstorming sessions and the moments when fatigue took over. The small moments of disappointment, the big moments of happiness. The smiles and laughs. The funny moments when our cats took over the screen, reminding us it was time for a break.

When I sent my resignation, I felt the split of logic versus heart. I will be sad to miss being part of our planned goals, such as a new website and seeing the Journal join the doi.

This has been an amazing journey. Thank you, Jill, for being a wonderful mentor. Thank you EABP and USABP for the trust. Thank you Aline, Madlen, and Christina for making my participation in the Editorial Team an unforgettable experience. I feel fortunate to have been part of this team, which for five years has worked in harmony and mutual trust.

My gratitude to our dedicated translators, to the expert printing and mailing team, and to Rob and Vladimir, who helped me cope with the Journal's finances.

I wholeheartedly wish my successor will enjoy this role as much as I did, and take this Journal, the vehicle for the scientific and professional recognition of our field, to the heights it deserves



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#### CLOSING THOUGHTS

### A Vision for the Journal

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*We asked Antigone, how, over these past five years as Managing Editor, her vision for the Journal, and her understanding of its importance, evolved. Her vision for the Journal's future embodies the essence of her love for our field. We will dearly miss her passionate collaboration.*

The Editorial Team is the soul of the Journal, and the heart is the rest of the team. I believe that we have to change our perception of what a journal is, especially this Journal.

Because we stand for connection, our leadership must be horizontal. We are about cooperation, meaning that everyone on the Editorial Team needs to know what is going on in every department. Otherwise, decisions cannot fully benefit the whole.



When I came on board, many colleagues were not aware of the importance of the Journal for our profession as body psychotherapists. When people say that body psychotherapy is just another form of therapy or psychoanalysis, I say NO! It's equal to psychoanalysis, but it's not psychoanalysis. Somatic psychotherapy is its own form, and sits next to all the other approaches. We need to take our place as equal, but individual. So, I realized that we have to train our own people to understand that this is the Journal for our profession.

Our community must understand how the Journal contributes to our everyday professional life. It offers an interesting balance between the importance of research, the importance of clinical practice, and the importance of the personal and the human. The Journal, in my mind, should include all of that. It's about new innovative knowledge, but most of all, it's about spreading the word of connection, and the coming together of our human and professional needs.



A body is a society with many levels. We have cells, we have membranes, tissues, organs, systems, and then we have the whole body. If our cells don't communicate with each other, the body breaks down. Without communication, we have no body. And then, our biology takes us into larger systems: the social brain gives us the ability to coordinate our behaviors, emotions, and experience. It allows us to unite into the superorganisms we refer to as couples, families, and communities. As members of a community, we must contribute to its advancement, and this is where the Journal comes in. It is at the apex of our development as a somatic community.



The Journal is instrumental in building a foundation for our field's recognition. For years, I have been telling colleagues to empower what they are studying because it is unique and has a long history. We have to make sure that what we have spent time, energy, money, and knowledge creating does not elude us. We must be careful that what we write, how we write it, what we say about it, and how we promote it consciously reflects who we are.



Let's have an interdisciplinary dialogue. How can your knowledge enrich our knowledge, and how can our deep knowledge about the body enrich your field? Let's bring in people from other modalities, from other fields, because we are now in an era of connectivity, of networking, of unifying. We must grow our collaborative social body, and along with it, our collaborative consciousness.



# Special Section



GUEST EDITORIAL

## There Is No Justification...



**Christina Bogdanova**  
Deputy Editor

**I** *Imagine all the people / Living life in peace* – these words are from John Lennon’s 1971 timeless song *Imagine*. His message has become part of a culture that has influenced my attitude towards the world and its people. Despite the many challenges in my life, I have chosen to believe that in this world there is a place for everyone, where everyone can build a home, create, work, and securely be. Despite the disappointments and losses, I have chosen to believe in the goodness of people. We are destined as human beings to connect, create alliances to further develop as individuals, and build better and more meaningful lives for ourselves and the generations to come.

Today, however, I imagine other things. I imagine anti-aircraft sirens ominously breaking the silence before the bombs unleash their destructive power. I imagine buildings collapsing in seconds, the remains of homes created with love and hard work, and ruined cultural sites, symbol-bearers of centuries of history and culture. I imagine the deafening screams of people before whom loved ones, relatives, neighbors, and friends are dying, and their ensuing horror, stupor, and inability to grasp or stop what is happening. I imagine hearts beating in terror as people run to find life-saving hiding places. I imagine the emotional devastation of millions of people making the impossible choice to leave grown sons and husbands, and flee somewhere far, far away, relying entirely on the mercy of fate and the compassion of strangers in search of security, freedom, and life for themselves and their little ones. And I imagine the irretrievable rupturing of the souls of thousands of soldiers – little by little with every shot fired by one human at another.

These images terrify me, weaken my faith in the good, in meaning, and in humans. They shake my resilience. There is no justification for war – for any war, ever, no matter where it happens on the planet, or how well-founded the arguments each side presents. I hope

that we, as individuals and as a professional community, can find a voice strong enough to call for an immediate cessation of military operations and the restoration of common sense.

It is with this idea in mind that we dedicate a special section of our *Journal* to war trauma. We open with **Courtenay Young's** article ***Why War?*** Is it possible, he asks, to make sense of war? The human animal is possibly the only species on the planet that conducts sustained aggression against its own. Courtenay traces the evolutionary development of war in human history, and gives us a pragmatic container for how to think about it. **Eduardo Pera**, a contemporary Reichian body psychotherapist, shares his twenty years of experience working with war trauma in post-emergency missions in the Middle East. His thrilling article, ***Contemporary Reichian Analysis and War Trauma***, explores how Contemporary Reichian Analysis makes sense of war trauma to help those who are affected.

In our quest to deepen our understanding of the effects of war, we were fortunate to meet **Hanna Kemp**, a Ukrainian body-mind therapist and childbirth educator specializing in the postpartum rehabilitation and health of Ukrainian women. In this deeply moving and insightful interview, Hanna shares her extensive experience with pregnant women, women in labor, and women with little children in war zones and refugee camps where life and death interweave. Hanna gives us first-hand knowledge of what it's like to flee war, leave home, family, and friends. She describes the effects of war on women's health and psyche, and on their unborn and newborn infants. What is it like to live as a refugee; what do refugees need; what are the dangers of giving birth away from familiar medical care; what are the consequences of war-related trauma on intrapersonal and interpersonal levels? In ***Giving Birth in a War Environment***, Hanna answers these questions and more, expanding our understanding of the challenges faced by people in the midst of an active war and how to best support them.

We are grateful to **Maggie Kline** for her outstanding article, ***Empowering Children and Caregivers Impacted by the Atrocities of War***, in which she shares her work on the psychological effects of war on children. In this article, Maggie presents the core of her work: The Resilience Roadmap and the Eight Essentials of secure attachment. Her model details a plan to provide children with external co-regulating resources that counteract war-conditioned threat responses. Combining principles of Somatic Experiencing® with drawing and movement, Maggie gives us a wealth of practical somatic strategies. Her goal is to evoke interoceptive intelligence, thus increasing resilience, mitigating acute stress, and preventing the long-lasting symptoms of post-traumatic stress.

We continue our exploration with a trauma-informed approach to understanding trans-generational trauma. **Sally E. Watson**, an expert in conflict resolution, presents ***Trans-generational Trauma: The Role of Warrior Talk***, drawing on fifty years of warlike discourse in Northern Ireland, and more recently in Belfast, to show how the new generation of young people are drawn into sectarian conflict. Her article presents an argument for greater emphasis on somatic approaches to postwar trauma. Sally's historical tracing of the Irish conflict clearly demonstrates how warrior talk keeps adversity active and is instrumental in transmitting animosity through the generations, on both individual and collective levels.

We close our war trauma section with an article by **Melissa Sinclair**. ***Organizing a Rapid Response to War Trauma Lessons from the Somatic Experiencing Ukraine Task Force*** (SEUTF) is an in-depth demonstration of the course of action used to organize an effective worldwide emergency response to collective trauma as it unfolds in current time. The lessons from the SEUTF operations show how, as somatic practitioners, we can rally the agency of our community of healers and move quickly into active involvement using the internet. The SEUTF success shows how, as conflict situations unfold, we can move out of the isolation of our consulting rooms to organize effective outreach and responses to the real-time needs of those in the midst of collective trauma.

There is no justification for war. Contemplating the world at peace and the world at war, I heartfully want to return to my perception of the world as a place of peace, freedom, and understanding among people. I hope that this special section opens a way towards showing that this desire is not just an idealistic dream, but could become a sustainable reality for all time.



# Why War?

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 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. Why is this?

**Keywords:** war, warfare, origins, palaeontology, neolithic

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# W

## hat 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.

Wars have seemingly been a part of human history for thousands of years, and have become increasingly destructive. As Ferrill (1985) reminds us, war is not a modern invention. Although 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 prehistory, early human societies adapted techniques and weapons originally developed for hunting animals towards fighting other people. Why?

## The First Evidence of War

When modern humans (Cro-Magnons) emerged about 40,000–50,000 years ago, they were sufficiently adaptable to survive the last Ice Age, which peaked about 18,000–20,000 years ago before it gave way to the interglacial Holocene epoch about

“  
... we can see the naturalistic beginnings  
of an “us” and “them” –  
the differentiation necessary to justify  
the killing of “others”.”  
”

11,500 years ago. During this Holocene period, humans were able to take advantage of the warmer weather to develop agricultural and domestication techniques. This interglacial period, which continues to this day, affected northern latitudes much more than equatorial regions.

Unfortunately, those hotter, more equatorial regions have a poorer archaeological record. Since the peak of the Ice Age, global sea levels have also risen by as much as 400 feet. This sort of increase is responsible for hiding evidence of any coastal developments and artifacts.<sup>[1]</sup>

It must also be remembered that another protohuman species, the Neanderthals, had lived in similar areas, especially in Europe. They lived from approximately 400,000 years to 40,000 years ago (BCE).<sup>[2]</sup> Neanderthal technology was quite sophisticated. It included the Mousterian<sup>[3]</sup> flint stone-tool industry, as well as the ability to create fire, build cave hearths, make adhesive birch bark tar, craft simple clothing (like wraps, blankets, and ponchos), weave, 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, and also ate 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. They disappeared shortly after we (Cro-Magnons) emerged about 40,000 years ago, despite having existed for several hundred thousand years. Therefore, 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; they thus began to lose out when competing with the more modern, more adaptable Cro-Magnons (Pearce, Stringer, & Dunbar, 2013). They never

invented written language or agriculture, nor did they evolve tools beyond the traditional flint Stone Age versions.

It is, perhaps, too easy to assume that there was competition not only for food, shelter, and natural resources between the two species, but there was also possible conflict. There is no clear archaeological evidence for such conflict, but this does not preclude 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 ancestors are so unpalatable that such evidence can be conveniently overlooked. However, there is also some DNA evidence of interbreeding, mostly confined to Europe and Asia, where Neanderthals lived (but much less in Africa) – though it is quite possible that such “mixed” offspring were less viable, or less socially acceptable, so their lineage may have died out rather quickly.

## Early Natural Aggression?

There is some evidence that some of the earlier hominids (*H. Australopithecus* (3.5 – 3 mya), who were fairly widespread throughout Eastern and Southern Africa, may have been quite aggressive. Some of the (his)story of other hominid species that evolved in different branches – *H. Habilis* (2.3 – 1.6 mya) and *H. Erectus* (1.8 – 0.3 mya) – is very patchy. At some point in this early period, hominids like *H. Erectus* might have started to use fire. There is no proper evidence that they made any tools (other than stone hand tools) or weapons, but they may well have used animal bones as clubs.

There were, and still are, a number of controversial theories about the nature of animal aggression in early humans, but the more recent consensus is that they were probably quite peaceful. There is some evidence of aggression, as seen in skulls with holes in them, but this is not conclusive. It is pos-

1. In the last 100 years or so, 1901-2018, the global average sea level rose by 15-25 cm (6-10 in).

2. BCE: Before the Common Era.

3. Mousterian refers to the period when there was a stone tool-making industry, associated primarily with the Neanderthals in Europe and the Levant, and the earliest anatomically modern humans in Europe, North Africa, and West Asia. It began around the end of the Middle Palaeolithic era, and represented quite a technological leap forward as stone tools were shaped into points, flakes, blades, and cores.

sible to theorize that there might have been some intraspecies aggression, with competition between small family groups. But given the relatively small numbers of hominids and their very widespread, distribution, the concept of ‘proper’ war is hardly tenable.

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 little evidence has been found that they were used against other people (such as skeletons with splintered ribcages). Actually, one Neanderthal skeleton was found with a hole in the pelvic area that might have been made by a spear, but this might have been due to a hunting accident instead. Their main tool was probably the pebble chopper, or its later development into the stone (flint) hand axe, but this is hardly a weapon of war.

There is, however, some significant evidence of spear usage from the late Palaeolithic Age (35,000 to 14,000 BCE), during the era of Cro-Magnon cave paintings. In these paintings, spear points of stone and bone are commonly illustrated, and even quite a sophisticated spear-thrower, which 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 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)

This context suggests that at the beginning of this interglacial period, at the end of the Palaeolithic Age, and during the Mesolithic Age (Middle Stone Age, 12,000–9,000 BCE), there begins to appear some archaeological evidence of warfare. Until this point, the only potential weapons available were Stone Age spears, daggers, and clubs – all used predominantly in hunting.

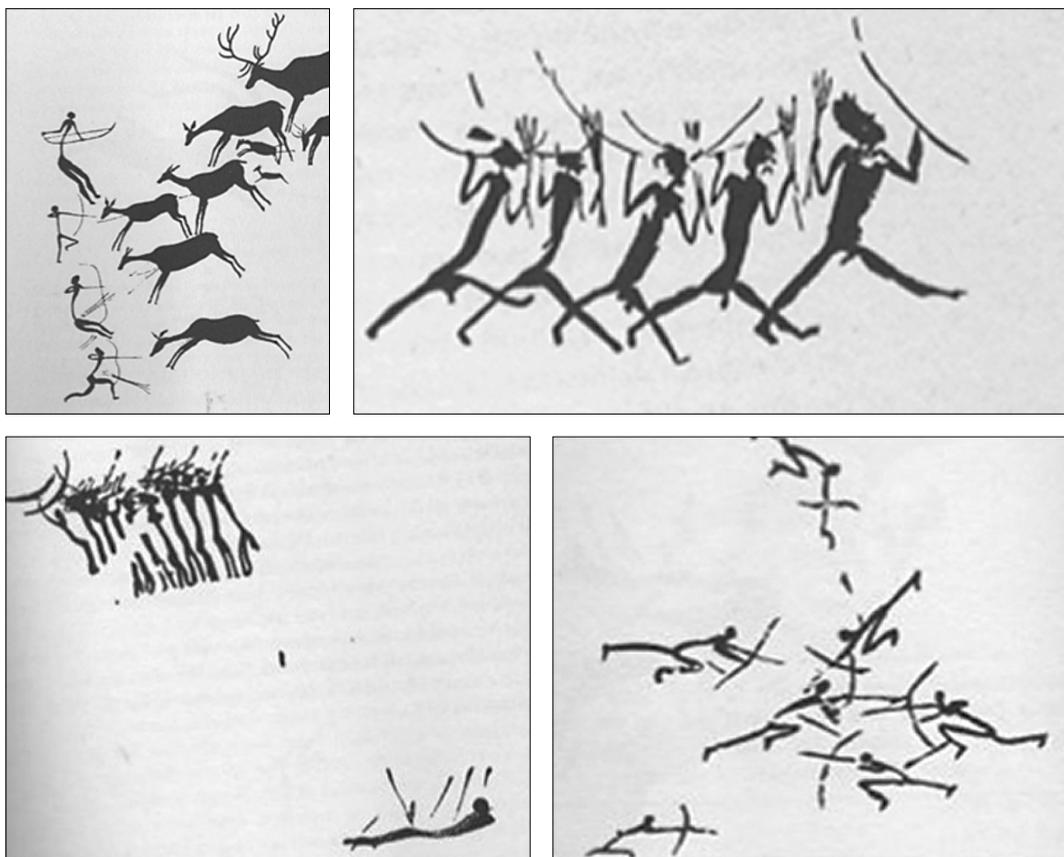
However, four other types of weapons were developed during this period: the sling, the dagger (or short sword), the mace (or club), and, later, the bow and arrow. Clearly, by Neolithic times, the bow and arrow were used in hunting, and evidence suggests they were also used in warfare.

*“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 stampede large animals over cliffs or to draw them into bogs.”* (Ibid., p. 20).

The availability of weapons alone 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. In studying warfare between the Yanomamo villages in the Amazon, Chagnon (1968) concludes that competition for food, water, territory, or women creates the initial friction, but then minor bow-and-arrow confrontations ensue, escalating to a death, and then the other tribes enact their revenge 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, both animal and human, such as the 19<sup>th</sup> 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 warlike seem to express considerably more fear of food shortages caused by expected but unpredictable natural disasters, such as drought, flood, or infestations. The fear of others further fuels the tendency to “fight-or-flight.” Parents in war-prone societies encourage toughness and aggression in boys. However, this is fuelled by war, rather than causing it.

It seems that human-on-human warfare had become well-established by the Neolithic (10,000 – c. 3,000 BCE), with the establishment of fixed human settlements and the beginnings of agriculture, and particularly with the development of bows and ar-



**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 four warriors attacking three others, flanking them on two sides. (Source: Ferrill, pp. 20-22)

rows. This somewhat contradicts the theory that early humans might have developed warfare by exterminating the Neanderthals some several thousand years earlier.

Certain Neolithic paintings from the Spanish Levant depict: (a) warriors attacking a herd of deer; (b) warriors carrying bows and arrows, marching in a column with a leader differentiated by a headdress; (c) a possible “execution,” with archers organized into a firing line, presumably firing on command at a separated body with arrows in it; and (d) four warriors attacking three others, flank-

ing them on both sides (though this might have been a spontaneous rather than planned strategic act, such as in war).

There is further definitive archaeological evidence of a prehistoric massacre in northern Sudan, with skeletons dating back about 13,000-14,000 years.<sup>[4]</sup> Apparent evidence also exists of another warlike situation with numerous 10,000-year-old human remains at Nataruk, in Turkana, Kenya, on the shores of a lake. All of these evidential records relate to events that occurred long before any oral or written history.

4. 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.

However, we have several written accounts of early warfare, like the story of Gilgamesh, the hero-king of ancient Mesopotamia (approximately 4,000 BCE, though written later), or earlier parts of the Bible, like the book of Exodus, which records how Moses leads the Israelites out of slavery in Egypt, through the deserts of Sinai, and to their “holy war” – the conquest of Canaan (the Promised Land). These events took place perhaps around 1,300–1,250 BCE. The epic Hindu stories of the Mahabharata, which took place around 900 BCE) are included in the Ramayana (written around 500 BCE).

## Reasons for War

For a long time, there were two main anthropological theories about why humans go to war. These can be labelled as cultural ecology and cultural materialism<sup>[5]</sup> on the one hand, and as several other “-isms” on the other. The latter tended to offer explanations referring 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. However, 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 deathrate. Adult males falling into the hands of their enemies were almost universally killed, and surprise raids seldom spared even women and children. But the perennial question still remains: what causes war?

Humans are social animals, and, as such, gather together in groups: these can initially be small extended family groups that collect together into larger social groupings, settlements or villages. There is some evidence that warfare happens, even at this early stage, long before people got together 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?

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<sup>[6]</sup> feels that this type of behaviour is more akin to the raiding of a guerrilla band, rather than a planned and executed battle. So, the potential for aggressive group behaviour can be traced back as far as our animal origins – even though modern chimpanzees are more like distant animalistic cousins (with only about 4% difference to our DNA). Various other animal groups do compete over resources, sometimes in an organized way, but “war” implies something more organized.<sup>[7]</sup> Unlike humans, chimpanzees and other large primates don’t 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; goodbye to Rousseau’s concept of the Noble Savage.

However, if we go back into what we know of our history, our first designated “enemies” were probably the Neanderthals, and the reasons for warfare with them would probably have been 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 Cro-Magnon incomers. Here, we can see the naturalistic beginnings of an “us” and “them” – the differentiation necessary to justify the killing of “others”. If the others are different, then they can be a threat. This triggers a fear reaction, which

5. 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.

6. Nicholas Newton-Fisher is a primate behavioral ecologist at the University of Kent. He was quoted in a *National Geographic* article by Liz Langley (January 30, 2016).

7. This article does not consider insects as animals. There is good evidence of insects, like wasps and ants, conducting “war” on other colonies.

takes us easily towards Sam Keen's theories about how we might need to demonize the "enemy" so as to justify killing him.<sup>[8]</sup>

It is therefore possible to theorize a connection between:

- a. The development of weapons (especially those that distance us from our prey/enemies) and coordinated hunting strategies.
- b. Natural, protective aggression towards competing social groups.
- c. The beginnings of all-out war against "others."

Yet the various Stone Ages (Palaeolithic, Mesolithic, and Neolithic), having lasted several million years, ended somewhere about 5,000 BCE, at the end of the last Ice Age, with significant climate change and rising sea levels.

During this period of change and hiatus, people began to develop agriculture, permanent settlements, and animal husbandry. This first began in the fertile regions of the Middle East (Mesopotamia, between the Tigris and Euphrates rivers), the Indus valley, the Nile valley, and the Yellow River valley in China. This period was followed by the far more technological Bronze Age, which began around 4,000 BCE, when bronze (a more resilient alloy of copper and tin) was discovered and used for weapons, tools, and jewellery. Food surpluses generated wealth, early cities were built, and trade developed. And so – inevitably – did greed, envy, and war.

More modern theories about reasons (or justifications) for war include those of Bennett and Stam (2009), who conducted a thorough empirical appraisal of the plethora of theories, conjectures, and hypotheses about conflict, and concluded that a single theory is not helpful in understanding actual behaviour. They instead focused on what sets of theories seem valid, which required an appropriate research design for such an analysis. However, they tended to focus on the different origins of modern war, such as democratization, polity change and the externalization of violence, alliances and membership in defence pacts, arms races, balances of power in non-directed dyads, conventional deterrents, democratic peace agree-

ments, 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 enhanced understanding from these analyses, from both a theoretical and empirical perspective, there has been no reduction in, or elimination of, the scourge – or pox – of war; it almost has an infectious quality. However, these more modern theories seem to accept warfare as being almost inevitable.

Eventually, on October 24, 1945, at the end of the Second World War, the United Nations Charter came into force in an attempt to prevent disputes from escalating into wars, to help restore peace following the outbreak of armed conflicts, and – ideally – to promote lasting peace in societies emerging from war. While the UN provides a unique platform for countries to meet each other in an open forum, and may have helped end some conflicts and foster reconciliation by conducting successful peacekeeping operations in dozens of countries, including Cambodia, El Salvador, Guatemala, Mozambique, Namibia, and Tajikistan, there have also been about 60 interstate wars since 1945,<sup>[9]</sup> so its success is somewhat limited.

There are approximately 200 countries in the world today. All their wars or conflicts are the source of immense human suffering and regional instability. Besides killing people, wars and conflicts destroy property, displace people, disrupt production of food, goods, and services, and create violence and disorder.

These wars have included the Indo-Pakistani war (1947), Arab-Israeli war (1948), Korean war (1950-53), Vietnam war (1955-75), Suez crisis (1956), Israeli Six-Day war (1967), Yom Kippur war (1973), the Turkish invasion of Cyprus (1974), Cambodian-Vietnamese war (1975-1989), Somali Ogaden war (1977-78), Iran-Iraq war (1980-1988), Falklands war (1982), the invasion of Grenada (1983), 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),

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

9. Interstate wars since 1945: [en.wikipedia.org/wiki/List\\_of\\_interstate\\_wars\\_since\\_1945](https://en.wikipedia.org/wiki/List_of_interstate_wars_since_1945)

the Russo-Georgian war (2008), the “military intervention” in Libya (2011), the Russo-Ukrainian war (2014–now) and the ongoing Russian invasion of Ukraine (2022). Estimated combat deaths since 1945 total between about five million (minimum) and about ten million (maximum); these figures do not include any civilian casualties.<sup>[10]</sup>

The above list of so-called “interstate wars” does not include so-called “civil” wars fought between organized groups within the same state or country; these total about 450 since 1945, including armed conflicts, wars of independence, coups, and insurrections, with about 30 currently ongoing civil wars. These numbers 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 recently seen, particularly in Syria and the Ukraine. The UNHCR (the UN Refugee Agency) estimates that there are currently well over 90 million people displaced as a result of persecution, conflict, violence, human rights violations, or events seriously disturbing public order.<sup>[11]</sup> This figure does not include economic migrants.

The nature and type of this human-made disaster (called war) has also been changing in recent times. In addition to 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 on the destruction of cities. The sum total of human misery 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.

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, possible transgenerational trauma, and especially the perpetuation of traumatization 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 for dire reading, and is perhaps a bit like identifying the problem after the event. The problem is that human beings create war (frequently) and also suffer from it (massively). The question that no one seems able to answer is why.

## Treatment

Before we jump in and try to help, let us take a wider perspective; otherwise, we are just applying a very small bandage to a huge wound. No individual, or any small group, will properly be able to counteract the global effect of wars. Attempts are being made – within the United Nations, by health professionals in reports, and by documentation and publications – to raise a consistent voice for peace. Unfortunately, the power of the arms lobby and arms industry, as well as the rattle of machine guns and the explosion of bombs, tend to drown out these calls for peace. Global military expenditure on arms is about \$550 billion (or about 4–5% of world GDP), split between “home use” and “exports.”

The arms trade (selling weapons to other countries) is valued at about \$100 billion annually. The US exports about \$10 billion annually in arms expenditure (first at about 4.5%); Russia about \$3,200 million; France about \$2,000 million; Germany and Spain about \$1,200 million each.<sup>[12]</sup> These figures do not include “military aid” – gifts to other countries. A clear fact emerges here: our major industrial countries are making much too much

10. The above totals do not include any figures for the US invasion of Afghanistan (2001).

11. [www.unhcr.org/uk/figures-at-a-glance.html](http://www.unhcr.org/uk/figures-at-a-glance.html): plus about five million people from the Ukraine in 2022.

12. Figures from Stockholm International Peace Research Institute

money out of warfare to stop. Swords into ploughshares doesn't really compute; neither does missile launchers into windfarms!

So, if we can't stop war, then we should first examine how people naturally survive, and have survived, 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, or even to stop it. Further research, 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 targeted 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 aforementioned traditional ("pre-existing cultural and religious") coping strategies are almost certainly outdated and equally ineffective.

As a body psychotherapist, all of this is naturally of interest. We know that people store trauma in their bodies – not only in their muscles (Reich, 1933, 1973), but also in their soft tissues (Keleman, 1983) and in their digestive systems (Boyesen, 2022). Traumatization, however minor,

tends to stay locked into the body and the psyche, and subsequent traumas just escalate the effects. Post-traumatic stress disorder (PTSD), only properly recognized in the last century, is increasingly prevalent. It affects social behaviour and well a person's physiology, 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.<sup>[13]</sup> A number of body-oriented psychotherapists seem to hold out some hope for individuals, at least. Pat Ogden, Deb Dana, Stephen Porges, Peter Levine, Dan Siegel, Babette Rothschild, Gabor Maté, Ruth Lanius, Allan Schore, Ricky Greenwald, Jan Winhall, Ken Wilber, Susan Aposhyan, and many others, all seem to offer ways to heal trauma.

Trauma is very persistent and gets locked into the body. Severe trauma in one member of a family can further traumatize others. Trauma can thus often be seen trans-generationally. Given that only one animal species indulges in warfare, is it possible that this species could have been traumatized at some point in its development, and what we now see is the phenomena of embedded trans-generational trauma in human DNA? We know that certain breeds of dogs are much more aggressive than others, so it is possible that humans have been bred (genetically) for aggression and war.

However, Liedloff (1975) claims to have found an Amazonian tribe that did not have any words for anger or aggression, where these were seen as an aberration, and a dysfunctional, pathological result of poor mothering. It might also therefore be possible to breed out aggression in humans, given time and safe social structures.

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

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

legends of Greece and Britain refer to the huge cultural shifts that happened in this era, and how the pre-existing cultures could not compete with the much more aggressive incomers. However, we are left with a legacy that seems to view war as an almost inevitable evil.

Most modern wars are initiated by governments or leaders, not by actual populations. Most of the time, they are the result of unresolved disputes over resources and land, or of a government's desire to increase its influence and power. But Steve Taylor comments "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 notes: "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 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.

Therefore, it seems a good idea that humans need to find activities that provide the same positive effects of warfare, but which don't involve the same levels of devastation. This might account for the growth of competitive national sports, like football. 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, at our peril.

I do not feel I have answered the primary question, "why war?" satisfactorily. I don't know if the answer, if there is one, would be useful. I only know that, as long as people want war, agree to go to war, support war, and pay for war, we are stuck with it.



**Courtenay Young**, is a well-known UK body psychotherapist, who originally trained with Gerda Boyesen and David Boadella (1979-1983) and has worked clinically for 40 years in many different settings. He has authored many articles and edited several books, including: *The Handbook of Body Psychotherapy & Somatic Psychology*; *Being in the Body: The Handbook of Biosynthesis Psychotherapy* (in press); and *The New Collected Papers of Biodynamic Massage & Psychotherapy* (in press). He has also edited a series of books under his own imprimatur, *Body Psychotherapy Publications*. He is currently the editor of the *International Journal of Psychotherapy*. His articles are available on his personal website.

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*Body Psychotherapy Publications*: [www.bodypsychotherapypublications.com](http://www.bodypsychotherapypublications.com)

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# Contemporary Reichian Analysis and War Trauma

Edoardo Pera

## ABSTRACT

This article is based on the author's experience, primarily in the Middle East, in post-emergency missions over the last 20 years. It is an exploration of war trauma, and how Contemporary Reichian Analysis can make sense of it and potentially help those afflicted, even in combination with other approaches. Given the complex social, cultural, and political landscape, our research is still only at its inception in seeking to better understand the elements of war trauma and suggest bodily interventions. However, in the field, there are certain steps that are possible to take and others that cannot be done.

**Keywords:** war trauma, Contemporary Reichian Analysis, post-traumatic symptoms, torture, arrow of time

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*Those who work in areas  
devastated by war, migration,  
and disaster often feel as if  
they are carrying a drop of water  
through the desert.*

# A

## Drop in the Desert

Syria, just before the outbreak of war. Tensions are high. For days, M, a young man, has been nearly tortured to death. He is finally released at the end of this torment, and, as he leaves the building where he has been detained, a sniper shoots and hits him three times. News of his death begins to spread, and reaches the media. At this time, in Syria, a single death still makes the news. His relatives come to collect the body, but someone notices that M is still alive. They immediately take him to Jordan, where he has several operations. He survives, but carries a number of wounds and scars. This is one of many stories we have come across in the past few years. I recount it because M is a patient of Hala, an inexperienced, 23-year-old Jordanian psychologist I am training, along with other psychologists and practitioners, during my assignments in the Middle East. It might seem to be a hopeless story; traumatic individual and collective experiences multiply and overlap, creating a thick fabric of suffering and post-traumatic symptoms.

Those who work in areas devastated by war, migration, and disaster often feel as if they are carrying a drop of water through the desert. However, I will later return to the value of this very drop. What

we can say is that those who work in these areas have come across minds and bodies that carry much of this suffering – lost or fearful minds, and hurt and tortured bodies, which all carry the painful memories of those experiences in their aching contractions.

## Trauma and the Body

Trauma (from the Greek “wound”, “breaking”), by definition occurs as an event, or a series of events, with characteristics that are exceedingly hard for the individual to integrate, overwhelm their ability to cope, and threaten the integrity and cohesion of their consciousness.

Thanks to extraordinary developments in neuroscience, studies on the effects of trauma have advanced considerably over the last few years. Functional magnetic resonance and other investigative techniques have highlighted the role of the body in traumatic experience, and evolved our understanding beyond previous maps that were rather disembodied. The principal studies on this subject (Van Der Kolk, 2014; Odgen & Fisher, 2015; Siegel, 2021) have highlighted how the body, being the first to “keep the score,” is also the first to be involved in the therapeutic process. In *Refugee Trauma Clinic*, Vercillo and Guerra write:

*The body, itself, is the main target of violence and trauma and the many possible assumptions derived from the experience can have a wide range of potentially debilitating, psychopathological impacts. These may arise at the moment of the traumatic event itself, or they can take hold afterwards, so they could be found immediately after the trauma, or in chronic forms later. In fact, it is precisely “the body that keeps the score” (Van der Kolk, 2014) and carries it forward. This is why today, by common agreement, we cannot conceive any form of trauma therapy that does not take somatic intervention into consideration in one of the three phases of common post-trauma treatment (Vercillo & Guerra, 2019, p. 102).*

The common agreement to which the authors refer can essentially be summarized as a three-phase process:

1. **Stabilization**, during which we proceed by increasing emotional adjustment and reducing, as much as possible, situations of hyper- and

hypoarousal, leading the person to stay within their window of tolerance. We try to resolve the more debilitating symptoms and behavior and, in particular, dissociative states. This allows us to establish, or reinforce, the therapeutic alliance.

2. **Elaboration of the traumatic event**, with the chance to revisit those painful experiences while having already laid the groundwork for the patient to tolerate this re-emergence.
3. **Integration** of the elements of the patient’s inner experience, as well as social and relational integration in their life.

These three phases are clearly interconnected. Certain aspects of one or another may emerge in different moments, but dividing the process into these stages is nonetheless very helpful.

This three-step approach has been widely applied in the field, and implies that for an individual to face the elaboration of traumatic memories, they must first be able to bring those memories closer without risking destabilizing themselves, or falling into negative therapeutic reactions.

Vercillo and Guerra again note that the concept of stabilization is drawn from the field of medicine – unless it is an emergency, before a patient undergoes surgery or any similar form of intervention, a patient must first be “stabilized.” This fairly intuitive concept has long been neglected, but, over time, clinical experience has provided a solid basis supporting the need for this very phase.

The authors also point out that it is essential for the patient to begin overcoming their phobia of memories, emotions, and parts, as first defined by Janet and subsequently by others, during the first phase of treatment. Vercillo and Guerra note how each part feels repulsion towards the others, and tries to suppress them:

*The treatment of this particular phobia, between the Parts, is a priority objective of the therapy to promote ... an alliance of its subsystems that is profitable for the person, and to proceed towards future integration. (Vercillo & Guerra, 2019, p. 135)*

It can be seen how this approach is the opposite of attempts to eliminate the “bad” parts, and instead aligns with an interpretation that seeks to include the intelligence of symptoms and subsystems among the possible keys for therapeutic work.

In recent years, we have received valuable information from neuroscience on the central and autonomic nervous systems. From the point of view of the central nervous system, effective psychotherapy should operate by restoring both the limbic and neocortical structures to the homeostatic state that was present before onset. In studies on the neurobiological effects of some psychotherapeutic interventions, it has been seen that good outcomes show a reduction in the activity of the amygdala and insula, and an increase in activity of the anterior cingulate dorsal cortex and hippocampus (Paganì, Cavallo, & Carletto, 2019).

At the same time, we must evaluate the reactions of the autonomic nervous system, which, as Steven Porges' Polyvagal Theory has shown, responds to stress not only with the fight/flight response, as has long been believed by scientists and therapists. Facing danger and threats to one's life can activate the response of the dorsal vagal system, the oldest and most unmyelinated branch of the parasympathetic nervous system, leading to immobilization or collapse. These types of response occur outside the person's consciousness and control (Porges, 2017).

## Contemporary Reichian Analysis and Trauma

What can Contemporary Reichian Analysis say about trauma? The introduction of the arrow of time into the model has allowed connection of the various bodily levels with their corresponding evolutionary stages. The development of the personality and its specific combination of character traits can be compared to the construction of a multi-story building. The various evolutionary phases make up its floors and apartments, each built one on top of the other. The intrauterine stage, the oral stage, the muscular stage, and, gradually, all the others, together constitute the construction of the building, which proceed along the arrow of time as ontogenesis. The relational body levels become successively dominant according to the functionality of each stage. Hence the sixth level, the abdomen, will be prevalent in the intrauterine phase; the second, the mouth, in the oral stage, and so on, in a sequence held together by the various steps of ontogenetic development. Experiences, the incised marks that occur during the various phases,

will make each of those apartments more or less functional and harmonious, building up to a combination of absolutely unique, unrepeatably architecture. Events that unfold in the here and now, or "scene changes," can resonate with this or that stage, and reactivate certain patterns. Thus, what can the effect of a certain type of trauma be on this *unicum*, this unique combination? Is it sufficient to define the effects of trauma as very powerfully incised marks?

*The arrow of internal time can be approached by, and can be identified with, the evolutionary negentropic arrow, so if a certain event produces vital alarm in the depths, or a lacerating wound connected with infinite, screaming impotence ... then it is close to the entropic zero of the arrow and activates the pre-subjective areas and networks of the reptilian brain, which are responsible for survival. This type of event can be devastating and can activate the locus coeruleus, which is in charge of red-alert situations in the self, even going beyond-threshold (Ferri, 2020, p. 79).*

Hyperactivation of the locus coeruleus, in conjunction with a state of panic and deep anguish, therefore resonates with an interior time that precedes the development of the limbic system; it touches a layer prior to the development of affectivity and relationality. It follows that, even in the here and now, a devastating event can activate the sixth level of the abdomen at the bodily level, driving the depths of this system close to entropic zero, and reawakening historic relational and energetic patterns.

To use an analogy, the mass of a celestial body deforms the fabric of space-time, folding it around itself. Surrounding bodies are affected by this curvature and, depending on their mass, their movement along the space-time fabric is also deviated to a greater or lesser degree. Similarly, trauma bends and deforms inner space-time. It becomes an entropic attractor that suddenly seizes the other traits and imposes its weight on the general organization of the personality, effectively shifting its function towards those pre-subjective areas of the reptilian brain of which Ferri speaks.

In fact, fieldwork with highly traumatized people regularly reveals these deformations, which have been created within the personality and in the person's perceptions.

***“However, in war – and in particular in related violence, including cases of torture – the limbic neural network, connected to relationships and affectivity, is often not easily reintegrated, precisely because of the profound distrust that these experiences generate towards human relationship.”***

*Prior forms of knowledge, which is to say the typical prejudices with which we interpret our existence, are, in fact, substantially modified by the traumatic experience and influence the ways in which the subject suffering from post-traumatic pathology interprets his own existence (Vercillo & Guerra, 2019, p. 79).*

In these cases, the experience of time and space and of one's own body, as well as the concepts of self, the world, and human relationships can be substantially modified. For example, time may seem to expand, contract, or stop; it may lose its direction or linearity and become circular, or blocked, and its continuity may be interrupted. The body can be perceived as a place of danger, or not be perceived as one's own, etc.

## War

Traumatic experiences related to war differ from those resulting from accidents or natural disasters, primarily because their causes include destructive human will. A catastrophic natural event or accident will certainly resonate in the reptilian areas of the brain, but the exclusion of the upper limbic areas is often temporary. An example was given to us after the earthquake in Nepal, where it was possible to see how networks of relationships and affection played a fundamental role in post-traumatic recovery. Having lived through an event with someone, and later being able to share emotions with significant people, were powerful factors assisting recovery. Their importance applies to all types of trauma, even those related to war. However, in war (and in particular, in war-related violence, including cases of torture), the limbic neural network, connected to relationships and affectivity, is often not easily reintegrated, precisely because of the profound distrust that these experiences generate towards human relationship. In this case, there is a collapse in relational ability, in addition to the impotence, vulnerability and difficulty of making

sense of and deriving meaning from what has happened that are general characteristics of trauma. This has been systematically observed in veterans of various wars, beginning in Vietnam, and continuing to the most recent observations of survivors of conflicts in Syria and Iraq. It is also seen in displaced refugees.

Other elements, in addition to these characteristics, are apparently practical in nature, but, in reality, are linked to a deeply emotional dimension. For example, one of the main problems in treating trauma is that it is impossible to process it as long as the conditions of danger and alarm remain. This is a situation we have often encountered in refugees or war survivors. When refugees are gathered in camps, one could imagine that there would be newfound stability, but reality has taught us this is not the case. A high degree of alarm is still present, and their precarious condition remains, which prevents them from working through traumatic events while maintaining the right distance, which can occur only in a safe environment. In addition to the self-evident fact that a refugee camp does not restore the solidity of social networks, it must be said that violence quite frequently occurs in these camps – enough to note that we have repeatedly found that women avoided going to the bathroom after sunset due to the risk of being raped. All these factors keep people in a state of alert and perceived danger. The work performed in these contexts is, therefore, largely oriented towards supporting emotional stabilization, which is a necessary, primary condition in any intervention in this sector. Situations favoring increased resilience are sought, and “resilience groups” are created.

In working with refugees and survivors of wars, migrations, and natural disasters, we have seen that some factors influencing resilience can be increased, especially by rebuilding the network of relationships and the elements that confirm safety (in both a literal and broader sense). We must recreate a situation as close as possible to what was

normal for these people before the event. For example, for children, besides the resilience groups where they can play and express themselves, it is important to provide them with a “school experience.” Of course, there are also factors relating to individual resilience; one fascinating hypothesis suggests there may be a form of trait resilience, meaning that each trait may have its own level of resilience and, therefore, the person will respond accordingly, depending on which “apartment” of the building is recruited by events.

## Possible Activations

My colleagues and I, and Cristina Angelini in particular, have asked ourselves which bodily interventions are possible and, of course, useful, in specific, post-traumatic contexts. These are in no way comparable to the settings that we would provide in our European consulting rooms. We face two kinds of issues. The first relates to therapeutic appropriateness, which is a theme dear to Contemporary Reichian Analysis, according to which interventions should be oriented and calibrated to the specific combination of traits of the individual and to his or her personal history, as opposed to any standardized form of treatment (“aspirin for all”). The second relates to the specificity of the cultural and social context in which the intervention is carried out.

Both aspects are problematic and, in these circumstances, require some form of adaptation. I should mention that I have always worked in a post-emergency context, primarily in the Middle East, though also in Africa and Nepal. In this context, for example, there is strong inhibition to physical contact, especially between men and women. Furthermore, the use of a setting that includes a couch or mattress on which the patient can lie down is far from how psychotherapy or general interventions of a psychological nature can happen in these areas.

Years ago, when needing to choose bodily activations to be included in the work conducted in Syria and Jordan, we decided to focus on grounding and on the “nose-to-the-sky with stable object” activation, both being interventions which, if used properly, favor stabilization.

This is how Ferri describes this activation:

*The analyst is stationary behind the person holding the pen-light perpendicularly above the glabella*

*[the cavity between the forehead and the nose] at a distance of 30–40 cm. The patient is lying on the couch with their legs bent and actively experiences the reciprocity of the relationship. The person moves their eyes until they reach the object and then returns their focus to themselves and to their own nose before returning to the object again. This serves to emphasize identification, the here and there and the movement possible, but, above all, it emphasizes the returning to and the re-focusing on themselves “in the presence of the other who is there, stable, luminous and supportive for this pattern!”*

*The bodily activation of “nose-to-the-sky and stable object” is a highly-negentropic acting. (Ferri, 2020, pp. 41–42)*

The activation was specifically adapted to the context in which it was applied – instead of lying on the bed, the person was seated, and the light was placed at a greater distance. Even some grounding exercises had to be adapted to the type of clothing worn, and physical contact has been limited. Both types of intervention have nonetheless received much positive feedback, and have been regularly used by local psychologists and their patients. Given the difficulties in obtaining the right conditions for longer-term interventions, it has often been necessary to integrate the mind-body approach with other tools and, in particular, with elements of psychoeducation, EMDR, mindfulness and narrative therapy. Nonetheless, in using these tools, attending to and emphasizing the rooting of emotions and experiences in the body has never been neglected.

What perspectives exist with regards to what Contemporary Reichian Analysis can offer in similar contexts? We have already said how, at a theoretical level, it helps us interpret what is happening in individuals and groups in the face of war trauma, but what can be done at a practical level?

This second question has not yet been explored fully in the field, and, for now, the context itself has limited interventions to those aimed principally at stabilization and strengthening the sense of self. In the future, I believe it will, however, be possible to introduce further activations to help strengthen the sense of self, despite the need to adapt to sociocultural conditions.

***“We can see the light of a flame in the darkness that, however small it may be, is fiercely resisting, with the strength of life itself, and is helping us all to continue our shared journey”***

## What About the Drop?

I said at the outset that working in difficult contexts such as those mentioned here is a bit like carrying a drop of water across the desert. But what happens to that drop? M, with the help of Hala, is now feeling better, and helps other survivors of torture to recover. D, a woman who was gang raped

and could no longer sleep, is now able to. War distresses us, but every time we manage to get that drop into a person’s heart, we can also feel our own hearts opening up. We feel that our efforts have not been in vain. We can see the light of a flame in the darkness that, however small it may be, is fiercely resisting, with the strength of life itself, and is helping us all to continue our shared journey.



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# Giving Birth in a War Environment

*An interview with Ukrainian childbirth educator Hanna Kemp*

**Christina Bogdanova**



*Hanna Kemp*

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*Hanna Kemp is a Ukrainian childbirth educator and specialist in postpartum rehabilitation working with Ukrainian women internationally. In this conversation with our Deputy Editor, Christina Bogdanova, she gives us a detailed account of women's war experiences – being pregnant and giving birth in war zones, living as a refugee, especially if pregnant or with young children, raising children with few resources in foreign countries, where they are often bullied. Having herself fled Ukraine with her children, she touches on the loss of identity, the loneliness, the never-abating vigilance, the uncertain future. She now offers online support circles to Ukrainian women, and shares with us the resourcing importance of touch and trauma-informed massage, as well as somatic strategies for supporting those with war trauma.*

**Keywords:** war, Ukraine, enduring, pregnancy, childbirth, breastfeeding, safe birth, body's wisdom, stress, war trauma, refugees, support, bodywork, body-oriented therapeutic approaches

— **Christina:** *Thank you, Hanna, for talking the time to talk with us on this sensitive topic and in these challenging times.*

*Your work brings you in contact with women in their most vulnerable state. They are pregnant or they are young mothers, in war, feeling afraid, unsafe, and uncertain both for the present and the future, probably experiencing the loss of family members, friends, or colleagues. Please, tell us about your professional experience.*

**Hanna:** I have worked with women as a childbirth educator in Ukraine for 12 years now. It was my dream to help women during birth and postpartum. Eleven years ago, I learned about the doula profession, took the training, and have worked as a doula ever since. I supported birthing women until 2017, after which I concentrated on postpartum rehabilitation, fertility, and menstrual and menopause support.

While working with women as a doula and massage therapist, I encountered symptoms of trauma. I didn't know much about trauma then, but I sensed that the conventional massage and doula approach wasn't working. So, over the years, I developed a trauma-informed massage approach, and created a course for doulas and massage therapists.

For about six years, I collaborated closely with the Ukrainian Gestalt community. The main task was reconnection with the body after traumatic events such as sexual assault, medical aggression, traumatic birth. I worked with women focusing primarily on ANS stabilization and the creation – or rediscovery – of their resources. When COVID began, I offered online sessions, and this is now the context of my main work with Ukrainian women. I offer online support circles to Ukrainian women, which gives me excellent insight into what is happening for them now.

My work is rooted in Thai yoga massage, yoga, the Embodiment approach, Somatic Trauma Therapy, and in Paul Linden's Being in Movement approach. I am also interested in traditional practices – Slavonic, Thai, Mexican – and see how they bring about insight into the archetypal stories of the body – birth, death, and rebirth.

I am currently facing several important issues in my work. These include stress and physical trauma symptoms like nausea, panic attacks, fatigue, difficulty concentrating, and aggressive outbursts.

My clients find it difficult to make any decisions, and even when they decide something, they are unsure if their call is right or wrong. Many experience uncertainty – they don't know what will happen to them next. They feel disconnected and lonely, rageful, and aggressive. Most of my clients are pregnant women or women with kids, so these difficulties also affect their children.

Some of the women are escaping war zones or occupied territories through war zones. Some are leaving Ukraine through relatively safe corridors. Some remain in Ukraine. Others are returning to Ukraine after several months in Europe, where they have lived as refugees. I am witnessing the challenges of giving birth in Ukraine with help but without safety, or giving birth abroad with safety but without help. I am also seeing a lot of breastfeeding stress-related issues.

This is my big world of women, children, and families.

— *Thank you for letting us come into your world, and bringing up such profoundly essential topics about how life and death meet and interweave in war. Beyond a doubt, war impacts people in so many ways, but from the outside, it's hard to imagine the full scope of its effects.*

This war affects women and families on every level and in every aspect of life. I like the description I heard from my colleagues who are now in Ukraine. They call it the *intoxication of war*. It's an intoxication because it drips and gets into their system; if something is not affected now, it will be in time.

This is also true for people like me who left Ukraine. I packed my suitcases and took the kids out on the second day. The only bombing I experienced was on the first morning. Because I had never had the experience of being bombed, I didn't even realize it was bombing. I heard the car alarms going off in the morning, and some booming sounds. But I continued to sleep for another two or three hours. Later, I was pleased I did because when I understood it was war, everything changed. There was no peace.

Being out of the country doesn't mean I am out of the war. I experience my own consequences. Refugees around me are also suffering. Our children are affected. It doesn't much matter that we are physically safe abroad. Mentally we nonetheless experience a lot of pressure.

***“Women who must give birth in basements while being shelled and bombarded do it very quickly. They use the natural resources they have, and do it because there is no other way. It’s either give birth, or you and/or your baby die. Birth under fire mobilizes all of women’s resources; they don’t have options.”***

— *How is it to carry life or give birth in a war environment of constant threat and without safety?*

I’ve talked about this with my colleagues Olena Myshelova, Lidiia Konovalenko, and Svitlana Kresina, who are in Ukraine. They are noticing the striking difference between how delivery is happening in utterly unsafe areas where there is bombing and shelling, and in the relatively safe zones that are under the constant tension and imminent threat of conflict escalation.

Women who must give birth in basements while being shelled and bombarded do it very quickly. They use the natural resources they have, and do it because there is no other way. It’s either give birth, or you and/or your baby die. Birth under fire mobilizes all of women’s resources; they don’t have options. They dissociate, and go into a kind of shutdown state where the part of them that feels anxious, worried, or threatened is stifled. They must birth their babies.

However, they are facing a lot of other issues. They don’t have access to doctors, or to medical help. They are not in hygienic conditions. So, there are problems like sepsis, which would not happen if the woman had access to water or a clean environment. These are big pragmatic problems for women and their babies.

It’s quite different when the threat is not direct, and women are not under fire. Then there is an overwhelming sense of not feeling safe, and giving birth might take two to three days.

— *It’s incredible how our nature supports us even in such awful and dangerous situations, and how resourceful we humans are to cope, survive, and overcome threat. It looks like functional dissociation; is that what you mean?*

Yes. Birthing women must shut down the parts that feel anxious, worried, threatened, or unsafe. Otherwise, they can’t give birth.

Here is a crucial topic I find problematic even in peaceful times. Unfortunately, the world’s birthing system is far from understanding natural birth. Now, in Ukraine, with the help of Canadian midwife Betty-Anne Daviss, we are trying to implement a project called “Safe birth in UA” ([www.safebirth.in.ua](http://www.safebirth.in.ua)). The goal is to introduce a three-step birthing system so that women can choose between giving birth at home with a midwife, in a birthing center, or in a hospital, and educating them about what they can naturally do to deliver their babies.

Especially now, because of the war, women must know what they are capable of, what their bodies can do, and how they can help themselves. The conventional assumption is that women must go to the hospital to give birth. Now, when they can’t do that, they experience additional stress. In cases of uncomplicated pregnancies, they think, “I can’t do it myself.” They are not aware that women can deliver on their own. Knowing they can, at a minimum, takes away that stress. Now, there’s a lot of education on this topic. Of course, they also need to know when to seek medical help. Before the war, doctors performed all the assessments. Now we need to educate more specialists, and particularly women themselves.

Women who are in occupied zones or where the war is active have no access to the Internet or phone services, so they can’t call a midwife, even if they are aware of that option. Too often, they can’t reach a doula, and can’t say “I’m giving birth!” to anyone. They must do it on their own, and have to rely on the natural wisdom of their bodies and let nature take its course.

— *What happens when there are complications?*

When a woman needs a cesarean section, for example, and she’s in an occupied zone and needs a doctor and hospital, she has to leave her area, and travel. Travel itself is hazardous. In occupied territories, some women can’t travel through Ukraine and must go to Russia. It’s quite a difficult decision,

mainly because there is a risk of having to separate from their partners. If the husband goes with his wife, she might get to a hospital, but he will have the burdensome procedures of being checked, so it's risky for both of them to go. Thus, the reality is that she has no support whatsoever. Even without war, Russia and Ukraine are not very friendly with each other, and now with the escalation, I'm sure going to the attacking country would not feel safe. For birthing women, the situation has worsened. Doctors who performed aggressive medical procedures at birth are now even more aggressive in their behavior and procedures.

■ *You mentioned earlier, Hanna, that the birth process goes quite differently when being under fire is not immediate. How is that?*

In Ukraine's relatively safe regions, women are taking longer to give birth, which usually creates complications; the rate of cesarean sections, for example, is higher. Because of the unsafe environment, they can't focus entirely on the birthing process, and can't let go of their vigilance. They can't commit themselves entirely because part of them is always aware of what's happening outside and around them. They have longer preliminary periods before birth becomes unstoppable. They have two or three days of contractions. Contractions start, then stop, then start again, then stop again. During this long preliminary period, usually spent in the hospital, doctors start induction or stimulation, which can themselves cause problems. But then bombing starts, the siren is on, and everybody goes down to the basement until it's over. Then they come back upstairs, but the birthing has been interrupted, and several rounds of hormonal cocktail changes have occurred.

■ *Because of fear?*

Yes. To give birth, you need oxytocin. With high levels of adrenaline and cortisol, the oxytocin level goes down. The doctors intervene if the woman can't get back to the oxytocin level necessary to give birth. Births tend to be overly medicalized or stimulated, which means that the oxytocin in the woman's system is chemical instead of natural. Chemical oxytocin causes a different experience for both the woman and the infant. You can find more about this in the work of Dr. Michel Odent.

The frequent switch between relative safety and intensifying threat causes the hormones to go up

and down repeatedly. This affects the infants and their brain chemistry. Another issue is that more babies are delivered earlier than they should have been, which is a direct consequence of the high-stress levels of their mothers. The overwhelming stress also increases the rate of miscarriages in the first trimester.

Breastfeeding is also affected. Many women fear they won't have enough milk. So, when humanitarian aid comes, they take formula, and start feeding it to their babies. They do this out of anxiety, even if they have breast milk. Many mothers experience the anxiety of not having enough milk because their child, for example, cries all night. But because they can't reach a breastfeeding consultant, midwife, or doula to determine if the baby needs additional formula, they give them formula "just in case," and, eventually, stop breastfeeding. But if they're in the occupied territories, there could be a shortage of formula supply, which would seriously endanger babies' health and even life. This is a serious issue, and breastfeeding consultants are trying to educate people and fight the unnecessary spread of formula when it is not needed.

The other thing is that we know the importance of the baby's experience of connection to the mother, sensing her body, and being close to her. But when mothers are so stressed, they can't think about holding their babies to calm the baby and themselves. Instead, they feed the babies, which results in a different bodily experience for the babies; they can't feel the safety of being on their moms, and eventually disconnect from them and their own bodies.

The mother also needs to experience contact with her newborn – feeding the baby or just holding it to her skin. There is a practice of taking the baby from the mother to give her rest after delivery because she is tired or stressed. However, this results in a disturbance in feeling safe, because mothers need their babies on their body evolutionarily. When the baby is not there, they get stressed. Already overwhelmed by the war situation, if her newborn is not in her arms, next to her skin, a mother also experiences that sense of unsafety. It's safer for a mother to have her baby by her side, because it calms her hormones. Everything is how it should be: "My baby is in my arms."

Many women also report severe problems with their menstrual cycles, which means that their

quality of life, their fertility levels, and their hormonal states are affected. Many suffer from premenstrual syndrome symptoms, and many report painful ovulation.

■ *How do they cope? Is there a system, people, volunteers, or others supporting them while pregnant?*

Yes, we have an online group chat where doctors and specialists – pediatricians, obstetricians, doulas, breastfeeding consultants, and midwives – answer thousands of questions daily. It's a source of support for pregnant women, and for them to know everything is okay with their babies. If they are in Ukraine, they might not have any access to medical help, so they have to at least be supported with instructions on what to do, and how to do it.

Maybe it's a bit easier in refugee camps because they sometimes have doctors on hand. But when women are abroad and not in a refugee camp, it might be difficult for them to get in touch with the local medical system. Or they might not perceive the answers given by doctors in these foreign countries as safe enough, detailed enough, or understandable, because the European medical system is very different from the Ukrainian system. In general, doctors in Ukraine will investigate any small symptom more carefully. That's why women write in to the chat, and when they get answers from Ukrainian doctors, they feel better and safer, even though it's an online consultation. It can't be safer than visiting an actual doctor, but it clicks somewhere in their mind.

■ *It's a connection to people from their country.*

Yes, I believe so. Of course, those who can get assistance from doctors on the spot or in hospitals do receive help. In addition to online group chats, there are a lot of free courses for pregnant women, both online and offline. They can get help, and learn more about birth there, but in difficult situations, they don't have access to any of that. In such cases, they must rely only on their bodies to do what is necessary, and on themselves to trust the process.

■ *Can you elaborate about the Canadian project to support women in natural birth? Was this project started because of the war, or did it begin beforehand?*

The project started because of the war, initiated by Canadian midwife Betty-Anne Daviss. As soon as the war began, she flew from Canada to Poland, and began to connect with the Ukrainian community, first with doulas: "I want to help," "I know how important it is," and "We did it in Canada, we need to do it in Ukraine." She also developed a program for the safe delivery of breech babies. Currently, if a baby is in breech presentation, in most cases, it will be born by cesarean section. But in war, without access to a hospital, there is a need to deliver these breech babies. I translated her first webinar. First, she tried to get the support of the Ukrainian medical community to implement a three-step program. As far as I know, there is now a program in which Polish midwives train Ukrainian midwives to be more independent of doctors. That is good and necessary because in Ukraine, a midwife is dependent on doctors who make the decisions with midwives as helpers. During the reality of war, but for future peaceful times as well, it is better to retrain midwives to be more independent, and have more tools to help.

■ *How life establishes itself despite the threat of death is profoundly moving. What are the effects on women's physical health and psyche, their yet-unborn or just-born children, and their families?*

The problem is that everyone is so deep in survival mode. Women are less emotionally connected to their children because they must solve many other issues. Of course, the level of detachment depends on their reality. Are they in a place that is relatively safe, or is it very unsafe? Is their partner with them or not? Is he at war or not? Do they still have their jobs or not? One of the most stressful factors is when the partner is at war fighting. Or when they themselves are fighting. If both parents are on the battlefield, the grandparents care for the children. Families go into a functional mode like: "You're not hungry," "You have clothes to wear," "You're warm," "You have your school or kindergarten," so "You're okay."

When we try to comprehend this war, we need to understand that in Western Ukraine, in 1956, for example, which wasn't very long ago, there were fights between soldiers of the independent Ukrainian Army and Soviet soldiers – real fights. Our parents – my parents – are the generation



***“Again, we live in the reality of teaching our children to endure. They learn to freeze their vulnerability, their needs, and their desires. “What do I want?” is not the question now. “What do I need to do?” is the number one question. “What do I want to do?” is, maybe, the number ten question.”***

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raised after World War II, during those minor but still warlike actions in Western Ukraine. We are the next generation after these events and their echo is still in us. My parents’ generation, and many of mine, were brought up functionally: “You have something to eat,” “You have clothes to wear,” “You have school,” so “Goodbye, you’re okay,” or “Don’t cause problems for your parents.” There is a big difference between what happened before the war and what is now happening with our children. For example, if my child misbehaves in school, they call me and advise me to deal with my child. Back then, no one called parents. They were directly told: “How dare you cause problems for your mother? She’s working so hard in the factory to give you food and clothes, so you must behave yourself.”

These children who were raised like that brought us up as warriors. We were born to endure. If we don’t have something, it’s not a problem; we need to go forward. I was born in the early 80s, and as a child, I remember my grandmother had put a bag aside with some dry bread, sugar, and dry soup. We never ate dry soup, but we had it in that special bag in the cupboard. I grew up convinced that we always have to be ready because something, a catastrophe, can happen anytime.

When this war started – for my generation and the previous one – at some level, it was something we were brought up for, prepared for, and expecting. “Oh, this is what it was for.” Before the war, we had begun to soften inside and out towards our children. We thought: “Oh, maybe that’s not the way

forward. Maybe we don't have to make our children so tough. Maybe we can listen to them. Maybe we can give them more. Maybe we can develop this emotional, profound connection, and take care of them in all the meaningful ways." There was a hope that brought a deepening of connection between parents and children. And then... Bang! The war started, and another shift in our thoughts had to happen: "No, we need to make them tough because this is what's happening. They need to go forward and endure. You don't like it, you don't feel it, but that's life." I don't know if it will ever change.

■ *One more generation of people who have to endure...*

If you can't endure, you can't survive.

Many people are vulnerable, and this war further amplifies their problems. They can't endure because they don't have the resources to cope with the challenges consciously. It isn't straightforward. I see many who need psychological, maybe even psychiatric help. If they are refugees, it's pretty difficult for them to get that type of help and they might become destabilized. Then they can be denied access to a shelter, either in a refugee camp or a sponsor family. They badly need the support of a psychiatrist, but getting that type of help is challenging for many refugees, because Europe gives them special protection status. Thus, these people technically are not refugees. The advantage is that they can work and start rebuilding their lives. However, working is difficult for many because they are alone with their small kids, and even if the children are allowed in school, keeping their working hours and caring for them alone in a foreign country is challenging. I can't even imagine this, to be honest.

And here again comes the narrative: "Okay, we will endure. You have to go to school. You don't know the language, and you don't know these people. You don't know this culture, you don't know these children, you don't understand what's happening around you. It doesn't matter. You go to school because I need to work and feed you." It can't happen without numbing some parts – in the mother and in the child. Again, we live in the reality of teaching our children to endure. They learn to freeze their vulnerability, their needs, and their desires. "What do I want?" is not the question now. "What do I need to do?" is the number one question. "What do I want to do?" is, maybe, the number ten question.

When I was a child, no one ever asked me what I wanted, but I knew what I had to do. Not because I had a dysfunctional family; no, I grew up in a stable environment. It was just the way it was. "What do I want?" "What possibilities do I have? What resources do I have?" – I only started to explore this later in life, through the body.

"What do I feel?" This is an excellent question because one can't feel anything when the need is to endure. I saw it in my children. When leaving Ukraine, we spent almost 24 hours in the car. They pulled together and did what was needed, and none of them, even the little one who is five, caused any problems, although this was so different from anything they had ever known.

It was as if something inside was mobilizing them: "We need to go through this," and each of them did what was needed. This was truly fantastic, because they're used to being asked "What do you want? What are you feeling? Are you well?" I tried to give them the space to expand their awareness. But then... Bang! Before the war, I found them the best school to allow them to be who they are and express themselves. Now, I don't choose anything: "This is the school that took you in. It's a good school, so you go there. You don't like it? Tough." Although my children's schools are supportive, I know many Ukrainian children who face bullying, and who will have to deal with the consequences when they are older.

■ *How many children do you have? How do they cope in this situation? What do you and the people you know suffer from most as refugees?*

My elder daughter is 15, my middle son just turned 12, and the little one is five-and-a-half.

My children and I, and all who fled Ukraine, struggle with isolation and disconnection. My kids left all their friends. The good news is that we still have the Internet, so even if they're isolated from their friends physically, they're still connected online. They're glued to their gadgets. They don't want outside communication because they want to stay in contact with their friends. They told me: "We don't need new friends. We have our friends." And when I say: "Yeah, but some are in France, in Germany, in Ireland, and another is back in Ukraine. They are not here physically," they answer, "It's okay. I don't need any more."

***“...the body is their last place of safety,  
a border that can’t be intruded upon and destroyed.  
They hold their body’s integrity and themselves in it as a safety shell.  
So, it’s tough when this safety shell starts to crack because  
if I don’t have the wholeness and stability of my body, how can I endure?”***

■ *This online communication is the bridge to home.*

Children need to learn the language, and they need physical contact with peers. If they don’t have physical contact, their bodies will start to say “no,” in the words of Gabor Maté. I hear the same from other parents as well – the children want to stay connected online to their friends in Ukraine. They refuse to go anywhere, they refuse to leave their rooms, not because they’re afraid to go out, but because they don’t want to lose this connection. This isolation is dangerous. We are not used to it.

I also feel isolated, you know, I don’t have friends here. I can meet with my friends online, but I miss sitting and laughing together as we used to do. Sometimes I feel afraid of getting stuck in this, because we’re here now and need to connect to this environment. If we don’t, it will produce problems in the future.

In Ukraine, people live on a roller coaster because they don’t know what will happen tomorrow. They say: “I can’t commit. I don’t know.” That attitude drove my British husband crazy. He didn’t understand. He thought, “You make a decision, and you make it happen.” No. It’s not our mentality. Now I take little steps – one step at a time, one day at a time. I need to start from scratch, to begin everything from nothing.

■ *What is most challenging? The loss of identity, the cultural misunderstanding, the isolation?*

Experiencing the physical symptoms of stress and trauma is the most challenging. Many of my colleagues say that when they work with women in any somatic approach or craniosacral biodynamics, for example, they feel like for many, the body is their last place of safety, a border that can’t be intruded upon and destroyed. They hold their body’s integrity and themselves in it as a safety shell. So, it’s tough when this safety shell starts to crack, because if I don’t have the wholeness and stability of

my body, how can I endure? How can I go on if my body lets me down? That was the most difficult for me. I had some crisis trauma therapy, which helped me a lot. And what also helped a lot was when my husband, a massage therapist, started to give me massages for 10 minutes, then 15, thus gradually increasing the time. His steady, soft, and mindful touch calmed my nervous system. Once I returned to this sense of being in the hold of my body, I could think: “Okay, I can manage everything else.” Before that, it was too frightening, and even though I had all this theoretical and practical knowledge from working with others, I couldn’t help myself much.

Staying connected with one’s body can be quite challenging. My colleagues and I notice a lot of tension in people’s bodies; they are in a hyper-freeze state. I expect it will be challenging to soften again.

The biggest challenge for most people is uncertainty. They don’t know what will happen tomorrow. They suffer from the turmoil of questions like: “Where will I live tomorrow? What school will my children attend? Will I be able to work here tomorrow? Will my husband be alive tomorrow? Will my home be there when I go back?” They live in complete uncertainty.

All of us Ukrainians, either in Ukraine or abroad, face those existential truths defined by Irvin Yalom – death, meaning, isolation, and freedom. We all have the freedom to stay in Ukraine or go somewhere else. We have the freedom to return to Ukraine. Before, many dreamed of going to Europe, and work, study and take their children there. Now they can do it, they don’t want it. When they make a choice, they don’t know if it is correct.

■ *I suppose it’s hard to know what is right and wrong in such situations.*

Yes. At first, many women went to Europe for safety. Most of them have not found ideal conditions.

***“...attachment will be issue number one because mothers try not to get too attached to their children. They disconnect from their children to make them more independent and less attached to them. The risk of losing a child is so painful that creating distance is better.”***

They live in refugee camps in confined spaces, but at least they're not being bombed. They have food, water, warmth, and shelter. But it's not enough. Many are taking steps to go home, even in areas with bombing and shelling. They want to go home, even with small children and while pregnant. It doesn't sound logical, but still, they return to areas right in the middle of the war. They even pay a lot of money to be taken there. They prefer to stay in their basements, just to be in their own homes.

■ *Why is it so crucial for them to go back? What makes them choose the risks of living in a war environment instead of in at least a relatively safe state?*

I think they need to restore connection with their homes and their life from before. They want to be where it's familiar and connected. It is something like: “I know it. And here, I don't know anything,” or “There I have my family, and here I don't have anyone.” It seems that being bombed causes less pressure than being disconnected. I also think it's an attempt to get their identity back – they need to know who they are, which they can't do in a refugee camp.

■ *Hanna, what you are sharing moves me deeply. It is beyond perception if one hasn't been in that situation. You said that people cope by orienting toward enduring. What do you think will be the consequences on interpersonal relationships in the short run and in the years to come?*

The most critical thing for Ukrainians now is to feel connected among themselves. They want to be useful to the country, which means helping win the war together. To help win the war has become the common idea that connects us now. Many, I think, disconnect from everyone and everything that doesn't fit this purpose. Either you are the same as I am, you think the same as I think, you feel the same as I feel, or you are my enemy. It's black and white. The big question is how to know if I am safe with the person next to me.

The need to connect is the current survival mode. Beyond that, people avoid talking about what will happen after the war. It's too early to discuss; much depends on whether we win or lose. The situation will be very different depending on the outcome. When the war is over, what will bring Ukrainians together? What will bond us?

We see a lot of weddings – people want to get married here and now, because they don't know what will happen tomorrow. On the surface, it might look all right, but often these are quick emotional weddings. People who might not know each other well get married to feel safe. It's like opposing death. Creating a new family and having children is a counterbalance to all the people dying around you: “I want to create something when so much is being destroyed.”

Another important thing I expect will affect interpersonal relationships are the increased cases of PTSD. Living in a war-torn country, men being in the army and in battle, women being bombed and having to survive with their children, and the uncertainty of whether families will ever gather again are all decisive factors in developing PTSD. People will have to learn how to cope with their traumas and their symptoms, and support affected family members. I hope there will be enough governmental programs for military people and civilians to heal from PTSD.

I think attachment will be issue number one because mothers try not to get too attached to their children. They disconnect from their children to make them more independent and less attached to them. The risk of losing a child is so painful that creating distance is better. It will also be painful for the child to lose the mother, so it is safer to have distance. Of course, all of this happens mostly unconsciously.

Distancing gives mothers a sense of safety and calm. In war, and for refugees, mothers need to know that there is someone to take care of their

child if something happens to them. They want to know that their child can go forward. Then they can be more at peace. This is what we can do for the refugees – give them this reassurance.

All the humanistic values in relationships between parents and their children – connecting, listening, holding space, asking, wanting to understand, and making the best choices – somehow fade in the face of warfare. Imagine letting your child cross the border, walking alone, with a name, address, and telephone number written on their back? I mean, how can there be anything that is not frozen inside? People in war think and behave according to the logic of their survival need. It's cruel but it can be lifesaving.

Do you know the book *Women Who Run with the Wolves*, by Clarissa Pinkola Estés? She writes about the mercy of the wolf-mothers who kill their cub when the cub is dying. This kind of mercy – the cruel mercy. Mothers can't allow themselves or their children to be vulnerable, and they do it because they want to protect them from being vulnerable.

— *For survival? However, isn't it helpful to stay connected as a resource in preventing vulnerability?*

Yes, a support system is essential. The people who were already in Europe before the war created a support network for refugees.

Another existential truth is meaning: "What is the meaning of me being here? I find meaning if I can help my fellow Ukrainians. I'm doing something important." It's also about dignity: "When I do something for my country and people, I get my dignity back." This support network provides space for Ukrainians to connect to Ukrainians. Here in Middlesborough, England, we have such a hub for Ukrainians. They connect, talk, share information, knowledge, and resources. If someone has come earlier, they can help those coming later: "Okay, I've been there. You can do it like this. It's easier to do it like that," or "Have you been there? No? It's a good place to go." Creating this community is vital for mothers and children. It allows mothers to breathe a bit because they don't have to rely on themselves 24/7. There are no grandmothers or nannies anymore, so it gives them space to relax while their children play together. Feeling supported and connected restores their sense of living as a community.

Some Ukrainians need to feel they are helping their compatriots. Other, direct victims of the war, need to feel supported and not alone. Creating these possibilities is crucial. The next step is teaching refugees to take care of themselves in the context of belonging to their community. In Ukraine, the sense of isolation is less, because people have their families and friends. They may have smaller communities than they used to, but they still have them.

— *How are they taking care of themselves?*

Many thought the war would last a week, a month, or three months. Now we all know it will take longer, so we all began to look for ways to care for ourselves, so we could continue to be helpful and not burn out. Initially, we wanted to give everything we had to stop this war, and now we understand it's not going to stop like that. We are coming to understand the need to take care of ourselves.

One of these ways is to take days off. In the first several months, we all volunteered 24/7. We were glued to what we were doing. Now, for example, volunteers in different time zones take night shifts, because its daytime for them, so that the helpers in Ukraine can sleep.

Of course, nature is also a great resource. People go to nature a lot. If they can go to the mountains, they go to the mountains. Others go to the seaside, or spend time with friends and family. At first, everyone was ready to throw aside their routines and work for victory. Now, this is changing because people need to have a feeling of normality. Over time, we have started to restore our daily routines as before the war.

Another resource is turning to learning. Ukrainians have received opportunities from all over the world, including free webinars and classes People study because it helps them.

— *You said that one of the things that is aiding you is your husband's massages. Do you think a specific type of bodywork might help increase resilience and support people during challenging times?*

Trauma-informed massage helps the nervous system stay within its window of tolerance. I believe the steady touch of someone in a balanced and regulated state helps the other person's nervous system balance and regulate. There are many forms of trauma-informed massage. I prefer clients remain

clothed so they feel safe and avoid any risk of further anxiety. I have adapted what Babette Rothschild teaches to the trauma-informed massage I practice. My goal is to help the nervous system downregulate and return to a calm, active but not anxious state.

I try to find and give the person the opportunity to tap into the space of safety as they see it, and we explore it. When I touch, it means that my nervous system is talking to their nervous system, and thus I'm saying: "You are safe." Usually, the client's nervous system is listening. We have a dialogue and, in the end, we find a mutual space of "Okay, we're safe."

When I can't touch, I observe and include other approaches such as talking and listening to people's stories. In my online work, I continue to use the principles of somatic trauma therapy, and other valuable interventions from different embodiment practices such as working with body postures that reproduce expansion – for instance, protection or empowerment. I explore what gives clients a sense of safety, and what they are missing or need to find the posture that helps them repair their state of safety. Furthermore, we work to integrate this embodied state of safety in their day-to-day life. The goal is for the person to feel in control and empowered, which is crucial for supporting them in increasing their resilience.

■ *Babette Rothschild states that not all methods help all people. As therapists, we must stay oriented toward the individual before us and attune to their specific needs.*

This is true. Some people need talk and others may prefer bodywork and somatic approaches. I, for example, don't speak much, and worked with a Somatic Experiencing practitioner in my therapy. We worked a lot with the aggression I felt, and Paul Linden's Being In Movement mind-body method

helped me turn my aggression into a healthy force. Although it's challenging to work with aggression, it's crucial because it helps stabilize the nervous system.

■ *And restores the sense of having control. People must be in contact with their healthy aggression to feel empowered and in control of a situation.*

It was crucial to stop feeling rage in my body, because it felt like a nuclear station; it could have exploded at any moment. Dealing with aggression was stabilizing, but slightly different from the stabilization I felt through touch. Human touch is essential because if no one touches you, it feels scary inside, as if you're all alone in a hostile environment. When someone touches me in a trauma-informed way, I feel their calm nervous system which is so resourcing. For some, touch might be overwhelming, depending on their personal trauma history. When I notice a client becoming overly activated, I stop. I do something else, or explain what's happening. Thus, I'm helping them return to the here and now, and differentiate what's happening now from what happened to them before; no matter how awful it was, it isn't happening now.

■ *Thank you, Hanna, for everything you've shared in this conversation.*

Thank you for your work and for bringing the knowledge of our struggles to the rest of the world.

■ *It's essential to know and understand what people experience when thrown into the vortex of war. Those of us who are not in this hell and witness it from outside need to be more aware and sensitive toward what is happening. Otherwise, from our desire to help those who suffer, we may overstep, push too hard, or even cause harm. We need to talk openly and truthfully to avoid this. And to respect people's dignity as human beings, with our different identities and cultures.*





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# Empowering Children and Caregivers Impacted by the Atrocities of War

Maggie Kline

## ABSTRACT

War leaves its mark on everyone, but children are the most vulnerable. Their growing brains and bodies are forming implicit and explicit imprints from what they absorb through their senses. These imprints shape the anatomy and physiology of brain and body. If robbed of their childhoods, will they grow up perceiving the world (and others) only as dangerous? Or, is it possible for them to also perceive the world with safe places? We are being called to action to show them, through our kind eyes and reassuring safe touch, a world teeming with natural beauty, wonder, and joy. The *Resilience Roadmap Model* offers a plan to provide external co-regulating resources to counteract anxiety from war-conditioned threat responses by using the essentials of healthy attachment. Combining principles of Somatic Experiencing® with drawing and movement, interoceptive experiences of safety and self-protection can transform traumatic imprints into new stories with a triumphant ending. May you be inspired to join the movement to plant seeds of well-being for the world's children.

**Keywords:** children, PTSD, war, Resilience Roadmap Model, Eight Essentials, safety

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*Shock trauma is relieved by working  
with the underlying physiology,  
which speaks the language of sensations...  
grief is resolved through  
midbrain/body circuitry,  
which speaks the language of emotions.*

As we face global devastation hastened by climate change, it is incomprehensible that despotism and war continue to plague our planet. By now, one would think humankind would bond together to save life on Earth. As a naïve college student in the 60s, I believed that protesting the Vietnam War and chanting, “All we are saying is give peace a chance” would bring a miraculous shift in consciousness. Yet armed conflicts, terrorism, ethnic “cleansings,” and violent drug cartels persist. And now, the unthinkable has happened. Our world is embroiled in a full-scale war with Putin’s destruction of Ukraine, and his fantasy to put the USSR back together with “all the king’s horses and all the king’s men.”

Rather than examining historical re-enactment war patterns, or the politics of authoritarianism and imperialism, or the psyches of oligarchical madmen, my focus is on highlighting the shattering consequences of armed conflict on the young.

Most importantly, what can we do to mitigate the suffering of those caught in the diaspora of war? Using somatic skills to gently ease children and their caregivers back into embodiment through the miracle of nervous system resilience can bring seeds of hope to us all. Among the many challenges is helping to re-establish a sense of relative safety and connection while separation and military action escalate. Although Ukraine has been front and center, ongoing battles have been smoldering and rekindling like wildfires in Africa, Asia, and the Middle East. And, let us not turn a blind eye to the twenty-year “silent war” in the Americas carried out by murderous drug cartels and political violence driving droves of children – often unaccompanied minors – northward to seek asylum from Latin America. We, the international body psychotherapy community, are needed. Jack Kornfield said, “Our children are our meditation.” It is crucial, now more than ever, to help the most innocent and the most harmed – our youth.

## Background

Before Putin’s 2022 invasion of Ukraine, I lent guidance in the creation of a small booklet, *Trau-*

*ma Healing Picture Book*, based on *Trauma-Proofing Your Kids*, which I coauthored with Dr. Peter A. Levine to restore resilience and joy after traumatic events. The picture book was originally intended for use by adults with refugee Syrian children. It was the humanitarian initiative of Kateřina Honzíkova, the founder and executive director of the nonprofit, Češi pro Sýrii (Czech People for Syria). In affiliation with the European NGO Erasmus, it was written in the hope of easing the lives of refugees. With no time wasted, this project was extended to the crisis in Ukraine.<sup>1</sup> Our intention is that this picture book and the activities handbook, together with the training that accompanies them, be available to everyone wishing to help. My desire is that the materials and tutorial for this project be translated into languages wherever needed to ameliorate suffering.<sup>2</sup>

My intention for this article is two-fold: to share my research findings on the psychological effects of war on the world’s children, and to provide practical somatic strategies to mitigate acute stress and prevent the long-lasting symptoms of post-traumatic stress. These aims are born out of my experiences as a psychologist working with children in the public schools of Southern California. Some of

## Resolving Shock and Grief

War creates shock and grief from a myriad of losses. Shock trauma is relieved by working with the underlying physiology to release terror’s grip on the lower brain circuitry – the brainstem, cerebellum, amygdalae, and hippocampus – which speaks the language of sensations. On the other hand, grief is resolved primarily through midbrain/body circuitry, which speaks the language of emotions. As the first stage of denial or shock subsides, emotions arise as a natural progression of the harsh reality of loss. The grieving process is best resolved within a group. Sadness, anger, and fear from losses, as well as loving memories, are meant to be shared. Activities in this article focus on bringing children out of shock so they can grieve.<sup>3</sup>

1. Access to the picture book is available pro bono online in English, Ukrainian, Arabic, Italian, and German (with more to come) at <https://cesiprosyrii.org/en/publikace/>. The activities handbook, which includes a section on working with grief, is also available in multiple languages on that website. A page-by-page picture book tutorial is available on the SE YouTube channel provided by the SE Ukrainian Task Force (SEUTF): <https://www.youtube.com/watch?v=SKxUCjDrEKO&list=PLwRgVcZDcacRgCrqguuGOvPYibqWKF39>
2. Number of views for the video tools: The Gingerbread Person, 340; Considering the Needs of Children in War: The 8 Essentials of Healthy Attachment, 628; Tutorial for using the *Trauma Picture Book* for refugee children, helpers, and parents, 355.
3. Please refer to *Trauma Through a Child’s Eyes*, Chapter 8 for activities to help children grieve.

the children I worked with were asylum seekers from Latin America escaping gang violence, while others were Southeast Asian refugees flooding into California from the Vietnam War and the Cambodian Pol Pot regime.

The two main concepts I developed include the “eight essentials of healthy attachment” for youngsters whose secure base has been disrupted. These provide nurturing external resources; while, the detailed art activities foster resilience and calm youngsters’ fears by expanding their own internal resources. Drawing is a primary means of increasing sensory-motor and interoceptive awareness to support completion of a sensitized, unrelenting, threat response cycle. These simple exercises use Somatic Experiencing (SE) basic skills that lead to empowerment by provoking physiological changes that have been empirically shown to calm a hyper-aroused sympathetic, or an overwhelmed parasympathetic dorsal vagal system – with or without a physical movement component.

## The Impact of War on Children

Studies on the impact of war trauma on civilians, combined with statistics from international organizations concerned with the welfare of children, are eye-openers. For example, school children merely participating in war preparedness activities experience trauma symptoms. Even at sites considered “safe havens” free of military operations, children’s fears and anxieties accumulated. Knowing about ongoing warfare made children vulnerable to developing symptoms of PTSD and mental disorders, despite being far from actual conflict.

A retrospective study conducted by Árpád Baráth from the University of Pécs, Department of Community and Social Studies in Hungary, surveyed 203 children attending elementary school in relatively safe conditions in the suburbs of Zagreb during the war in Croatia. Measured counts of fear categories in non-war zones were comparable with estimates under lasting war conditions, such as with Palestinian children in the Gaza Strip. The relationship between fear counts and PTSD were present even in the absence of traumatic events. The students were asked to write down current fears, make a free drawing, and complete a PTSD twelve-symptom checklist. Despite all students being in a safe zone, the analysis found six fear categories: 1) war

36.4%; 2) scary objects 9.6%; 3) scary people 5.6%; 4) scary events 32.8%; 5) scary animals 11.1%; 6) scary imagery 4.5%. The correlation between the number of disclosed fears and the total score from PTSD-12 was positive and statistically significant (Pearson  $r = .314$ ,  $p < .0001$ ).

## Staggering Statistics – A Call to Action

In an address delivered in July 2022 on the topic of children affected by armed conflict and violence, Ilze Brands Kehris, United Nations Assistant Secretary General for Human Rights, reported that at the end of 2021, a record 36.5 million children were displaced from their homes as a result of conflict, violence, and other crises. In addition, 99% of Syrian children live in danger of grave violations, Afghanistan has the most children killed or maimed, Nigeria has the highest number of children forced to be soldiers, and Somalia has the highest number of childhood sexual violations in conflict zones. Currently, as a result of the combination of conflict and climactic change in Somalia, James Elder of UNICEF reported on the BBC that one child per minute is admitted to a hospital dying of starvation. The conflict in the Tigray Region of Ethiopia is also dire.

According to Save the Children’s 2022 website, one-fifth of the world’s children are living in war zones. At the time of this writing, only seven months after Putin’s invasion of Ukraine, two million children have fled their homeland, while approximately three million were displaced within their own country. Every child living under such circumstances is a child deprived of basic human rights and protection. Data gathered from UNICEF’s website reports that these children’s greatest fears are that they or their families will be killed, kidnapped, maimed, sexually violated, and/or recruited to fight.

## Creating Feelings of Safety in an Unsafe World

The world is not a safe place. Yet, we are not always in imminent danger, even though past trauma may cause us to react as if life threats are inevitable. By resetting the autonomic nervous system (ANS), relative safety can be experienced moment by

## Trauma's Impact on the Body

While the magnitude of an event such as war is an important factor, it does not define trauma. Peter Levine, originator of Somatic Experiencing®, teaches that trauma resides not in the event itself, but rather in its effect on the nervous system. Infants and children are the most vulnerable as their brains and bodies are still developing, and their ability to defend themselves is limited. Witnessing an explosion or running to a shelter – in contrast to ongoing familial neglect and abuse – is primarily physiological rather than psychological (Levine, 1997).

The threat response activates an extraordinary amount of energy, automatically unleashing more than twenty physiological responses – among them the redirection of blood flow away from the digestive organs and skin to the large motor muscles for fight or flight. Alternatively, when we cannot defend ourselves, muscles may collapse as the body shuts down, putting us into an altered state that protects us from pain.

The key to avoid being traumatized is to “use up” the excess energy evoked for self-protection, which, when not fully released, remains as easily-triggered body memories.

moment. But when a child is traumatized, almost nothing feels safe – even when they are in a safe place with adults who love and protect them. In an environment of tension and fear, the developing brain and ANS are being fine-tuned for survival, not pleasure. A sensitized hypervigilant amygdala sets off a defensive chain reaction in response to a novel noise, sight, or smell. A perceived minor provocation can be misinterpreted as a life-or-death situation.

Stephen Porges, originator of the polyvagal theory, teaches that the perception of danger and life threat early in life can cause the body to live in a chronic state of defense. Neuroception – gut to brain ANS sensory perception of safety, danger, or life threat – can become faulty. This means that early trauma may cause an inability to inhibit defense systems in a safe environment, or to activate defense systems in a risky environment – or both. Children who cannot detect danger are easily victimized, while others who sense danger when there is none act defensively, unfairly blaming others for a misperceived threat.

This was the case with Sothy, who was sent to me by his science teacher for inattentiveness and agitation in class. Sothy was a Cambodian-American teen who had been sent to live with a community tutor when he was very young. His parents, refu-

gees from the Cambodian killing fields, were both struggling with mental illness as a repercussion of the war, and could not cope with their small child. They asked the Cambodian tutor to foster him. Sothy told me he had flashbacks of being attacked, which were causing him unbearable anxiety. He was unaware of why he was so distracted and tense, and felt like hurting someone “for no reason.” The picture he drew of his anger included broken branches on the ground. He then remembered that the wind causing branches to fall outside the classroom window triggered his agitation. Sothy also told me his teacher always had a mean look that made him anxious. After sharing about his teacher’s scary face and looking again at his sketch, Sothy remembered that the twigs scattered on the ground reminded him of the sticks his tutor used to repeatedly beat him for not reading fast enough during the four-year fostering period. The tutor was most likely re-enacting her own beatings during the Pol Pot regime.

Associations that act as triggers – like those experienced by Sothy – don’t go away by talking. To undo Sothy’s faulty neuroception, we uncoupled the unconscious associations (made conscious through drawing) that were bound by his strong, undischarged, instinctual defensive energies (wanting to hurt someone). A single misinterpreted facial expression from his teacher’s

stern glance, together with seeing a few branches blown to the ground, had set off an alarm that, in a flash, thrust his traumatic past into present time. To safely release these strong and persistent stimulus-response reactions, I supported Sothy to experience the sensations of how his body had the impulse to self-protect, but was unable to do so when he was a little boy. In this case, Sothy, now a weightlifter, was guided to feel his strong adolescent arms pushing his abuser away, ending the violence he felt internally. The threat response cycle completed, and the association between the branches and stern glance no longer caused flashbacks or desire to hurt someone. The mysterious agitation was resolved. I shared one of the eight

essentials – the importance of kind eyes – with his teacher and convinced his parents to let Sothy have a kitten to cuddle for soft touch – another of the eight essentials!

According to Porges, faulty neuroception may be the root cause of several psychiatric disorders. To avoid a mental health crisis, youngsters who have escaped conflict, or are suffering from the effects of intergenerational trauma, need support to release their suppressed survival energies and dissociative patterns from implicit memory. With intact neuroception, they can enjoy the benefits of letting down their guard to make friends, learn, and have fun. Safety is not a thought! It is a bodily interoceptive sensory experience signaling that all is well.

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## Somatic Tools to Reset the ANS and Calm the Threat Response

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This section presents practical activities for caregivers, school-age children, and teens to assist in creating feelings of safety and overcoming fears. Activities are divided according to the two pathways described in my Resilience Roadmap Model: external resources from the eight essentials of healthy attachment, and the discovery of internal resources through the blossoming of interoceptive intelligence.

The first pathway to resilience is a descriptive list of the eight essentials of healthy attachment that provides guidelines for creating safety through co-regulation with grounded, calm, untraumatized humans and pets.

A study on Yemen's children by the British charity Save the Children revealed the following statistics, making it clear how important it is to re-establish secure attachment between children and caregivers:

- 52% of children reported never feeling safe when they were apart from their parents, and 56% said they do not feel safe when walking alone.

- Families are children's primary form of support, but conflict places families under intense strain.
- Children are reluctant to seek help within their wider communities, possibly due to lack of trust, but also due to the stigma that surrounds mental health in Yemen.
- 38% of parents reported an increase in children's nightmares, and 8% reported an increase in bedwetting in children aged 13–17 years.
- 16% of children said they are never, or rarely, able to relax.
- 36% of children reported never feeling that they could talk to someone in the community when they felt sad or upset.
- Many children reported increased heart rates, stomach pains, and sweaty palms, and feeling shaky when fearful or afraid – all typical signs of anxiety.

The second pathway to resilience is teaching kids the magic of their own interoceptive intelligence (sensation awareness) to downregulate overactive

survival brain circuitry. This body wisdom is accomplished through art activities, often together with organic movement inspired by the child's own drawing. These address the widespread issues described above: nightmares, anxiety, fear of walking alone, never feeling able to talk to someone, inability to relax, and the somatic symptoms described in the "Save the Children" Yemenis report above. All incorporate the SE skills of 1) creating safety; 2) tracking sensations; 3) using artwork as image in the SIBAM model; 3) pendulation; and 4) integration of the triune brain and body.

## External Resources – The First Pathway to Resilience

### The Eight Essentials of Healthy Attachment

Support from people and pets generates oxytocin when the relationships and nurturing touch bring feelings of being loved, valued, safe, and comfortable. All kids and adults heal in the context of pleasurable relationships, but with infants and young children, the co-regulation shapes the anatomy and the physiology of their rapidly developing brains and bodies. Circumstances of war can interrupt the attachment and bonding process. In a study by Moses et al. (2003), the findings point out that one of "the most common fears children experience during war and mass disasters are [...] about separation, abandonment, physical danger or injury and death. During a time of war, children's assumptions are shattered. They no longer believe that they or their families are safe." These fears often become the child's reality. Joanna Santa Barbara, in research published in the Croatian Medical Journal, makes clear that children are affected by war in more devastating ways than adults – not only because of education interruption, malnutrition, illness, loss of limbs, and other injuries causing disabilities, but because of the attachment disruption with those adults who provide safety, care, and love. Close proximity to regulated older children and adults, and a large dose of attachment-informed play are recommended remedies.

Caregivers who are themselves scrounging for food, water, and shelter can have limited emotional availability. They may be anxious, grief-stricken, depressed, and terrified. Some children are displaced to live in orphanages, with relatives, or are sent to refugee camps. A Ukrainian colleague gathering information from therapists working with children reported that the most challenging work is being with groups of children who have lost their parents. They are using art materials, and are seeking ways to help restore attachment in a group setting.

The dire consequences of such relational breaches can be mitigated by providing what I call the *Eight Essentials of Healthy Attachment*. These are the bedrock supports underlying physical, mental, and relational health. Relationships continue to need a safe harbor, nurturing touch, and playfulness throughout life. When missing during the formative years, just like malnourishment needs extra aliment, mental health needs supplemental nurturance. With these essentials, there can be a felt-sense that it is okay to let one's guard down, feel connected again, protected, and joyful – even when our family is no longer together, and even if only for precious moments.

Combining as many of the following eight essentials within any activity is most potent for building secure attachments:<sup>4</sup>

1. **Safety, containment and warmth.** Transmitted non-verbally through an adult's co-regulating presence, a calm nervous system with relaxed muscles helps children's bodies settle down and feel protected; wrapping a blanket or shawl around the back and upper arms so boundaries can be felt; holding; rocking; using weighted blankets; bilateral tapping of upper arms as a butterfly self-hug; etc.
2. **Soft mutual eye gazing for infants; Soft kind eyes for children.** Words are powerful, but non-verbal cues "speak" louder. Mirror neurons automatically entrain children to those close to them. Adults can soothe children and help shape a relaxed nervous system by being aware of the quality of their presence. An adult's awareness

4. For detailed activities to accompany each of the essentials please refer to the book *Brain-Changing Strategies to Trauma-Proof Our Schools: A Heart-Centered Movement to Wire Well-Being*.

of their own grounding, facial expression, and nervous system state can relax a tense child.

3. **Shared intention, attention, and focus.** Awareness of body language is key. This intimate attunement is experienced as a desire to learn the wishes, intentions, and energetic rhythms of the other, and be in synchrony or somatic resonance.
4. **Skin-to-skin molding for infants; Safe nurturing touch for children.** Nurturing touch from a calm adult can transmit a sense of safety via the heart-to-heart electromagnetic field of a warm human connection. An adult in a ventral state can soothe a child with the following ways of relaying connection: holding, rocking, hugging, cuddling; hair brushing, stroking or braiding; gentle massage, supportive touch of the head, back, shoulders, or feet; high fives and contact games such as piggyback rides and hand-clapping. Notice what types of touch affect the child in a positive and age-appropriate way. Plush toys, burrowing into pets' soft fur, and comfy pillows can be used for those not yet ready to accept touch.
5. **Sweet soothing sounds and rhythmic movement for all ages.** Being rocked in someone's arms; soft, soothing voice; music; chanting; drumming; rattles and other percussive instruments; hammocks; dancing; swings; rocking chairs help calm the nervous system. The tone, pace, and rhythm of the adult's voice is key. Singing and humming to or with children while moving, rocking, dancing, or resting together can be a mighty healing force that stimulates the ventral vagal complex for resting, digesting, all while experiencing the joy of connection.
6. **Synchronized movement and facial gestures for all ages.** Spontaneous silly games and mirroring activities such as funny expressions or a surprising incident can trigger a synchronization where both participants simultaneously burst out laughing.
7. **Pleasure.** Smiles + Play + Laughter = fun for all ages. Structured or spontaneous as long as they are fun; any variety of active and passive games from patty-cake to puppy piles; silliness for no reason.
8. **Alternating between stimulating and quiet activities.** Depending on the various ages: "itsy bitsy

spider," "ten little piggies go to market," "fox in a box"; chase and hide-and-seek games such as "wolf comes at midnight;" athletics and team sports such as ball play, relay races, rough-and-tumble, jumping jacks or jump rope, juggling sticks, etc. These activities are followed with debriefing by sharing post-activity sensation and emotional changes. These follow up activities can include coloring; story time; reading or being read to; meditation; yoga; listening to calming music or nature sounds; the body map gingerbread person drawing of sensation/emotion; expressive arts; verbally sharing experiences, hopes, dreams, worries, and goals.

Adult facial expression with kind eyes, synchronizing the tonal qualities of the voice, regulated breathing and heart rhythm, along with pacing and playfulness, all co-regulate children and help them feel secure. Adding a sense of humor with zaniness thrown into the mix can make the interaction magical. After play that gets the heart pumping and the muscles engaged through sympathetic activation, rest and debriefing help support parasympathetic de-activation by conditioning the ANS to charge and discharge energy in a healthy flow. All eight elements are important in helping kids separated from family and friends begin to feel secure in new neighborhoods with new families, friends, and classmates. Adults, especially pregnant mothers, need to be supported and their symptoms mitigated, so they can provide this type of healthy co-regulation for their young.

## Internal Support – The Second Pathway to Resilience

### Activities that Build Interoceptive Intelligence (Sensation Awareness) to Reset the Brain-Body Connection

Art, movement, and play that reflect skillfulness in creating nervous system resilience, together with the Eight Essentials, are intended to down-regulate a stressed ANS. In particular, applying the concepts of safety and containment, along with helping children practice interoceptive awareness, can relieve symptoms such as nightmares, anxiety, numbness, and heightened automatic reactions. Through physical games and art, kids can learn to notice their own physiological and sensory-motor changes. As they begin to feel their strengths

and resources, frozen survival responses thaw as healthy self-protective defenses emerge. The beauty of SE is the ease in which it gently guides the nervous system to rebound after a terrifying incident. As the ability to ground, orient to safety, and track sensations from arousal to settling develops, it has proven time and again to be a magnificent antidote, despite the magnitude of the disaster.

We need to help frightened children experience how safety feels. The lower structures of the survival brain are responsible for resetting equilibrium. When our physiology is balanced, rather than stuck in fight/flight hypervigilance, anxiety, and irritability or the freeze shut-down of immobility, numbness, and depression, we feel safe. War may still be raging and families separated, but through grounding, orienting, and discovering sensations using art and games, kids can feel safe in their present place and time.

### **Grounding and Orienting to Present Time and Place**

The only way to heal is to be present in each precious moment through embodiment. When there is trauma and ongoing stress, people of all ages disconnect from their bodies. It's as though they are living in their heads, distracted, and estranged from Mother Earth. Sensing the pull of gravity is a downregulator of toxic stress. The following are quick ways to come back to earth:

- Remove shoes – socks, too, if synthetic.
- Take time to ground by noticing the details of sensations that arise from contact with grass, earth, or floor.
- Look around at the space, and notice something fascinating or calming.
- Feel any stress; feel how it changes while you orient.
- Inhale to a count of 4 or 5, pause, and exhale to a count of 8 or 10.
- If this is too difficult, inhale to a count of 3, and exhale to a count of 6.
- Take 5-10 minutes to observe and sense the breath: the inhale, pause, exhale, and pause. Wait for the breath to come in on its own.
- Have children touch their ribs or, if lying down, place a small flat stone on their diaphragm to sense the air moving in and out of the lower diaphragm and lungs. This one is especially use-

ful if terror is keeping breathing shallow and in the chest. With both shock and deep grief, often the exhale is incomplete. With an insufficient exhale, the threat cycle remains activated. Encouraging long, full exhales as a daily practice while sitting or walking can reduce stress and shift the ANS response.

Taking 5-10 minutes to orient and ground before art activities and physical games will increase their benefit. As children learn to notice and practice observing their changing sensations, moods, and emotions that may have been either intolerable or inaccessible while in shock, they begin to feel states of safety and empowerment.

When children are welcomed into homes, whether familiar or with strangers, they may be in a safe place. But despite the excitement of new toys, pets, and friends, they may not feel safe. Trauma is not over until the threat response cycle is completed, and the ANS settled. It is common for kids to say that “everything’s fine,” but have nightmares, stomachaches, or startle easily. The following exercise can help them embody a sense of safety.

### **Drawing a Safe Place**

To quiet the threat response cycle, children need to perceive a sense of safety in the here and now, even if temporary. The neocortex, or thinking brain, needs feedback from the gut, heart, and lungs to quiet the hypersensitive amygdala.

The sensory-motor act of drawing, together with sensing where in their body children register the feeling(s) of safety, and sharing their discoveries, can bring them into present time and place.

Instructions:

1. Ask child to remember, build, or imagine their special safe place:
  - Describe a favorite safe place from the past.
  - Make forts or tents using boxes, tables, cloths, blankets, pillows.
  - Describe a brand-new safe place.
2. The adult uses a relaxing guided meditation to take the child on a journey to find and imagine their very own fantasy safe place using all their senses.<sup>5</sup>
3. Draw and color their safe place, and who or what is with them. Do they want people, pets, or

to be alone? The drawing is used as a resourcing image in the SE SIBAM model – S = sensations; I = images.

4. Have children notice how they feel when they look at the elements of their drawing that create a sense of calm and allow them to relax.
5. Have them locate where in their body they feel comfort or safety, and name these sensations and emotions as they examine their drawing.
6. Adults or other children can ask: “How do you know that you know you feel safe when you look at your drawing? Where do the sensations and feelings of safety live inside of you?”

*Note:* Very young children can show by pointing to the feeling as the adults help them name them. The adult can model by taking time to sense and share their own image that brings sensations of safety.

Typical responses from children after embodying their safe drawing:

“I feel a little bit of sunshine around my heart.”

“I feel warmth in my chest and the tightness is gone.”

“It’s like there’s an island of safety in my chest.”

“My muscles feel relaxed for the first time.”

“Oh, my goodness, it feels like I just landed back in my body.”

When the threat response cycle does not complete easily, children can be in a hyperaroused “stuck on” state with too much sympathetic activation, or they can be in a hypoaroused “stuck on off” or shut down state:

- For youngsters who are “stuck on,” the symptoms show up as restless leg, irritability, looking for a fight, breaking things, fidgeting, darting eyes, difficulty concentrating, speaking quickly, agitation, screaming or shouting, nervousness, or anxiety.
- For youngsters “stuck on off,” the symptoms show up as a collapsed body, spaciness with vacant eyes, little or no interest in favorite activities or food, easily fatigued, poor sleep, lack of motivation to begin or complete tasks, or self-

harm. They may be suffering the most, but are the least noticed because they tend to withdraw.

Either group may experience nightmares and somatic symptoms. Discovering both comfortable and uncomfortable sensations through art, and sometimes incorporating movement, can resolve symptoms of traumatic stress. These activities are described next.

## The Healing Power of Art with SE Basics and Movement

Helping children discover their underlying physical sensations is important, because their physiology may be either escalating or blunting strong emotions. Drawing is one of the easiest and most fruitful ways to help kids access and express what words cannot. The two most efficient and non-threatening strategies I have found to increase awareness and befriend sensations are *The Gingerbread Person Body Map* and *The Magic of Opposites*.

Due to their effectiveness and universal appeal, I use these to help children uncover and overpower their anxiety, anger, loneliness, sadness, fears, and/or numbness. Sensations are the cornerstone and guidepost for trauma transformation because they originate from the oldest, most primitive brain structures responsible for our equilibrium and survival. When excess survival energy is released and the hippocampus begins to imprint memories of triumph over defeat, healthy heart rate, digestion, respiration, and sleep return.

## The Gingerbread Person Body Map

The materials required are simple: paper and a set of a variety of colored crayons or markers. Drawing a plain outline of a gingerbread person is ideal for having body mass to locate and color the places inside where a variety of sensations and emotions “live,” rather than a typical stick figure. As children color what and where they notice what is happening, they have plenty of internal space. The act of coloring creates immediate contact with internal sensations, bringing conscious awareness of the body as the container for feelings. This gives a quick assessment tool for the depth and location of pain a child is holding. It also opens the door

5. See *Trauma Through a Child’s Eyes*, pp. 395–396, for guided meditative journey details.

for children to use words to tell their story. Those whose drawings show mostly unpleasant feelings can be guided to notice, explore, and discover pleasant or neutral resources.

The gingerbread person involves locating and coloring physical sensations and emotional feelings. When they are labeled and written in a key in the margin, feelings are linked with words, creating a whole-brain experience. When anxious kids have difficulty concentrating or settling down, I invite them to draw their anxiety using colors, size, shapes, or actual sketches. Squiggly lines or tiny butterflies are typical. Since anxiety and panic are physiological, rather than purely psychological, it makes sense that fears can be calmed. Finding and befriending sensations of strength and comfort quell the emotional turmoil.

The kids make their own matching color-coded key in the margin. Be sure to encourage both comfortable and uncomfortable feelings to create balance. If a child indicates only emotions, help them name the underlying sensations. For example, if they feel scared, ask how they know. It might be jitteriness in the stomach, a racing heart, or “like butterflies.” Or, if the fear became a stomachache, it might be “hard like a rock.” Sadness might be described as heaviness, a hurting heart, or a lump in the throat, as in the gingerbread person below:



Other typical color-key examples:

- Purple curvy lines = springy and excited
- Pink polka dots = happy and warm
- Gray = foggy, confused, disconnected
- Yellow = anxious and racing heart
- Brown = tight and scared

Emotions such as held-back anger often show up as tension in the shoulders, arms, and fists for fighting or pushing, or in the legs for kicking. The anger may be unconscious until a minor provocation sets it in motion. By coloring and naming the tightness or hot “fire-breathing dragon” sensations underlying the emotion, the pent-up feelings can begin to dissolve – and so does the trauma, because trauma is held in the organs (ANS) and muscles (sensory-motor system) for fight and flight.

### Variation on the Gingerbread Body Map

A simple version for the very young, shy, or for kids with a handicap is to have them choose two colors: one for comfortable feelings they like, and another for uncomfortable feelings they don't like. The outline of the gingerbread person can be premade. Four- to seven-year-old kids could bake gingerbread cookies, listen to the story, or, as a readiness step, sing the song about the gingerbread man run-

### Gingerbread Person

Red = hot and mad

Orange squiggly lines = nervous and jumpy

Blue = sad and heavy, lump

Black = tight, numb, and tense

Green = calm and strong

***“We can create spaces where kids can feel good about themselves again  
...even when the world around them is not good.”***

ning as fast as he can to escape. Little ones can lie down on butcher paper to have their body traced; while older ones can draw the gingerbread cookie shape on any size paper, as long as the outline provides lots of inner space to color all sensations and emotions.

Educating children that shakiness, trembling, and other nervous sensations are extra energy to move arms and legs quickly to run, hide, and fight helps allay fears. To access the underlying physiology where trauma is held, invite an exploration. Noticing the color, shape, and size of the physical feeling focuses attention long enough to provoke a shift. For example, if the child feels scared, explore the sensations beneath the emotion. It might be trembling, jumpiness, shakiness, or butterflies. Next, have the child befriend those sensations, and with a reassuring voice, explain that the “scary” feelings are the fuel to escape from danger. As they feel their “energy tank” getting ready, ask where the energy wants to go. The ANS is the engine, and the muscles and joints of the limbs provide the defense. Encourage the movement of the energy into the limbs, and watch the fascinating (sometimes mysterious) automatic impulses release into arms for fight, legs for flight or kicking, and/or neck for orientation away from danger or towards safety. The body has a mind of its own!

When the impetus for movement is encouraged and tracked in very slow motion, excess energy from the stress hormones secreted by the adrenal glands is released. Heat, vibrations, and shaking may be felt as time is taken to allow the body to let go. Repeating the movements a few times with a bit of resistance, children sense the strength in their muscles and the power of their heart and breath as their whole body is involved in self-protection.

Often a spontaneous deep breath, yawning, or relaxed posture, accompanied by tears of relief, follow as the ventral branch of the parasympathetic nervous system returns the sympathetic branch to a resting state. As children sense their strength and mobility, they complete past incomplete move-

ments with feelings of triumph, as Sothy did in the earlier example. As the threat response resolves, the body’s physiology is no longer stuck in a vicious, habitual pattern of defense. And, the hippocampus imprints a new and successful survival strategy.

Pendulation is a word coined by Peter Levine, which refers to the organic process of expansion and contraction. If the child shares only stuck feelings of contraction, a pendulation can be provoked toward expansion by helping the child locate resources, such as strong limbs, grounding, and/or places of calm. If they cannot feel anything, or cannot locate places of comfort, strength, or neutrality, introduce a game that activates the heart rate. Movement is medicine – especially when working with shock trauma.

- ***Learning to track and release stuck sensations.*** These SE skills of befriending sensations with long pauses to notice changes frequently lessen distress. If this does not happen, offer support to locate sensations that feel safe, strong, comfortable, warm, open, relaxed, or resourced. The helper will need to assist the child in finding internal or external resources that shift focus to a positive experience. Gently orienting to something fascinating, beautiful, or calming in the environment brings awareness of the present moment in time and place.
- ***Helping to evoke a nervous system shift.*** Plan an active game such as tag, bean bag toss, running in place, a ball game, “the wolf comes at midnight,” juggling sticks, jump rope, or even jumping jacks. Movement activities that get the heart pumping, lungs opening, and blood circulating throughout the body are fun. Because trauma imprints a conditioned stimulus with a predictable quick trigger in the nervous system, as kids become aware of sensations arising from the autonomic and sensory motor systems, they will respond – not react. Comforting feelings of having fun can rewire perceptions of terror when the heart beats fast from faulty implicit

automatic associations with danger. Have kids pause and put their hand on their heart to feel its rapid beat from the sympathetic activation of play. Movement and fun can bring them out of a dorsal vagal state. As they sense and track their heart and breath returning to a resting ventral vagal state, they are receiving direct feedback of the ANS settling down. Remember to incorporate the eight essentials while playing. By smiling, laughing, using soft kind eyes, keeping the child safe, and carefully attuning to the child's rhythms and needs during play, bonds of trust grow. When the children pause in a quiet way to settle down, they will notice a host of new sensations. As they experience comfortable feelings of aliveness, such as tingling energy, warmth around the heart, stamina, strength in the arms, or stability in the legs, you are helping to build a treasure chest of body-based, internal resources to sustain them and to add to their gingerbread person.

## The Magic of Opposites

Making two drawings – one of the traumatic image and the other of its opposite – in combination with movement, is especially useful when working with catastrophes and nightmares. I first combined the principles of SE with “Drawing the Opposite” while volunteering in Thailand after the Southeast Asian Tsunami. Jump was a thirteen-year-old girl who appeared frozen, in shock with vacant eyes, and a collapsed limp body after what she had witnessed during the tsunami. After asking her group to draw anything they wanted, many, including Jump, drew their lifeless fishing village. Her first drawing was devoid of people and homes, showing stumps of dead palm trees and birds scattered in all directions.

Even in a catastrophe where children had witnessed mass fatalities, leaving thousands of homeless and, in many cases, orphaned children, combining the principles of SE with art brought children out of shock.

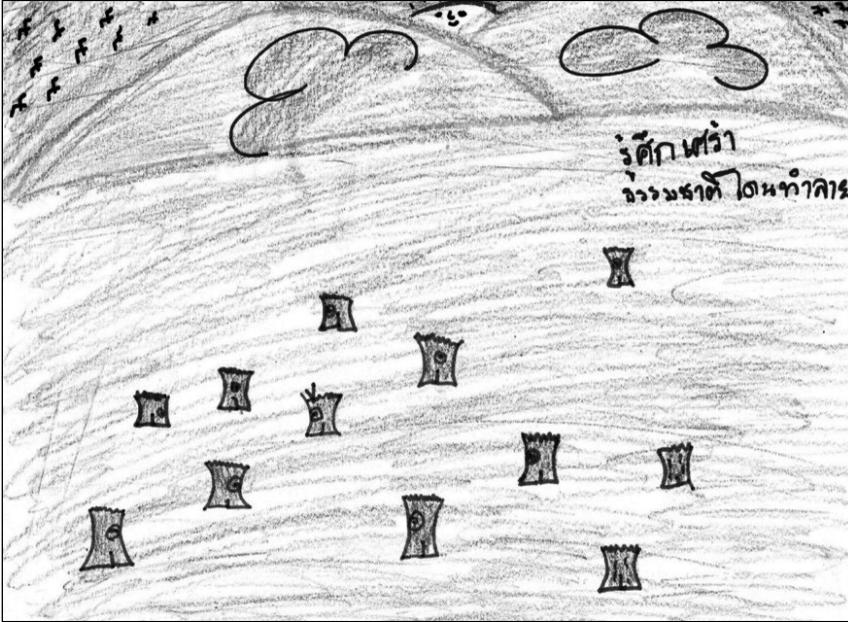
Despite the cloudy skies and the decimated empty landscape in Jump's drawing, the sun peeked out from behind the strong mountain she referred to as “the high ground,” safe from the rushing tsunami waters. It is easy to see what Peter Levine calls the trauma vortex, and also the beginning of its op-

posite, or counter-vortex, in the tiny nascent sun. When an individual is able to sense the opposites internally, the dynamic of both polarities creates the catalyst for transformation. Before having the children describe their first drawing, which, like Jump's picture, showed mostly destruction or the trauma vortex, they were asked to make a second drawing. To stimulate the counter-vortex, the instruction was simply to draw the opposite. For those who have studied SE, the drawings become the I in the SIBAM model which stands for “Image.”

The opposite image brings along with it the internal resources that become the counter-vortex when the other elements of SIBAM are added: S for Sensations, B for Behavior, A for Affect, and M for Meaning. Using both drawings in a brief SE session is a process that can provoke a release of extremely high arousal, which was showing up in Jump's case as overwhelming depression and collapse, alternating with bouts of anxiety.

While looking at her first drawing, Jump described heaviness in her chest. She said, “I feel sad. All nature is being destroyed.” Next, her heart started to pound. She also described shakiness inside her belly. I explained how a fast heartbeat and shaky feelings ignite the fuel inside our bodies to move very quickly when there is danger. Next, I asked her to look at both drawings side-by-side. As we worked together with her two sketches, sensations and movements organically arose. The shaky feelings increased, moving into her legs. I asked her to notice how the shaky energy might help her move. She pointed to the stream flowing from the mountains and said, “I would run to the high ground!” She then began running in place slowly as she imagined moving quickly alongside the stream to the safety of the solid mountains and radiant sun that she had drawn.

Jump ran in place for a few minutes, slowly coming to a stop. She sensed her trembling legs as they gradually became solid and strong, like the mountain. She sat down and examined her second drawing again. Jump described a warm feeling around her heart as she looked at the sun and the coconut palms that had grown back. She smiled and said, “I feel glad in my heart. The natural environment is beautiful.”



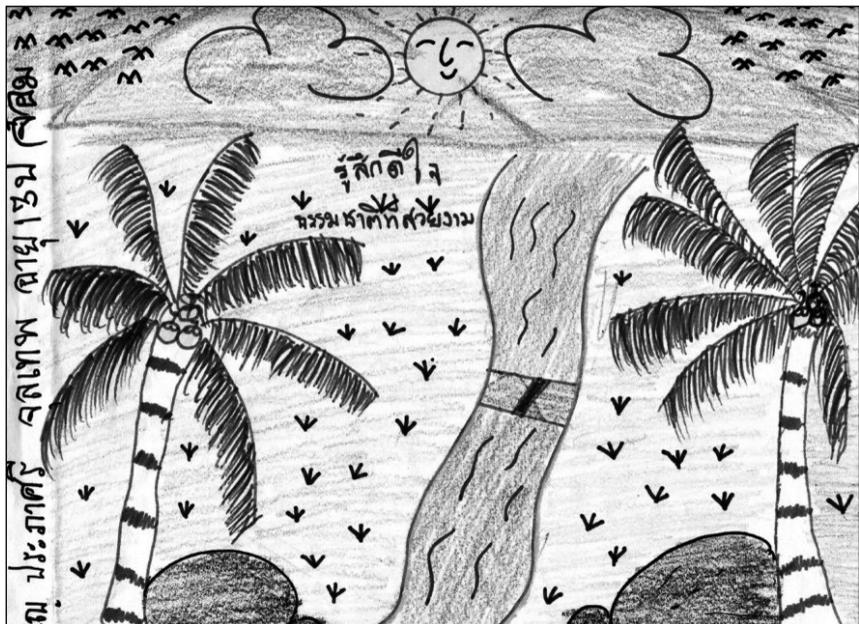
Jump's first drawing after the tsunami

## Nightmares and The Magic of Opposites

Opposite drawings work well with nightmares following attacks, horrific events, and losses. Resolving them can be done by working with the fright-

ening dream fragments from past or present, as depicted in Rainer's computer drawings.

Rainer is an 11-year-old boy who had been experiencing nightmares, with the theme of being left alone and unprotected. Another issue included be-



Jump's second drawing: The Magic of the Opposites

ing attacked by a bully. Below is his iPad drawing of a past nightmare, occurring at about the same time he began having anxiety attacks. Since the age of three, he had been panicking regularly whenever he was alone outdoors – the same year his parents had separated. Now, he feels frightened waiting at the bus stop to go to school.

The recurring nightmare images Rainer drew show his father driving away in his van, “leaving me alone and not noticing me.” Arising solely from implicit memory, Rainer had no recollection of his father leaving, and reported feeling loved by his dad. I asked Rainer to draw an opposite drawing or to draw a different outcome the way he wished his dream had ended. This is what he drew:



*Father drives away not noticing Rainer*



*Father sees son, gets out, and hugs Rainer*

It does not matter that the imagined ending could not possibly happen. Drawing, followed by experiencing the felt-sense of the desired outcome, gives the hippocampus a new survival strategy to store

in procedural memory. Recording the felt-sense of triumph helps relieve the fear of defeat and helplessness. Self-protective strategies that had not yet formed or could not be accessed early in life due to overwhelm are imprinted deep in the psyche.

After looking at the second drawing, I asked Rainer to feel the sensations and emotions of the desired hug. We also worked with a bully nightmare. Instead of a drawing, I had Rainer enact movements of resistance and victory. I contacted Rainer as a one-year follow-up, and to ask permission to use his story and drawings in this article. He reported that his anxiety was under control, and that what he found most useful was to remember what I taught him about his survival energy, and orienting to present time and space. The following is Rainer's quote:

“I would like you to know that very recently I had a kidnapping nightmare, but ever since our sessions my anxiety about that has severely decreased. Thank you for letting me be a part of this great cause (author's note: helping children fleeing from war) and I'm glad I might be able to help.”

## Conclusion

In this 21<sup>st</sup> century, the alarming reality is that 20% of the world's children live in areas of armed conflict, at high risk for a lifetime of post-traumatic stress and mental and physical illness. Studies show PTSD symptoms have been found even in children who are in safe zones away from actual combat. Art and play in group settings such as schools, libraries, and other community facilities have been documented to be effective in helping the children of war-torn countries. With guidance, art and play are easy to use by trained therapists as well as by paraprofessional helpers and volunteers (Baráth, 2003). When meeting together with others who have been exposed to similar atrocities, children, have been observed to be able to release tension, expand their coping resources, and lower their defenses. Integrating somatic interventions with the art and play suggested here can deepen children's healing by resetting the autonomic nervous system to restore resilience. Using the inherent gifts of body wisdom by increasing interoceptive intelligence is a big step beyond simply coping.

***“When we feel responsible, concerned and committed,  
we begin to feel deep emotion and great courage.”***

—The 14<sup>th</sup> Dalai Lama

The World Bank Group and World Health Organization (Mnookin, S., 2019) report that between 2007 and 2013, less than 1% of international health aid went to mental health. Because of this gross underfunding, it is important to know that the Resilience Roadmap Model proposed in this article can be used by teachers, parents, and volunteers. Ideally, they would be under the supervision of a somatic therapist who is trauma-informed. Training in Somatic Experiencing and polyvagal theory, or both, would be helpful, as trauma healing is more efficient through the lens of shifts in the autonomic nervous system and the bodily postures of the sensory-motor system.

In addition to the synergistic integration of art with SE basics, the Eight Essentials of Healthy Attachment were outlined with brief examples for each. The importance of the quality of the relational aspect in supporting a sense of safety and connection cannot be overstated. The examples of activities to implement each of the essentials show how to provide for that security. We know from the writings of the early psychoanalysts Anna Freud and Dorothy Burlingham, who observed the effects of World War II on children in the London war nurseries from 1939 to 1945, that mandated government separation from the mother through evacuations to the country caused more detrimental symptoms than staying in the combat zone, despite air raids, bomb blasts, and witnessing destruction. This was especially true for children five years old and younger. They argued that the war had its worst impact on children when it broke down family life, and uprooted “the first emotional attachments of the child within the family group” (Freud, Burlingham, 1947: 171–73).

Thus, in conclusion, the importance of being mindful of the eight essentials during playtime, learning, and the daily life of children must be

emphasized, especially for children who have been separated from their families. Building secure attachments with new caregivers, or repairing ruptures caused during flight, are critical for building resilience. Healthy brain growth and the protective factor of resilience are both developed over time through quality interactions with caring adults. They do not develop in isolation. Nurturing relationships provide the glue to increase mental health. Classroom teachers can weave the concepts and attitudes embedded within the eight essentials while teaching, whether working with the entire class or helping individual students. The need is urgent for everyone connected with youth to join the movement of wiring well-being.

Incorporating skillfulness in treating traumatic shock, caregivers and healers can interrupt the cycle of violence, addiction, mood disorders, and personalities distorted by terror.

The concepts and activities described in this article are based in my extensive experience in working with traumatized youth, and being trained in SE, attachment, and somatic relationship skills. They are meant to inspire those helping refugee and displaced children and their caregivers. May these tools mitigate suffering through a “prescriptive” resilience roadmap model for nervous system regulation, stress reduction, health, and happiness.

Research is needed to study the effects of using body-based, SE-integrated structured art activities with children living in conflict zones, and those who have fled. May this galvanize volunteer helpers, leaders, and investigators who set up outcome studies. As a body psychotherapy community, together we can make a difference because we know, as Peter Levine teaches and as Bessel van der Kolk shows in his research, the body, truly does, keep the score.





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# Transgenerational Trauma

## *The role of warrior talk*

Sally E. Watson

### ABSTRACT

This article focuses on the relationship between warrior talk and transgenerational trauma. Research findings from an extensive study of warrior talk within a lengthy modern conflict is used to explore the ways in which trauma is transmitted across generations. A trauma-informed approach for understanding transgenerational trauma is outlined, and the case for a somatic focus on trauma healing is introduced.

**Keywords:** transgenerational trauma, Northern Ireland, warrior talk, somatic healing

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The purpose of this article is to examine the relationship between warrior talk and transgenerational trauma while drawing on a case study of a modern extended conflict. The views in this article are supported by research into the use of warrior talk during a lengthy conflict in Northern Ireland (1969-1998), and a subsequent peace process (1998-2022). Evidence for the impact of warrior talk was drawn from republican speeches, press statements, commemorations, interviews, and funerals from 1969-2022. Significantly, in the 1990s, there was an observable shift in republican political discourses, towards the language of peace, forgiveness and transformation. During this period, the republican leadership acknowledged that their goal of Irish unity was better served through political and peaceful means, rather than through ongoing violence.

The political evolution of republicanism in Northern Ireland is well charted, but the continued application of warrior talk is a phenomenon worthy of further examination. Research findings reveal a link between warrior talk and the transmission of trauma across generations of republicans. Paradoxically, warrior talk remained part of republican discourses despite an overt engagement with

*Warrior talk ... sustains a collective belief that one party or position will, over time, dominate the outcome.*

the peace process, and a major transition in mainstream politics. The case study material revealed an ancient code embedded in republican warrior talk, which legitimizes and brings meaning for several generations exposed to conflict, war, and both direct and indirect violence.

## Introduction

Warrior talk has a key role to play in the perpetuation of human conflict. It facilitates the demonization of opposing groups as enemies, and sustains a collective belief that one party or position will, over time, dominate the outcome. Warrior talk exists across a wide spectrum of human interaction from violent conflict on a global/national scale to the sports field, and it is also linked to the vicarious thrill of imaginary heroes in Hollywood films.

Warrior talk emphasizes difference, and plays a role in polarizing a situation and the responses of the participants involved. Warrior talk is deeply embedded in everyday language and interaction, frequently manifesting as aggressive behavior and bullying within organizations. An interesting rationale for aggressive behavior, for example in schools and offices, can be observed in terms such as “harmless fun” and “letting off steam.” From a neuroscience perspective, any form of threat, whether real or perceived, will be experienced somatically as a unique and individual survival response. Where there is a low-level threat encountered by a well-regulated nervous system, activation is likely to return to steady state, and the individual goes about their day. High-threat environmental conditions, such as war, extended conflict, or direct and indirect violence bring active fight or flight responses as the body’s biology moves to protect the individual from threat. If the nervous system perceives a threat to life, it will shut down all but essential functions, and the individual appears to freeze. An efficient system to detect threat is now switched on, and it is likely that a state of apparently permanent response to trauma arises, which is problematic on many levels. In this article, the term warrior talk will be used to understand the sources of the communication of collective trauma experienced by families and communities during the conflict in Northern Ireland.

## A Definition of Warrior Talk

*Language, terms and metaphors associated with war and violence used in political discourses or appropriated into everyday settings to influence people and situations* (Watson, p. 2[1]).

This article focuses specifically on Irish republican warrior talk to give the reader a comprehensive understanding of the term. All parties to war and conflict have their own forms of warrior talk, which impact the trajectory of the conflict and attempts at peace-making. The generic definition above was developed during an extensive study of Irish republican discourses from 1969 to 2022. It was discovered that warrior talk was not just an oral language, but also involved rituals, symbols, and stories, all focused on the political justification for a “noble cause” – Irish unity. Acts of remembrance appeared to act as both sacred rituals and political tools. The scale and proliferation of republican warrior talk represents an excellent case study to explore the far-reaching effects of human conflict and also, specifically, the transmission of transgenerational trauma.

A study of the first generation of young people to grow up in Northern Ireland during the peace process illustrates how slow the progress towards reconciliation can be in reality (McLernon et al., 2004). The focus of the research was on attitudes in order to examine whether there was a change in perception of intergroup forgiveness. A sample of 364 participants aged 25 or younger indicated that 340 participants had been affected by both direct and indirect violence. The research indicated a general reluctance to forgive. Six years after the Good Friday Agreement, it was clear that although rival communities in Northern Ireland had entered a period of peace-building, collective trauma wounds were far from healed. These words from a younger generation of radical republicans are a chilling reminder that despite significant political change, a traumatic legacy remains in Northern Ireland: “You think this is madness? There will be madness as long as there is an armed occupation of Ireland. Go back to what the IRA did in the 1970’s” (Mooney, 2019).

## War and Conflict

In Northern Ireland, the terms war and conflict have been used interchangeably to account for

both sectarian community violence and direct violence against the British state. For republicans, their struggle for freedom, justice, and democracy has been communicated as a noble war, and their warrior talk reflects a traditional republican principle that sanctions physical force as a strategy to unite Ireland. Unionists and groups wishing to remain part of the United Kingdom are more likely to describe sectarian violence as a conflict. Ironically, the term “Troubles” developed as a euphemism for bloody conflict, and uses political rhetoric that avoids ascribing blame to any of the participants (Phoenix, 2019).

A war is generally defined as a state of armed conflict between groups (Galtung, 1996). The term “war” instantly polarizes opponents into good or evil by labeling one party as the other or enemy. In Northern Ireland, the term “war” was frequently used by republicans to justify their armed struggle with the British government. The term “conflict” does not necessarily imply that the situation is physically violent, but the effects of indirect violence, including oppression, dislocation, and injustice can be devastating, with long-term consequences for individuals and communities. Warrior talk appears to encode and normalize violence, contributing further to the transmission of trauma across generations. Below is a sample of political warrior talk from a speech to an annual republican gathering one year after the Good Friday Agreement:

“Fellow republicans, I call upon you to educate our youth and instill a sense of pride and understanding of the sacrifices of countless generations of men and woman in the pursuit of Irish freedom. Memories will come rushing back to you. Of parents and grandparents, childhood friends, comrades in arms, the memories and camaraderie of the internment camps and prisons” (Price, 1999).

## The Origins of Warrior Talk

Two key principles have shaped republican warrior talk: physical force tradition and political abstentionism. The right to use physical force was seen as a legitimate response to injustice. This principle continued to present violence as a moral choice until the 1990s, when the question of decommissioning became a major political issue for all parties engaged in the peace process. The second prin-

ciple of abstentionism was regarded as the “sacred flame” of republicanism, and represented the republican political position that the 1921 partition of Ireland was illegal. Abstentionism positions the British government as the traditional enemy of Irish freedom, and to this day republican elected politicians do not take up their seats in the British parliament in London.

Against a backdrop of core republican principles, several key events have contributed to the development of republican warrior talk and its relationship with collective trauma. In this section, three events will be outlined: the Easter Rising; Bloody Sunday, and hunger strikes.

## The Easter Rising – 1916

*A strange alchemy of Irish politics that transmuted sixteen executed men into martyrs* (Bowyer-Bell, p. 13).

The Easter Rising in Dublin brought physical force republicanism back into Irish politics. The executions resulted in a strong reaction against the British government from nationalist communities who had been working toward a more peaceful constitutional route to Irish freedom. The backlash manifested as a significant rise in political support for an Irish Republic. The chief beneficiary was Sinn Féin, with a decisive general election victory in 1918. In the aftermath of the 1916 Easter Rising, the British government came under international pressure to agree to Home Rule for Ireland, but faced fierce opposition from the Protestant majority in the north of the country. The result was the formal partition of Ireland. The impact of partition was brutal, and ruptured communities as both republicans and unionists found themselves dislocated from their roots and families.

The division of Ireland was deemed to be illegal, and to this day, republicans refer to the south as “the twenty-six counties” and the north as “the six counties.” In 1921, the south gained their independence, and a Republic of Ireland (Éire) was created. Partition resulted in a long history of unionist-led governments in Northern Ireland, but this ended on May 7, 2022, when Sinn Féin became the largest party in the Northern Ireland Assembly. The current Sinn Féin leader, Michelle O’Neill, became the new First Minister of Northern Ireland under the terms of the Good Friday Agreement (1998).

For republicans, the 1916 executions reframed their previous armed insurrection against the British government into a legitimate war for freedom. Over time, the Easter Rising became an important event in the republican calendar, with commemorations across the whole island. The impact of the Easter Rising is reflected in their warrior talk to this day:

“The rebels of 1916 set out to liberate our country from British rule and to shape a nation that would thrive and prosper. Much like the rebels of 1916, our generation too is impatient for change. A new generation is rising up to lay claim to our destiny” (McDonald, pp. 2-3).

### Bloody Sunday – 1972

In August 1969, an explosive combination of civil rights activity, sectarian violence, and overzealous policing by the Royal Ulster Constabulary (RUC) tipped Northern Ireland into a period of time known as the “Troubles.” That same month, British troops were deployed to restore order in a move that galvanized Northern republicans into civil rebellion. In the words of Seán Mac Stiofáin: “A colonial power does not send in its army to hurry social reforms” (FRFI, 2018).

The armed response from the British government provided further justification for northern republicans to engage in a historic battle for Irish unity. In parallel, sectarian violence escalated in the 1970s, and this provided a remit for the Irish Republican Army (IRA) to assume the role of community protectors. Such was the level of threat; republican communities felt they could not trust the RUC to protect them. On January 30, 1972, a civil rights march was met with an armed response from the British military. The death of 13 unarmed civilians became a turning point for republicans, and the IRA’s military organization expanded rapidly in the aftermath of Bloody Sunday. Warrior talk now communicated the notion of a “just war” with the British government. Behind the scenes, republicans prepared for a lengthy battle with the British army. Young people flocked to sign up to become republican soldiers and activists, and all efforts were focused on deposing a unionist-dominated political system controlled from London. A republican “Long War” (O’Brien, O’Brien Press, 1995) continued into the 1980s: “Never to treat with the

enemy, never to surrender to his mercy but to fight to the finish” (An Phoblacht, April 1971, p. 8).

### Hunger Strikes – 1981/82

Another powerful source of republican warrior talk was hunger striking. This was an ancient sacrifice that represented a different form of physical violence, and enshrined an alternative form of martyrdom to dying in battle or being executed by the enemy. The words of Terence MacSwiney, who died during a hunger strike in an English jail in 1920, became another powerful legacy adopted by northern republicans in their warrior talk: “It is not those who inflict the most but those who can suffer the most who will conquer” (MacSwiney, *An Phoblacht*, 1971, p. 1).

The warrior talk from the hunger strikers in the 1980s reveals an alternative war front in the fight against the British government. The election of Bobby Sands as an MP for the Westminster parliament was a major watershed for northern republicans and other nationalist communities in Northern Ireland. The republican principle of abstentionism prevented Sands from taking the seat, but his win galvanized the political development of Sinn Féin, and a realization that Irish unity could be won at the ballot box. Within ten years, Sinn Féin would transform the political agenda for republicans towards electoralism and peace. Warrior talk remained in their political discourses, most noticeably at remembrance events such as Easter Rising and Bloody Sunday commemorations. On these occasions, warrior talk was used to preserve links with the past. From a trauma perspective, the hunger strikers narrative expanded republican warrior talk, and ensured that exposure to republican sacrifice was transmitted to another generation. Loyalty to a noble cause continued to operate as a transgenerational mechanism trapping others in a collective story far removed from the reality of death from starvation.

The death of Bobby Sands and that of nine other young men on hunger strike reinforced the stories of martyrdom already embedded in republican warrior talk. Hunger striking was communicated as an act of dignified rebellion against a persecutor, and another generation of martyrs joined the narrative of a noble cause: “Our comrades have lit with their lives an eternal beacon which will inspire this

nation and people to rise up and crush oppression forces” (An Phoblacht, 10<sup>th</sup> October 1981, p. 13).

## The Good Friday Agreement and Warrior Talk

This treaty represented a major breakthrough in the Northern Ireland peace process because it created the conditions to end violence and build a more equitable and peaceful society in Northern Ireland. The ending of partition, subject to majority consent by the citizens of Northern Ireland, was addressed. The treaty provided for new forms of power sharing and cross border bodies to ensure a more diverse and democratic style of government. The treaty signaled that social and economic priorities in Northern Ireland would be addressed first, and include peace-building across communities. To the dismay of traditional republicans, the precise arrangements for Irish unity were a secondary objective.

The traditional republican principles of physical force and abstention had proved to be a strait jacket for the Sinn Féin leadership, but during the 1990s a majority within the republican movement was persuaded that a more proactive stance towards peace could provide significant political leverage for northern republicans. It was a gamble, because the conditions for peace included military ceasefires and decommissioning of all weapons for both unionists and republicans. This was a deeply disturbing scenario for republican veterans and volunteers serving the IRA. Their identity was transformed as they became redundant as freedom fighters, warriors, and heroes. A collective mythic narrative was at risk. The research findings from both discourses and interviews revealed that this change of identity was brutal for republican prisoners, as their status changed from prisoners of war to that of criminals. For some, the traumatic memories of the 1970s and 1980s are still keenly felt: “As Republicans who refused to wear the badge of criminality we will not forget the crime of forgetting. Always and everywhere, remember the hunger strikers” (McIntyre, 2008, p. 117).

A very interesting evolution of republican warrior talk took place during the 1990s, and reflects the paradox facing Sinn Féin as a growing political force in Northern Ireland. Their traditional use of warrior talk was a potential barrier to their credibility nationally and internationally. Their polit-

ical strategy was to leverage their peace strategy, and show the world the republican commitment to peace in Northern Ireland. However, within the republican movement, it was essential that Sinn Féin continue to use traditional warrior talk at annual conferences and internal events in order to reassure supporters that the main goal of a united Ireland was still a priority: “We will never allow the thirst for freedom to be quenched” (Adams, May 1998, p. 1).

In the years since the Good Friday Agreement, Sinn Féin has continued to use forms of warrior talk to promote a peace agenda. There are many examples of contradictory messages, such as fighting peacefully, securing a bridgehead for peace, or peace under siege. It could be argued that their continued use of warrior talk facilitated change within republicanism, and prevented serious splits internally. From a trauma perspective, warrior talk continued to trap republicans in a narrative about a military past despite the overtures of peace.

In 2002 a *Tírghrá*<sup>1</sup> was held in Dublin bringing together republicans from the north and south to pay tribute to fallen volunteers of the IRA, republican activists, and their families. On the surface, the use of warrior talk in the context of the Good Friday Agreement may appear incongruous to outsiders, but below is a clear example of warrior talk used to sustain the coherence of the republican message:

“Republican and nationalists hold the families of our republican dead in great esteem. It is because we are in your debt, 11 days from now, 86 years ago; The Irish Republic was proclaimed at the Easter Proclamation of 1916 and asserted in arms by republican men and women of that time. The IRA is not merely an army of soldiers; it is an army of political activists. It takes bravery to wage war but it takes special courage to sue for peace. The reality is that there would be no peace if it were not for the IRA” (Adams, *An Phoblacht*, April 11, 2002, p. 1).

## Sustainable Peace and Transgenerational Trauma

The Good Friday Agreement did not resolve all the issues, because the reality for communities in Northern Ireland was more complex. Initially, an end to violence was established through ceasefires and decommissioning, with which both republicans and unionists complied. The agreement

created conditions for positive peace, which were witnessed by significant improvements in social, economic, and political equity in Northern Ireland. However, deeply polarized positions remain between republicans and unionists on the continuing partition of Ireland, and this continues to shape attitudes across communities and generations.

The Good Friday Agreement had a number of unintended consequences. As republicans developed into mainstream politicians and won elections, their capability and credibility to participate in the government of Northern Ireland grew. Within the republican movement, several republican groups, both political and military, emerged to take up the traditional call for the re-unification of Ireland (for example, Real IRA (1997); New IRA (2016)). In unionist communities, groups loyal to the British crown have reappeared and become more active in the persecution of nationalist and republican communities. Old enemy lines have since emerged, and can be observed through an increase in direct and indirect violence. To this day, violence continues between unionists and republicans, including a full spectrum of criminal activity, punishment beatings, kneecapping, and intimidation. Young people are frequently caught up in acts of violence or bear witness to the impact of violence on their friends and families: “I am having to answer questions from my children, who came across the image on social media, why their Daddy is on a bonfire to be burnt” (Gary McCleave in Leebody, 2022).

## Transgenerational Trauma: A Summary

It is clear that historical conditions for republican collective trauma are many and varied. It is interesting that the heroic narrative from 1916 remains a rallying call for present-day republicans, and a justification for the tradition of citizen warriors. The traumatic consequences of normalizing physical violence are very difficult to escape, and over time create a coercive group culture: “In its more extreme form it was thought not only right to die, but also to kill for that version of Ireland” (Hume, 1983, as cited in Dover, 1995).

With the partition of Ireland, the creation of Northern Ireland, and the subsequent creation of a free Irish republic, the conditions for war and conflict were in place for the next century. Republican warrior talk is a good example of a “living link” back to an ancient political ideology that continues to provide consistency and continuity for republicans both north and south of the border. It also seeks to bind people to a single, polarized narrative and implicit cultural agreement, or “trauma loyalty” (Hübl & Ayrirt, 2019, p. 99).

As the scale of violence grew in Northern Ireland in the 1970s, warrior talk provided a clear identity and purpose at a time when republicans came under serious physical attacks. An earlier warrior talk from 1916 provided an initial collective coherence for communities under threat with an increasingly fragile sense of safety. Faced with the presence of British soldiers and sectarian violence, republican communities were effectively under siege. A new generation of republicans took up arms to defend their communities, and the scene was set for further transgenerational trauma. Within a few years, sectarian violence had settled into cycles of planned attacks and retaliation between communities.

By the 1980s, warrior talk contributed to a collective denial about the activities of the IRA, and provided political justification for retaliatory violence, mainland UK bombings, and planned murders. Warrior talk has operated as a “shadow” language (Hübl & Ayrirt, 2019, p. 99), and has been instrumental in reinforcing fear, anxiety, and hypervigilance across generations. There is a stark contrast between narrative memories generated by warrior talk and the traumatic memories of republican veterans active in the 1970s and 1980s:

“The IRA was a manifestation of insurrectional energy within the nationalist community at that time, a reaction to how the British behaved there. The difference between what was on offer in 1974 and what was accepted in 1998 did not justify the loss of one single life” (McIntyre, *Belfast Telegraph*, 2019).

Warrior talk is found in the political discourse of both republicans and unionists. Noble causes re-

1. A Tírghrá is a national tribute going back to 1916. 2,000 people attended representing 450 republican families.

main alive, conflict endures, and new generations join established collective trauma systems. Despite the peace process, many families and communities in Northern Ireland have rarely felt safe since 1969, and even to the present day.

## Warrior Talk Research Findings

An analysis of the research findings produced three major themes to explain the role of warrior talk: polarization, sacred cause, and identity politics:

- **Warrior talk and polarization.** The language of war instantly polarizes a complex political scenario or social setting into opposing positions, and attracts the labels of “right” and “wrong.” Terms such as “enemy” and “battle” heighten emotional reactions irrespective of the form of the conflict. A competitive game may appear benign, but the polarizing process that encourages participants to take sides can become a tipping point for violence, both direct and indirect. During a competition, both players and spectators display human fight/flight behaviors, and the outcomes can be exhilarating and entertaining. When the term “enemy” is used in a nonviolent context, the language can evoke an image of threat and introduce the possibility of violence.

The threat of violence impacts the ways in which people respond to the situation, and is a factor in whether the situation becomes violent. It is clear that the polarizing effect of warrior talk language masks the complexity of the political issues, as well as the sensory reality of individuals and communities living with threat.

- **Warrior talk and sacred values.** The findings illustrate the power of warrior talk as a transmitter of collective sacred values, and explain how group identity and traditions transcend short-term self-interest. Warrior talk mobilizes people to follow a specific cause and justify their collective rights to protect their values, whether they are orientated toward religion, family, community, or nation. The existence of a noble cause inspires people to act now for the greater good of a distant future, and this is a powerful platform for radical action and political violence.

The combination of warrior talk and a sacred cause is a combustible mixture, and manifests in both peaceful protests and violent demon-

strations. The tipping point into violence during a protest march for human rights or environmental issues can be observed in elements such as the chants, slogans, and combative messages between protesters and their opponents. The image portrayed in the media is one of an army advancing on the enemy’s castle, whereas the experience for the marchers is frequently one of solidarity, comradeship, and identity with a cause.

- **Warrior talk and identity politics.** The rise of identity politics is a modern social phenomenon fueled through new usages of language and the impact of social media. Group identity is used as a primary driver to address inequality and reconfigure the power relations between different identities. Social media enables the rapid transmission of views and information, and this clearly accelerates the creation and maintenance of identities.

Social and political identities separate groups into “us” and “them,” and although this may be a valid political expression of discontent, the warrior language of protest can deteriorate rapidly into the language of threat and violence. It is important to recognize that memories of past grievances, abuses, and atrocities become sacred causes for other generations to follow. This brings a complex dynamic between remembrance as a gesture of respect and as a collection of memories that trap people in destructive cycles.

## The Unspeakable Truth

The findings from the case study illustrate a relationship between warrior talk and the transmission of transgenerational trauma. With the benefit of research into neuroscience and the work of trauma therapists and healers, an in-depth and somatic explanation of trauma is now more possible than it might have been during the 1970s and 1980s in Northern Ireland. After the Good Friday Agreement (1998), initiatives in peace-building and community engagement were grounded in the post-apartheid South African model of truth and reconciliation. This model requires interviews and prolonged discussion, which run the risk of further traumatization for the participating individuals and communities.

The knowledge that a traumatic event is experienced through the body means that sensations felt in the present can provide information for healing, which is more effective than individuals repeating stories about their past. Trauma healing and recovery is therefore possible without exposing the individual to a recurring story or flashbacks. The contrast between the narrative story of the traumatic experience and the sensory memories stored in the body is key to a somatic approach to trauma healing (Levine, 2010), which connects the individual to the past from a resourced place, and avoids re-traumatization. Peter Levine's approach puts the trauma story secondary to the work of locating the imprints of past trauma on the individual's nervous system. Full exploration of the original trauma is attempted once the person has built up the internal resources that make them feel safe.

The Northern Ireland case study demonstrates how reliance on language has significant limitations in trauma healing, and may even be a source of further traumatization. The evidence from republican discourses indicates that warrior talk has acted as a replay button continuously stimulating trauma stories. From a trauma healing perspective, a sole focus on talking therapies may further embed a narrative memory, and override the body's visceral responses.

Finally, in terms of polyvagal brain circuitry (Porges, 2017), a traumatized person's secondary defense system will have rapidly responded to preserve life until the threat has passed. This somatic impact will remain in the body unless the defensive activation is completed, and trauma memories and fragments heal. The implications of this are profound for Northern Ireland. It is highly likely that ancestral trauma from 1916 continues to exist for republicans. Its collective impact can be found in the abundance of warrior talk from that era. The prolonged exposure to violence for individuals and communities in Northern Ireland since 1969 is a practical example of transgenerational trauma. It is clear that warrior talk has been instrumental in the transmission of both individual and collective trauma.

In the final section, the learning from the case study will be summarized into two key practical insights for healing transgenerational trauma. This will not be focused on current trauma healing approaches in Northern Ireland, which include a range of talk

therapies plus body/mind approaches, PTSD counseling, EMDR, and emotional tapping. Rather, the following summary will comment from a strategic view on the future priorities for transgenerational trauma healing in general. Each priority is supported by a number of practical suggestions for the future.

## Priority One

### *Understanding the transmission of trauma across generations*

- Greater emphasis on bringing a trauma-informed approach to peace-building, and to the political institutions and key stakeholders engaged in conflict resolution.
- Greater understanding that each new generation inherits some collective trauma, which, if left unresolved, continues to re-traumatize people and solidify ancient conflicts.
- Greater awareness of language and its role in the polarization of communities and societies. Closer examination of warrior talk as a curator of rage, and its impact on traumatized communities.
- Greater knowledge of the interrelationship between somatic, emotional, and thinking expressions of trauma, and how this impacts the healing process

## Priority Two

### *Weakening the links in the chain of transgenerational trauma*

- Develop systems of remembering that honor ancestors and their sacrifices, but reduce the risk of trauma transmission to younger generations and the re-traumatization of individuals and their communities.
- Take a strategic approach to communicating the impact of collective trauma on health and well-being, and engage with key societal stakeholders including schools, higher education, social services, police, and the custodial system.
- Build confidence in somatic approaches to trauma healing as a form of empowerment for each generation impacted by war, conflict, or a legacy of direct or indirect violence.
- Develop capacity and capability to deliver somatic trauma healing with young people,

groups, and families. This would require a collaborative, partnership approach across dif-

ferent providers, and support through political sponsorship and funding.



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# Organizing a Rapid Response to War Trauma

*Lessons from the Somatic Experiencing Ukraine Task Force*

**Melissa Sinclair**

## ABSTRACT

In February 2022, the Somatic Experiencing Ukraine Task Force (SEUTF) was established to respond to the crisis in Europe caused by the escalation of the Russo-Ukrainian War. A cooperative effort of hundreds of volunteers from 37 countries on four continents, this rapid mobilization and the resources it has garnered to address war trauma represents a historic first for the global SE® community. This article documents the processes and outcomes of the SEUTF in order to inform best practices for other body psychotherapy practitioners who may want to organize and sustain effective cooperative responses to the trauma caused by war and other collective crisis moments in real-time, as situations are unfolding.

**Keywords:** war trauma, trauma interruption, Somatic Experiencing International, SEI, SEUTF, EASE, rapid response, lessons learned, Ukraine

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**O**n February 24, 2022, Russian forces initiated a full-scale invasion of Ukraine. Within 24 hours, senior representatives of the European Association for Somatic Experiencing (EASE) and Somatic Experiencing International (SEI) convened to assess the situation and begin planning a response. The result was the Somatic Experiencing Ukraine Task Force (SEUTF), a humanitarian cooperation that provides an umbrella for hundreds of volunteers from 37 countries on four continents, under which members of the global Somatic Experiencing (SE) community can apply SE knowledge and skills in a coordinated fashion. The following is an account of this experience.

## Background

### Somatic Experiencing

Somatic Experiencing (SE) is a body-oriented therapeutic model developed by Dr. Peter A. Levine to heal trauma and other stress disorders. For more

*“This historic collaboration presents a model for ongoing humanitarian work that can support resolving trauma wherever it arises.”*

than 40 years, the SE modality has been used to resolve the symptoms of stress, shock, and trauma that can result from a variety of stressful and traumatic situations, including natural and manmade disasters. SE has been demonstrated to be effective in addressing symptoms of PTSD commonly associated with war and forced migration (Kuhfuß et al., 2021; Neslihan, 2021; Brom et al., 2017). While often applied in traditional clinical treatment settings, evidence also suggests SE is an effective modality for shock release in the immediate aftermath of a disaster, as demonstrated after the 2004 tsunami in Thailand, with 40–60 minute treatments with survivors (Leitch, 2007), and Indonesia, with 75-minute treatments with survivors (Parker et al., 2008). More than 120,000 professionals in 40 countries on six continents have been trained in SE, and at present there are SE students in 74 countries, including Ukraine (Somatic Experiencing International, 2022).

### Somatic Experiencing International

Somatic Experiencing International (SEI) is the educational and humanitarian home for the SE modality. The organization is headquartered in Boulder, Colorado, in the United States, and has 36 employees. The extended support network for SEI's education, training, and outreach mission includes more than 1,400 active staff, faculty, coordinators, and training assistants. In this paper, the term "global SE community" refers to the combination of this support network, the 120,000 Somatic Experiencing Practitioners (SEPs) around the world, and the people whose lives have been positively impacted by SE who retain a connection to the organization.

### The European Association for Somatic Experiencing

The European Association for Somatic Experiencing (EASE) was established in February 2011 as a focal point for the Somatic Experiencing community in Europe. Its 40 members are comprised of Faculty (called Trainers in Europe), the Organ-

izers of SE trainings<sup>1</sup> throughout the continent, and National SE Associations, which are unique to Europe (European Association for Somatic Experiencing, 2022). The fourteen National Associations<sup>2</sup> are membership organizations for SEPs in each country. They play a vital role in facilitating communication both laterally within each country, and centrally, to Trainers, Organizers, and to the EASE Board. EASE is a volunteer organization with one part-time staff member. Periodic committee meetings and the annual general assembly are funded by sliding scale fees from the Trainer, Association, and Organizer membership groups.

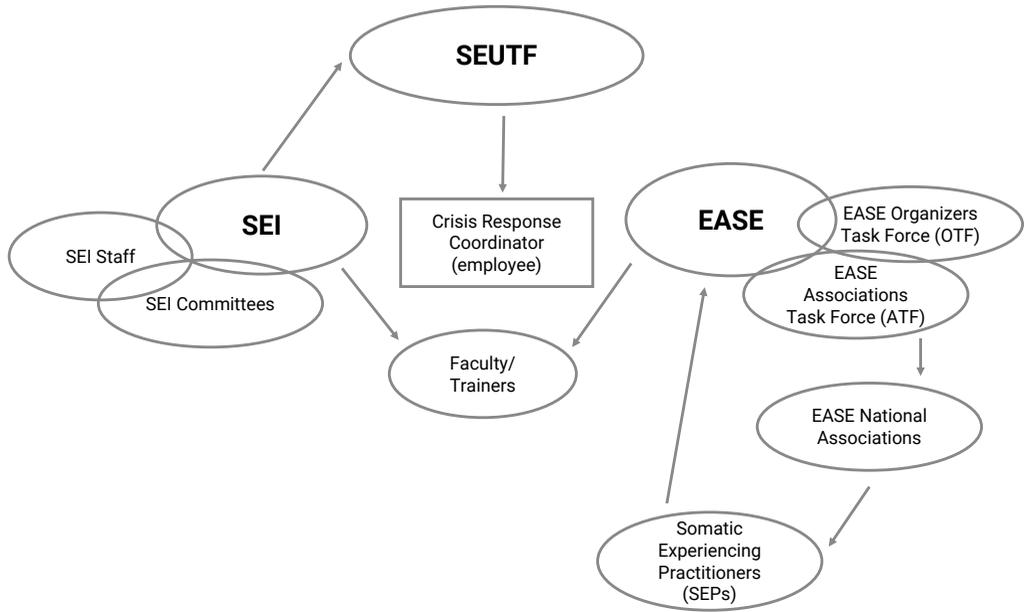
### The Initial Response

Within 24 hours of the full-scale invasion of Ukraine, at the urgent request of the SE Organizer in Poland and a senior faculty member who had been conducting training in Poland, a meeting was convened with senior representatives from EASE and SEI to assess the situation. Decisions were made in that first meeting that continue to influence the work to this day:

- It was decided to issue a "call for volunteers" – to which more than 400 SEP and SE students responded, forming the basis of the support that endures to this day.
- It was decided to form a Task Force to move the work forward with representatives from EASE and SEI.
- Several SE-based crisis intervention models were identified, and it was decided that the group would not choose one model, but rather "many people could be training on many models," and the Task Force would establish a "hub" where all the information would be made accessible. These models include, but are not limited to: SEI's Crisis Stabilization and Safety program, Emotion Aid from the SE community in Israel, the Resilience Training program by Elsbeth Horbaty, and the Community Resilience Model of the Trauma Resource Institute.

1. Organizers are private business individuals who set up SE trainings in their respective countries. They are often the first to bring SE to a new region or country.

2. The fourteen National Associations are: Austria, Czech Republic, Denmark, France, Finland, Germany, Ireland, Norway, Poland, Romania, Spain, Sweden, Switzerland, and the United Kingdom. The Netherlands has an SEP Alumni Circle that is under the umbrella of the Organizer.



**Figure 1:** SEUTF Organizational Structure, March 2022

- It was decided to raise money to support SEPs doing crisis work in Ukraine and Poland, and to do so through a broad crisis response fund that would enable SE/SEI to respond to a variety of situations such as shootings, fires, and war.<sup>3</sup>

Nine months later, as this article is being drafted, the work continues to be fueled by an enthusiastic core of volunteers for whom the Task Force serves as an umbrella organization to connect people and resources. The vision for the work of SEUTF and the structure in which it takes place emerged within the first week, drawing upon the pre-existing network of relationships within the SE™ Community.

### SEUTF Structure

The SEUTF Core Team is co-chaired by a representative from the EASE Board and a representative from the SEI Board, and has one paid part-time coordinator with humanitarian crisis experience, as illustrated in the Organizational Chart (Figure 1). EASE and SEI each contribute a unique set

of strengths and capabilities, without which the Task Force would likely be unable to function. For EASE’s part, the National Association structure has been invaluable for disseminating information, often in preferred local languages, and making connections with potential volunteers. EASE has also provided strategic guidance and moral support as its members best understand the needs and capabilities on the ground. For SEI’s part, the technical skills of staff in the areas of communications and fundraising enabled clear and engaging messaging to be created around the Task Force from the first week of operations through the creation of a Task Force logo, templates for social media posts, letterhead, a slide show, and fundraising activities to commence immediately. The cooperative spirit of senior staff of SEI and members of the SEI and EASE Boards dedicated countless hours to brainstorming and decision-making, which contributed greatly to the formation of this historic strategic partnership.

3. Internal SEI email on February 25, 2022, with subject “Action Items from Ukraine/Poland meeting today.”

The pre-existing SEUTF structure within Europe has been equally important for successful operations. The Association Task Force (ATF) of EASE, comprised of representatives from the National Associations, provides a vital bidirectional connection to individual SEPs in each country. With English as the *lingua franca* of EASE, SEUTF is able to communicate with EASE and ATF representatives, who then communicate with individual SEPs through the National Associations in their local languages. The ATF is also able to serve as a “filter” device, enabling ATF Representatives to choose which opportunities they will amplify to their constituent audiences. Likewise, ATF Representatives are able to use the monthly ATF meeting as a forum to raise questions, concerns, and opportunities related to the work of SEUTF. While it is important to note that the ATF is primarily concerned with issues outside the immediate focus of the Ukraine response, the relationships that exist because of ATF connections have provided a reliable network for communication and mobilization, particularly in multiple languages that core members of the SEUTF may not speak.

Another important structural support to SEUTF work has been the SE Faculty, called Trainers, in Europe. From the first moments of the escalation of the war, senior faculty members were involved in mobilizing a response. Trainers are intimately connected to the countries in which they teach through a web of relationships that extend through Organizers to individual SE students and SEPs. They also maintain direct connections to senior leadership at EASE and SEI, creating an organic sense of connectedness and potential network for communicating needs and opportunities. Thus, it is not surprising that the first meeting was held at the joint urging of an Organizer on the frontlines and the senior Trainer who had been offering SE training in her country. Additionally, Trainers are universally respected as sources of wisdom and guidance within the community. This senior group of mentors has been generous in offering free trainings and supervision, and they have demonstrated a tremendous openness to collaboration both with the Task Force and with individual SEPs in affected communities.

Finally, the entire structure is intended to support SEPs and others who are on the frontlines providing direct services both to Ukrainians and to the communities throughout Europe who are impact-

ed by the situation. These SEPs come from a variety of professional backgrounds, such as mental health, medicine, bodyworkers, first responders, educators, mediators, coaches, and clergy. All have completed the three-year SE training process to become practitioners, or are students within the training cycle. The bulk of volunteer hours that sustain SEUTF efforts comes from this incredible cadre of humanitarians. Collectively, they have dedicated thousands of hours to translating SE-based materials, assisting at training events, providing one-to-one SE sessions, and offering general support to those who are responding to this crisis, as described in the next section. In general, SEUTF has put its efforts toward “helping the helpers” – that is, supporting those on the front lines through providing resources and opportunities for community building, rather than coordinating direct service provision.

## SEUTF Operations

Two main efforts have developed over the last nine months: *Resourcing* through psycho-education, and *Community Building* through executing collaborative projects and creating online spaces for connecting.

### Resourcing

During the last nine months, SEUTF has built a Resource Hub to share the SE-based print and video material that the community has been creating and adapting to respond to the needs of the current crisis: <https://somatic-experiencing-europe.org/se-ukraine-task-force/>. The collection includes resources for children and families, communities, individuals, and NGOs in the form of trainings with subject matter experts, programs to reduce stress, trauma-informed exercises, and a variety of print materials. All resources are free and available to the public.

The Resource Hub began as a way to store and share the information that was being generated by the SE community in response to the needs and opportunities arising in the field. Reflecting the strength of the aforementioned network, it is noteworthy that some of the first webinars to emerge were created jointly by SEPs in Hungary, Poland, and the Czech Republic who had reached out to senior faculty and experts from the SE community, seeking advice about particular challenges faced in their coun-

Date	Speaker(s)	Topic	Regis- trants	Partici- pants	Online Views
March	Ariel Giarretto with Elsbeth Horbaty	Help for the Helpers	890	300	545
March	Stephen Porges with Sonia Gomes	Trauma Informed Crisis Response	n/a	unknown	1,717
March	Abi Blakeslee	Crisis First Aid	260	195	1,387
March	Elsbeth Horbaty	Activating Resources	n/a	25	769
April	Peter Levine with Abi Blakeslee	Dealing with the Threat of War and Armed Conflict	414	154	934
April	Dr. Gisela Perren-Klingler	From Therapy to Prevention	n/a	47	379
May	Maggie Kline	Tutorial for Using the Trauma Picture Book	n/a	88	819
May	Imke Hansen	Working with Ukrainian Clients	n/a	77	525
July	Ana do Valle	Healing with Fairytale	265	87	347
September	Ariel Giarretto and Lucia Roncalli	Conflict Related Sexual Violence	520	172	n/a
October	Alé Duarte	Schools in Tune	774	307	672
December	Liane Pinto	Caring for Myself and Others in Times of Extended Crisis	110 so far...	—	—

**Figure 2:** Sample of Webinars March - December 2022

tries. These webinars grew into a monthly series that is now hosted by SEUTF, and are an important component of social connection, as described in the next section. They have provided a platform for psychoeducation for SEPs and others who are responding to the crisis. Figure 2 provides a sample of the webinars and levels of interest.

Since July 2022, SEUTF has been consistently providing live interpretation for webinars, starting initially with consecutive interpretation into Ukrainian for *Healing with Fairytale*. In September 2022, an evaluation of participant data inspired the idea to provide interpretation into Ukrainian, Russian, and Polish. More than one-third of registrants and participants were based in Poland, suggesting that the SE community in Poland was particularly interested in these resources, and that more people might be reached if we moved beyond the English-speaking community there. Spanish was also added in September, based on requests from SEUTF's weekly Resilience Connection meetings, which draws interest from around the world (as explained in the next section). SEUTF thus offered the September webinar in five languages (English, Ukrainian, Russian, Polish, and Spanish). Based on

requests from 25 or more registrants for each new language, the October webinar added Czech/Slovak, German, Hungarian, and Italian to the list, for a total of nine languages. The December 2022 webinar is planned to offer live simultaneous interpretation from English into ten languages: Czech/Slovak, German, Hungarian, Italian, Polish, Portuguese, Romanian, Russian, Spanish, and Ukrainian.

A skilled corps of interpreters provides this service, often drawn from the pool of interpreters that assist with SE trainings. Most are familiar with SE concepts, and most earn their living through interpretation. Thus, SEUTF decided to use the donations that have been raised for operations (\$9,012 as of December 2022) primarily to reimburse interpreters for their services. Given the frequency of SEUTF events, the niche skills of these SE-informed linguists, and the demand on their schedules as the war is continuing much longer than originally anticipated, it seemed this would be a wise investment of funds that have been donated to support SEUTF's work. As of December 2022, SEUTF has spent \$3,122 on interpretation services, and is actively fundraising to be able to continue to support inclusion in this manner for the diverse

## SEUTF Translation Project Status

as of November 15, 2022

- **SCOPE flyer:** 28 translations published on <https://traumahealing.org/scope/> (Belarusian, Bulgarian, Chinese (simplified), Chinese (traditional), Croatian, Czech, Danish, Dutch, Finnish, French, Georgian, German, Greek, Hungarian, Italian, Norwegian, Polish, Portuguese-BR, Portuguese-PT, Romanian, Russian, Serbian, Slovak, Slovenian, Spanish-Argentina, Spanish-Spain, Swedish, Turkish, Ukrainian), 3 ongoing (Bahasa Indonesia, Bahasa Malayu, Bosnian).
- **Maggie Kline’s Trauma in Children Picture Book:** 9 translations finalized (Belarusian, Bulgarian, Chinese (simplified), Chinese (traditional), Czech, Finnish, Greek, Hungarian, Spanish), 6 ongoing (French, Georgian, Norwegian, Romanian, Russian).
- **Maggie Kline’s Trauma in Children Handbook:** 1 translation published on <https://cesiproxyrii.org/publications/> (Italian), 9 ongoing (Bulgarian, Chinese (simplified), Chinese (traditional), French, Georgian, Greek, Hungarian, Norwegian, Romanian).
- **Ana do Valle’s fairy tale *Dancing with Dragons*:** 3 translations completed (Chinese, Russian, Ukrainian), 2 ongoing (German, Spanish-America), 2 more requested (Polish, Spanish-Spain).
- **Ariel Giarretto’s presentation *Help for the Helpers, based on the experience of women under fire in Central America and prepared by Elsbeth Horbaty*:** 3 translations finalized (Italian, Polish, Slovak), 4 ongoing (Croatian, Dutch, Slovenian, Turkish).
- **Sonia Gomes’ video *Restoring Feelings of Safety and Stability*:** 2 subtitles (Spanish-Argentina, Spanish-Spain), 2 video voice-overs (German + Russian).
- **SE training assistance:** 2 SEPs from SEUTF joined the SE Beginner II module on November 15-21 for Ukrainian and Belarusian therapists.

Figure 3: SEUTF Translation Projects

community that these webinars serve. Working alongside these interpreters are volunteers who record each language channel; additional volunteers then edit the videos for uploading to SEUTF’s YouTube channel.

While the video and print resources that the community is producing are important, the process that SEUTF contributors engage in to produce them is also a resource in itself. For example, the SEUTF Linguistic Affairs Coordinator has been coordinating more than 100 volunteers who, to date, have produced or are actively working on 72 resources in dozens of languages, as listed in Figure 3. The mobilization of this volunteer pool has produced material that far exceeds the capacity of what SEUTF

would have been able to procure through the open market, given its limited operating budget. These projects have also served as a platform for connection, and a sense of meaningful service within the community and from the SE community to those in need. This is demonstrated in a recent interview by the SEI fundraising team with SEUTF’s Linguistic Affairs Coordinator, in which she explained that “her experience as a volunteer helped her discover the power of connection: especially in the wake of widespread lockdown across Europe in response to the COVID-19 pandemic, she says that volunteering helped her feel like part of the world again.” A recent email from a teacher of 6- to 9-year olds in Germany included a photo of five SCOPE flyers hanging on the wall in her classroom – one

for each of the “heart languages” spoken in the homes of her diverse group of students. She wrote on behalf of students whose families are originally from Pakistan and Jordan, who wanted to know if the flyers will be available in Urdu and Arabic soon because they really enjoy the exercises, but would like to have the flyers in the languages their families speak at home too. The motto of the SEUTF Linguistic Affairs team is “Word by word, we make this world a safer and more regulated place.” Anecdotal, it seems that the use of these resources, and the process for creating them, are helping to achieve this objective.

### Community Building

In a letter to the global SE community on March 7, 2022, the SEI Board Chair cast a vision that “... in times of crisis in one part of the world, folks in other parts of the world can help to hold the community together, much like a Hoberman sphere expands to give more space for activation” (Stahl, 2022). As the letter indicates, this is the first time that SEI and EASE have cooperated in such a manner, and it’s telling that the initiative grew not from a top-down strategic design, but rather in a bottom-up manner, initiated by “a few emails and WhatsApp messages” between people who had been working hard over the previous four years to

build trust across international borders. The vision of the Hoberman sphere expansion has permeated the SEUTF response, as the initiative brought together people from 37 countries across four continents (Figure 4). An example from Hungary in the first week of the full-scale invasion is illustrative.

Just before the escalation of the war, the SE community in Hungary had completed a round of SE training. The Organizer was in touch with trainees, who were now working as therapists, and sensed that even just a few days into the crisis, they and other responders were starting to experience overwhelm. Like so many people, the Organizer had been wondering how she could offer support to the situation and then “It clicked! We have smart people who are trained to do this type of work – I can ask them to support us!”

The Organizer worked with a senior Trainer and two SEPs seasoned in crisis response to organize a training entitled “Help for the Helpers: Using somatic skills for building stability and resilience in crisis situations.” This 90-minute presentation provided basic information about physiological reactions to stress and fear, walked participants through exercises to help create a greater sense of relative safety, and offered resource suggestions for further training.



Figure 4: SEUTF Volunteers

The Organizer announced the webinar on the Hungarian SE page and her personal Facebook page. Within 24 hours, she was surprised to see that 290 people had registered. Then, registrations jumped to 700 as word spread. By the time the training started a few days later, there were 890 registrants and 58 SEPs from around the world who had volunteered to assist with breakout rooms.

The outpouring signaled two things. First, notable interest on the ground by “helpers” who were seeking resources and a sense of connection. Second, Hungary was not alone. Emails like “I’m an SEP in Brazil. What do you need? How can I help?” were common. The Organizer shared that “This experience for Hungary and the four neighboring countries of ‘The world is there. We are there. We are not alone. It was powerful.’” Especially in the early days when there was so much overwhelm and uncertainty, this type of connection proved vital to the ongoing effort.

For SEUTF, this early experience was instructive. First, being together matters. It’s a resource in itself. And second, the knowledge within the SE community is valuable for crisis moments like this. A slew of additional trainings followed, and grew into the aforementioned monthly webinar series.

Based on this principle, a new initiative has been launched called *Community of Practice*, in which webinar participants are invited to return a month later for an interactive discussion of their experiences implementing the concepts introduced in the webinars. These sessions combine breakout rooms, which provide peer-to-peer discussion, with plenary sessions guided by an expert from the community. In the future, SEUTF plans to offer language-specific breakout rooms so that peers can work together in the language most comfortable for them. This effort is still in its early stages, so a formal evaluation protocol to collect outcome and impact data is still being processed. But initial feedback indicates that 50 percent of attendees are SEPs or SE students, and 50 percent have not been in SE training, that concepts related to understanding self-regulation and the emotional state of others is particularly useful, and that 100 percent of respondents said the session was “extremely” or “very” useful in helping them to feel “connected and resourced.” Resources relate to a specific skillset, such as working with survivors of Conflict-Related Sexual Violence and working with

refugee children, that can supplement general SE training seem to be of particular interest.

Another important initiative is a weekly gathering called *Resilience Connection*. Also known as a “global SEP happy hour”, this 90-minute Zoom meeting starts with a 10-minute grounding exercise, and then moves into a time of semi-structured discussion. Participants are typically SEPs or SE students who are working with refugees or are interested in doing so. Each session is unique, as it follows the flow of the needs and interests of those who arrive. In general, an experienced SEP supports participants’ connection and regulation by using SE techniques to check in with sensations, images, behaviors, affect, and any meaning that is coming up for the participants. When done in a co-regulating space, this way of connecting helps everyone’s nervous systems gain support, therefore increasing their own resilience and regulation. The importance of social engagement is a key factor in SE and in regulating nervous systems (Porges, 2011, 2021).

While fostering a sense of connectedness *within* the SE community is important, building connections with like-minded external organizations has also been important to avoid duplicating efforts, and to extend the reach of SEPs and SE students. For example, SEUTF has an official partnership with Telehelp Ukraine, an NGO founded by Stanford University students in February 2022 to provide free quality medical and mental health support to Ukrainians affected by the war through telemedicine services from a global network of clinicians, interpreters, and volunteers. SEUTF has been recruiting SEPs who are licensed as psychologists, psychiatrists, and social workers to volunteer with this project. This is a win-win initiative, as it provides the SE community an opportunity to volunteer in direct service provision while it helps TeleHelp Ukraine close the gap in its current deficit of providers. Given the complexity of providing therapeutic services across international boundaries in remote settings with language barriers, SEUTF has decided for now to direct SEPs who seek opportunities to provide therapy sessions toward organizations like TeleHelp Ukraine, rather than embarking on a project to establish and manage direct service provisions as an organization. SEUTF remains committed to the mission of helping the helpers to stay well-regulated and well-resourced, with the hopes that this will help reduce the burn-

out rates that are prevalent in such crisis response situations.

## Conclusion

Evolving from a flurry of emails and WhatsApp messages on February 24<sup>th</sup>, 2022 to a cohesive team that is shepherding volunteer hours toward consistently producing resources and opportunities for community building in response to the War in Ukraine and subsequent crisis in Europe, much has been accomplished and learned over the past nine months.

On the positive side, SEUTF followed best practices in crisis response by building on the strengths of its founding community. These included, but are not limited to:

- A network of pre-existing relationships and governance structures within the SE community in Europe.
- A cadre of well-respected Trainers and other senior SEPs with experience in crisis response.
- An enthusiastic corp of SEPs and SE student volunteers.
- Networks within the local communities of SEPs.
- Embracing the linguistic and cultural diversity posed within this international context.

On the learning curve, SEUTF is still grappling with the implications of questions that arise, particularly as they relate to the degree to which this current effort might inform future humanitarian operations for the SE community. These include, but are not limited to:

- Should we identify a senior cadre of mentors who can shepherd SEPs and SE students at the

local level through developing crisis response programs?

- How can we more effectively serve the needs of people in active war zones?
- Should we target fundraising to specific projects, rather than a generic operational budget in the immediate aftermath of a crisis? If so, what are the decision criteria for these projects?
- Should we pursue standing partnerships with like-minded NGOs now, so that we'll be well-positioned to extend the humanitarian reach of the SE community in the future?
- How can we effectively handle international collaboration in environments where English is not the *lingua franca*?
- Should we use the lessons learned from this experience to build a standing capacity for international response within the global SE community? If so, where will funds be sourced to support such an initiative?

While SEUTF is still developing a more formal evaluation process, anecdotal feedback suggests that therapists and other frontline workers have been able to better understand and more effectively respond to the specific manifestations of trauma that war and forced migration can produce, and that practitioners are more resourced in themselves, because of the community engagement and products that the SEUTF has provided. This historic collaboration between EASE and SEI presents a model for ongoing humanitarian work and other projects that can support resolving trauma wherever it arises. The SEUTF is grateful to all the volunteers for their contributions, and for the learning we have had over the past nine months. Most importantly, we are grateful for the connections because it is in community that we heal.



## Acknowledgement

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# Exploring the Connections Between the Microbiome and the Brain

*A conversation with Ioannis Gampierakis*

## Antigone Oreopoulou & Aline LaPierre

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*Inflammation is the body's ancestral response to threat, its first line of defense against injury and foreign pathogens. But as modern threats evolve, science is discovering how inflammation simmers under the surface, not only in leading killers such as heart disease and cancer, but also in psychological symptoms like depression and anxiety.*

*In this conversation, Harvard neurobiologist Ioannis Gampierakis discusses his research on the impact of inflammatory stress on depression and anxiety – a paradigm-shift understanding of the role of the gut, the microbiome, systemic inflammation, the immune system, and adult neurogenesis, and how they all contribute to brain function.*

**Keywords:** inflammation, neurogenesis, gut-brain axis, microbiome, HPA axis, oxytocin endorphins

— **Antigone:** *Can you tell us about your scientific background?*

**Ioannis:** I'm a neurobiologist. I studied systems biology and neuroscience. I am currently a post-doctoral fellow at Harvard University in the Department of Stem Cell and Regenerative Biology. I completed my master's in molecular neuroscience at the University of Athens, Department of Medicine, and my Ph.D. at the University of Crete in Greece.

My Ph.D. project focused on inflammatory stress and adult neurogenesis. I investigated the effects of intestinal inflammation on adult neurogenesis and innate immune response in the brain. Adult neurogenesis is a process where new neurons are born in specific areas in the adult brain, and I focused my research on how systemic factors regulate neurogenesis.

Adult hippocampal neurogenesis is a novel field in neuroscience that focuses on the region of the hippocampus, which is implicated in learning and memory. I was interested in how systemic factors in the blood regulate adult hippocampal neurogenesis, and how this affects behavior. During my Ph.D. studies, I formulated the idea that systemic peripheral inflammation somehow affects adult hippocampal neurogenesis, and therefore brain cognition and behavior.

It is well known from the literature that inflammatory disease, autoimmune disease, and diseases of the gut, such as Crohn's disease and ulcerative colitis, exert a negative impact on brain function. Interestingly, many clinical studies have shown that patients with irritable bowel syndrome (IBS), Crohn's disease, and ulcerative colitis also develop psychiatric disorders. It seems that gut inflamma-

***“Some interesting clinical studies – and there are only a few because this field is largely unexplored – show that when patients with major depression are supplemented with probiotics, they experience improvement in depressive symptomatology after four weeks.”***

tion has debilitating effects on brain function. This field is vastly unexplored, and our goal is to study the cellular and molecular mechanisms implicated in this process.

I have been particularly interested in the gut-brain axis, a bidirectional communication network where the brain and gut communicate through three main pathways.

— **Antigone:** *In our field, we are not well versed in this subject, so I have some basic questions to ask you before we move forward.*

**Aline:** *We are still struggling to bring the field of psychology out of the dichotomy of having spilt off the mind from the body.*

**Antigone:** *Body psychotherapy and somatic psychology are the only psychological approaches that understand that the connection between the body’s systems and organs are responsible for our well-being on all levels. The gut is an organ that is not well understood. So, before we go on, it’s important to understand what the gut does, and how it affects the brain.*

We should mention that the gut is innervated by its own enteric nervous system, and also by extrinsic neurons that originate in the spinal cord and brainstem. From within the gut, the nervous system plays a significant role, not only for gut function in general, but also for integrating signals between the periphery, the gut, and the brain. There is bidirectional communication between them.

For neuroscientists who study the gut, this system includes one more variable: the microbiome, which is why we also refer to it as gut-brain-microbiota axis. The microbiome plays a significant role in communication between the gut and the brain. We found that the microbiome – and this is interesting for the behavior of the human brain – secretes many factors, including serotonin and GABA, and several other neurotransmitters that affect the gut’s nervous system as well as the brain’s. The various factors secreted by these microbes af-

fect the gut’s nervous system, and then, through the vagus nerve and circulation, these factors can reach the brain and affect its function.

Some interesting clinical studies – and there are only a few because this field is largely unexplored – show that when patients with major depression are supplemented with probiotics, they experience improvement in depressive symptomatology after four weeks. These studies suggest that the microbiome and the levels of various microbes could affect behavior. We don’t know exactly how this happens on a cellular and molecular level, but we are actively trying to find the mechanisms by which manipulating the intestinal microbiome could affect the nervous system – not only in the gut, but also in the brain.

— **Antigone:** *Before I interrupted you, you were talking about three levels of communication between the gut and the brain.*

There are three main pathways of communication. The first one is called systemic or humoral, and functions through the secreted factors (e.g. neurotransmitters) produced by the microbiome in the gut. The second is the immune pathway. There are studies showing that immune cells from the gut can translocate to the brain. The majority of the body’s immune system is located in the gut, and the immune system is somehow trained by the microbiome and the gut nervous system. The third communication pathway is the neuronal pathway, through the vagus nerve.

— **Antigone:** *I’m impressed by the fact that the immune system begins in our gut.*

**Aline:** *The connection between the immune system, gut, and brain seems so important.*

It is. The immune cells express receptors for neurotransmitters; immune cells communicate with neurons. There is an intense neuroimmune interaction. For example, immune cells can “read” the levels of dopamine and serotonin secreted by neurons. Neurons and immune cells communicate not

only in the gut, but also in the brain. Immune cells can affect neuronal function through secreted factors that can be “sensed” by both populations. That is really interesting, because it has been shown that in depression, for example, there is increased peripheral inflammation, and an increased percentage of immune cells are present in the brain. So, there are interactions of the adaptive and innate immune systems with the neuronal system.

— **Antigone:** *I did not think there was such a strong connection between the immune and nervous systems.*

In the central nervous system, there are innate immune cells inside the brain, which are called microglia. There are also other glia populations called astrocytes. All these cells communicate with neurons, so there is constant communication between immune and neural cells. We discovered this about 10 to 20 years ago. Now, with genetic and transcriptomic studies, we know that immune cells not only function as protectors against pathogens, viruses, etc., but also play an elegant role in how immune cells communicate with the nervous system.

— **Aline:** *I’ve always thought that the body is intelligent. I don’t know if intelligence is the right word, but the sophistication of internal communication is astonishing. As you talk, I see that the collaborative community that is our body is awesome.*

That’s true. It is amazing, but unfortunately we don’t know much about it! We have to study, for example, how the immune system communicates with neurons, with microbes, and so much more. So yes, it’s really fascinating!

— **Aline:** *You are describing such an intimate internal connection! The fact that the psychological field has split the psychological and biological – the cognitive and the body – is absurd. There can be no separation, yet we have gone through decades of theorizing as if there were no psychological/biological connection.*

There is a connection. If your immune system, your gut microbiome, works in balance and is functional, then it affects your behavior: it affects your mind, it affects how you think, it affects your psychology. Experimentally and clinically speaking, it is true – all the systems are interconnected, and should function properly.

— **Antigone:** *Okay, we have inflammatory stress. Can this inflammatory stress begin psychologically? So far, we have talked about how the gut affects the brain. But if, psychologically speaking, we have a stressful situation, how does this affect the gut?*

This is a really interesting question. Stress can activate a sequence of events in the brain. I don’t know if you are familiar with the HPA axis (hypothalamic-pituitary-adrenal axis) – the stress axis response. When psychological or other stressors activate the HPA axis, the adrenals produce cortisol. Cortisol affects how immune cells operate and function. Subsequently, cortisol reaches the brain through the circulation, and affects neuronal function. We know that this stress system also affects the levels of neurotransmitters, including serotonin and dopamine. It decreases the levels of serotonin, and affects the microbiome in our gut.

Studies show that patients with anxiety disorder, depression, and PTSD have altered microbiomes. For example, the population of “good” bacteria is decreased, while the population of “bad” bacteria, such as *Escherichia coli* and *Protobacteria*, is increased. So, stress itself affects not only the levels of gut bacteria, but also the function of the immune system. They are all interconnected. Inflammation in the periphery can affect brain function, but daily stress can also affect how the body functions, as well as the levels of cortisol and neurotransmitters.

— **Antigone:** *Are there any studies about oxytocin endorphins?*

That’s also interesting! The gut microbiome affects the levels of oxytocin and endorphins in the brain.

***“Studies show that patients with anxiety disorder, depression, and PTSD have altered microbiomes. For example, the population of “good” bacteria is decreased, while the population of “bad” bacteria, such as Escherichia coli and Protobacteria, is increased.”***

In patients with anxiety, oxytocin and endorphin levels are decreased, which could affect the microbiome and the population of several species of microbes. We don't know the mechanism, but we know that the levels of various neuropeptides are decreased. When patients with anxiety disorder are supplemented with probiotics, it appears to ameliorate their anxiety symptoms. Moreover, probiotic supplementation seems to increase oxytocin levels in mice. Overall, if you intervene in the gut microbiome, you can possibly affect the production of oxytocin, serotonin, dopamine, and other neurotransmitters.

■ **Antigone:** *You are saying that there is a second level of control that is not in our brain, but in our gut. We say, "a gut feeling." In Greek, we have this expression, "I swallowed my feelings." It's interesting that an intervention that goes to the gut changes our entire mood, emotion, and cognition.*

**Aline:** *I'm thinking of patients who have a kind of intractable anxiety, who are on antidepressants and a cocktail of medications that have no effect on their level of anxiety. You are opening a new approach to treatment that could be much more successful.*

Yes, that's true. And there are other interesting data regarding how the gut affects the subconscious mind. For example, we know that when certain cells in the gut sense sugar, they send a signal to the brainstem. These brain regions are implicated in "subconscious" thinking, and they affect behavior on a subconscious level. So, the gut plays a significant role in sensing signals from the surrounding environment, and then signaling back to brain regions such as the amygdala and the brainstem, which are implicated in the regulation of fear and emotions. It seems that this aspect of gut function is not "connected" with the conscious parts of the brain, such as the prefrontal cortex. Therefore, the gut might play a significant role in regulating

the "subconscious" mind and thinking, which is really interesting.

■ **Antigone:** *I would like to ask about aging. Is there a cutoff point when the effects of stress are not reversible? How can we help the gut in order to help our brain? Because I suppose that your work extends to degenerative disease as well.*

The question is how exactly to help the gut, how to make the gut healthy. There are many interventions, but they are still experimental. This field is in its infancy. We know that prebiotics, probiotics, and exercise play a significant role in maintaining a healthy gut. Exercise plays a significant role in communication between the gut and brain because it increases the level of a well-known trophic factor called brain-derived neurotrophic factor (BDNF), which affects the function of neurons, increases neurogenesis, and positively affects learning, memory, and cognition. Interventions like prebiotics, probiotics, and exercise can play a significant role. Antidepressants and other mood regulators also have a significant impact; however, they are not as effective. It seems that if you combine probiotics, prebiotics, antidepressants, and exercise, you can reach maximum regulation of not only the microbiome, but also of the levels of several neurotransmitters, such as serotonin, that play a significant role in depressive and anxiety disorders.

It is an interesting question, but this field is vastly unexplored. We are trying to explore it at a cellular and molecular level. We now have the technology to study these questions in mice, and given that there are developments and advances in the field of brain imaging, in the next few years we will be able to have some answers.

■ **Antigone:** *Do the microbiome and all these connections affect aging?*

In my lab at the Department of Stem Cell and Regenerative Biology at Harvard University, we try to find ways to rejuvenate the aging brain. There are a few studies on how aging affects the gut-brain

***"It seems that this aspect of gut function is not "connected" with the conscious parts of the brain, such as the prefrontal cortex. Therefore, the gut might play a significant role in regulating the "subconscious" mind and thinking..."***

***“In my lab at the Department of Stem Cell and Regenerative Biology at Harvard University, we try to find ways to rejuvenate the aging brain... With aging, we see a deterioration in immune system function. There is a term in the field of aging for this process: it is called inflammaging.”***

axis. With aging, we see a deterioration in immune system function. There is a term in the field of aging for this process: it is called *inflammaging*. As we age, inflammation increases, and increased inflammation affects behavior. It can accelerate neurodegeneration, like Alzheimer’s or Parkinson’s disease. Some neurodegenerative diseases seem to begin in the gut. For example, studies show that proteins that accumulate in the brain and cause Parkinson’s start in the gut, and propagate through the vagus nerve into the brainstem. From there, they spread through the brain, causing toxic effects on neurons.

In older human populations, the microbiome is tremendously affected. Why? One possible reason is that the Western world overuses antibiotics, which could alter the gut microbiome and subsequently affect the aging process by depleting populations of useful gut bacteria. For example, mice that lack a microbiome (germ-free mice) seem to age faster. The lack of microbiome affects their immune system, adult neurogenesis, and neuronal function.

What can we do to reverse the negative effects of aging? We can take care of our diet and exercise. We know that exercise plays a significant role in reducing the probability of developing Alzheimer’s and Parkinson’s disease. We were really surprised when we found that the best “medicine” for the degenerative brain is exercise. As I mentioned, exercise induces the secretion of a significant neurotrophic factor that can regulate the gut microbiome. I strongly believe that in the next few years, studies will show that specific treatment with prebiotics, probiotics in combination with exercise, and other drugs could prevent the development and progression of neurodegeneration in humans.

■ **Antigone:** *Well Ioannis, I am speechless!*

**Aline:** *It is sinking in that we have given the brain in our heads so much power. You are telling us*

*that the enteric nervous system, or the brain in the gut, is just as powerful. It regulates our body functions, how our consciousness develops, and how we respond to problems, challenges, and anxieties. This is all regulated from the gut, and not from the brain in our heads.*

**Antigone:** *In Greece, we have an expression: νοῦς ὑγιής ἐν σώματι ὑγιεῖ (a healthy mind in a healthy body); this means that the brain is healthy when the body is healthy. So, what the ancient Greeks believed is true!*

**Aline:** *I have a question about neurogenesis. In my readings, I’ve come across texts that say we don’t produce new neurons, but rather we develop better connectivity between neurons. But I hear you talking about neurogenesis.*

This has been my field of research for eight years. Adult neurogenesis is the process of the production of functional newborn neurons in the adult brain. And it’s true; they do exist, but in specific niches in the brain.

There are two niches. The first is in the region of the hippocampus. The second is in the subventricular zone of the lateral ventricles. Adult hippocampal neurogenesis is an evolutionarily conserved mechanism in which new neurons are produced, migrate, and functionally integrate in the region of the hippocampus. These newborn neurons play a significant role in learning and memory, and, more specifically, in functions such as pattern separation and cognitive flexibility. Cognitive flexibility is implicated in reverse learning, and pattern separation is how you distinguish, for example, your car in a parking lot. These are cognitive functions that play a significant role in learning and memory. If learning is affected, then it seems that memory and memory storage are also affected. If memory storage is affected, this might play a role in the development of anxiety disorders, PTSD, and other related mood disorders.

So, yes, there is adult neurogenesis, and it is part of the process called neuroplasticity, which has to do with connectivity among mature neurons. The adult neurogenesis process in humans and rodents was discovered in 2000. There are several discrepancies among research groups about the existence of neurogenesis in the adult human brain. However, seminal studies have shown the presence of neural stem cells in the human brain.

When you manipulate adult neurogenesis, either physically or pharmacologically, the mice develop learning and cognitive deficits. For example, antidepressants and exercise are known to increase adult neurogenesis and improve cognitive function. In contrast, stress decreases neurogenesis. In mice, treatment with antidepressants and probiotics, as well as exercise on a running wheel, increases adult neurogenesis and improves memory and learning.

When you increase neurogenesis, you can affect the brain's ability to learn. You somehow rewire the brain, its connectivity, and the secretion of neurotrophic factors. Exercise has unbelievable effects on brain function. It increases the secretion of neurotrophic factors and the production of newborn neurons. I believe exercise has such tremendous effects on the brain because humans evolved to walk long distances.

— **Aline:** *Essentially, our work as therapists is to help people transition out of rigid patterns into new adaptive learning so that they can grow.*

**Antigone:** *We are now talking about networks of neurons. When we have information, or memory, we have a network, not just a focal point. What you are saying is very important: when we try to change our learning patterns, you are telling us that we create new neuronal networks.*

It is a dynamic process. Neurons somehow like to create networks, have “mates,” and connect together. The axons and dendrites of neurons dynamically change when they are exposed to new queues, new environments, and new learning pro-

cesses. There is constant dynamic change between our neural networks. It is a complicated process, but well-described in neuroscience textbooks. The gut microbiome, systemic inflammation, and the immune system could also contribute to these dynamic network processes.

In the next few years, I believe that the field of systems biology will play a key role in finding answers to questions about how the human body operates. This is why I am interested in these network connections among different parts of our body – the immune system, gut nervous system, microbiome, and brain.

— **Aline:** *What occurs to me now is that as body-centered psychologists, we need to be in close communication with your field so that we can develop treatments that use the developments in neurobiology, and build on what you are discovering. There is an important association needed between our two fields.*

I agree with you that psychologists, neuroscientists, and biologists should collaborate to find effective treatments, because our fields are not separate from one another. Biology utilizes scientific knowledge from various scientific fields, such as physics, chemistry, and bioengineering, to better understand the complicated human body. We cannot separate its parts. The body is not a car! The human body is conscious, and that is why I believe there should be active collaboration among scientific fields.

— **Antigone:** *Ioannis, thank you so much for being with us.*

We had a great discussion. I can provide scientific literature that may be helpful. There are interesting reviews of clinical studies that discuss the effects of probiotic and prebiotic treatments in patients with depression and anxiety.

— **Antigone:** *Again, we appreciate your time. I'm sure our readers will have a host of questions about this information.*



### Medical Advice Disclaimer

This interview does not provide medical advice. The information included in the above interview is for informational purposes only. No material in this interview is intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified healthcare providers with any questions you may have regarding a medical condition or treatment before undertaking a new health regimen, and never disregard professional medical advice or delay in seeking it because of something you have read in this interview.



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# Case Study Research

Courtenay Young

## ABSTRACT

This brief article reviews three books about case studies and announces a project to develop a second book about body psychotherapy case studies.

**Keywords:** case studies, body psychotherapy

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There has been a recent surge of interest in case study research. In this article, I want to draw your attention to three books on this topic, and see where we, as body psychotherapists, can make use of this new interest to further our goals of establishing a scientific basis for body psychotherapy and somatic psychology without compromising our integrity as caring clinical practitioners.

First, there are three basic types of research design: qualitative, quantitative, and mixed methods research. No one is better than the other: they have different philosophical assumptions and differing key elements of research process. They are based on different usage of theory in research application, differing ethical considerations, and are written up very differently. They are also not mutually exclusive, though “qualitative” tends to use words, and “quantitative” tends to use numbers – or “better yet, using closed-ended questions and responses (quantitative hypotheses) or open-ended questions and responses (qualitative interview questions)” (Creswell & Creswell, 2018).

## Qualitative Research

Qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The focus of research includes emerging questions and procedures, data typically collected in the participant’s setting, data analysis that inductively builds from the particulars toward general themes, and

*I hope and pray to see a project  
like this at least start before I die.  
Maybe... sweet dreams are made of this.*

the researcher's interpretation of the data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honors an inductive style, a focus on individual meaning, and the importance of reporting the complexity of a situation.

When the case study is designed and eventually written, these points should be followed to give it depth and viability. All too often (hopefully in the past), the case study has had a certain quirky interest, but may have also been used for self-promotion as well as scientific demonstration.

*... in planning a study, researchers need to think through the philosophical worldview assumptions that they bring to the study, the research design that is related to this worldview, and the specific methods or procedures of research that translate the approach into practice. (Ibid., 4-5)*

Creswell and Creswell then outline the importance of considering four different worldviews that lie behind any choice of research design: postpositivism, constructivism, pragmatism, and transformative.

## Grounded Theory

Before we focus more precisely on case studies, I would like to mention another form of qualitative research – grounded theory. Grounded theory is a qualitative research method concerned with the generation of theory. It is:

- Grounded in data that has been systematically collected and analyzed
- Used to uncover such things as social relationships and group behaviors, known as *social processes*. It enables the discovery of new theories based on the collection and analysis of real-world data. This generation of new theories from carefully observed data is radically different than the usual research concept of discovering data that then validates a theory. It is iterative and evolving, rather than defining, and can thus be of great use – particularly in social studies. This may be of interest to some body psychotherapy researchers.

The defining characteristics of grounded theory include:

- Simultaneous involvement in data collection and analysis

- Construction of analytic codes and categories from data, not from preconceived logical hypotheses
- Use of the constant comparative method/analysis, which involves making comparisons during all steps of the analysis
- Developing theory during each step of data collection and analysis
- Memo-writing to elaborate categories
- Theoretical sampling aiming toward theory construction (not representativeness)
- Conducting a literature review after performing the analysis and developing theory

When developing a theory, identification of a core category is central for the integration of other categories into a conceptual framework or theory grounded in the data. Most grounded theories are substantive theories because they address delimited problems within specific substantive areas (Bertero, 2012). Three relatively recently published or reissued books can help us do precisely this:

- *The Art of Case Study Research* by Robert E. Stake
- *Applications of Case Study Research* by Robert K. Yin
- *Case Study Research in Practice* by Helen Simons

## The Art of Case Study Research

Robert Stake's *The Art of Case Study Research*, albeit somewhat dated, presents a disciplined, qualitative exploration of case study methods by drawing from naturalistic, holistic, ethnographic, phenomenological, and biographic research methods. He uses and annotates an actual case study to answer such questions as: "How is the case selected?", "How do you select the case which will maximize what can be learned?" "How can what is learned from one case be applied to another?", and "How can what is learned from a case be interpreted?". In addition, the book covers the differences between quantitative and qualitative approaches, data-gathering including document review, coding, sorting and pattern analysis, the roles of the researcher, triangulation, and reporting, etc.

## Applications of Case Study Research

Robert Yin's *Applications of Case Study Research* is designed to help both graduate students and start-up researchers with their own case study research.

This book presents 21 individual applications of the case study method, together with cross-referenced discussions of key methodological issues. Many of the applications – including a wide array of single-case studies useful as examples for solo researchers – have been shortened or rewritten expressly for this book. It brings the theory of case study research to life by presenting real-life illustrations of research techniques in practice.

Theory is helpful not only in designing a case study, but can also become the vehicle for generalizing a case study's results. This critical role of theory has been integral to the development of sound case studies, whether consisting of a single case study or multiple cases. Chapter Three has five applications showing how to integrate theoretical concerns in five different situations. If you derive no other benefit from this book, an understanding of the use of theory, and an appreciation of the five applications in Chapter Three can go a long way in helping you design implementable, useful, and generalizable case studies. (p. xxii)

The point that Yin makes about generalizability is hugely significant. Ideally, the case study – albeit an individual example – can be used to generalize an approach, or method, or give insights for similar cases. The five applications mentioned are 1) exploratory case studies and the need to create a framework; 2) criteria and procedures for case selection and screening; 3) descriptive case studies, including multiple-case design, the research issue, selection of cases, development of descriptive scenarios, results, and key lessons; 4) explanatory case studies: factor theories; and 5) how and why theories, with reference to the research issue, and how and why research findings get into practical use.

## Case Study Research in Practice

Helen Simon's *Case Study Research in Practice* provides a comprehensive and practical account of how to design, conduct, and communicate case study research. It addresses often-raised questions and common misconceptions about case research. In four sections, the book covers: 1) rationale, con-

cept, and design of case study research; 2) methods, ethics, and reflexivity in case study; 3) interpreting, analyzing, and reporting the case; and 4) generalizing and theorizing in case study research. Rich with tales from the field and summary memos as an aide-mémoire to future action, the book has a very readable style, and provides fresh insights and challenges for researchers to guide their practice of case study research. This is an ideal text for those studying and conducting case study research in education, health and social care, and related social science disciplines – including psychotherapy, of course.

Should readers think that I am involved in promoting SAGE's publications, my motives are quite different. For the last couple of years, Christina Bader Johansson and I have been working on a training module for EABP FORUM Body Psychotherapy Training Schools on science and research. We will soon be writing up this module for publication. This article can add to that project.

As a member of EABP's Science & Research Committee, I have, for a long time, wanted more body psychotherapists to become involved in doing research. There are three basic ways ordinary clinical practitioners of body psychotherapy might become involved:

- Writing body psychotherapy case studies ... in ways that can be really useful
- Joining a practitioner research network (PRN), which I will describe in another article
- Joining in outcome research, which could be organized by EABP and USABP to demonstrate the efficacy and effectiveness of body psychotherapy and somatic psychology

Hopefully, this brief article will stimulate interest among body psychotherapists to become involved in research, and particularly in case study research. If you are not aware of the first volume mentioned above (*Body Psychotherapy Case Studies*), I have included it in the references.

I hope and pray to see a project like this at least start before I die. Maybe... *sweet dreams are made of this*.



*Call for Submissions*  
*from Herbert Grassmann and Courtenay Young*

**Body Psychotherapy Case Studies**  
**Volume II**

Case studies are a legitimate and most interesting form of qualitative or descriptive research, especially in the field of psychotherapy. Even the best theories are only tools if they are not refined through case study observation.

**A Call for Case Studies**

Having successfully published the first volume of *Body Psychotherapy Case Studies* in 2018, the EABP Science & Research Committee invites body psychotherapists to contribute to the second volume, to be published within the next year or two. We invite you – everyday, ordinary body psychotherapists and somatic psychologists – members of EABP, USABP, and all other body psychotherapy associations, to write up one or more of your everyday cases – your clients' stories and how you worked with them.

There are different types of case studies, therefore, we ask that you read through the *EABP Guidelines for Writing a Body Psychotherapy Case Study* (see <https://eabp.org/eabp-guidelines-for-writing-a-body-psychotherapy-case-study/>) before you begin writing so that there is a fairly consistent structure and format to the submitted cases.

**Please consult:**

- Stoecker, R. (1991). Evaluating and Rethinking the Case Study. *The Sociological Review*, Vol. 39, No. 1, 88-112. doi.org/10.1111/j.1467-954X.1991.tb02970.x
- Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The Case Study Approach. *BMC Med Res Methodol.* 27; 11:100. doi: 10.1186/1471-2288-11-100

**To indicate your interest please contact:**

Herbert Grassmann, SRC Chair, or Courtenay Young, *editor of the first volume* (see [courtenay@courtenay-young.com](mailto:courtenay@courtenay-young.com)).



**Courtenay Young, B.Sc., Dip.Psych.**, is a well-known UK Body Psychotherapist, author and editor. He originally trained with Gerda Boyesen and David Boadella in London (1979-1983), and has worked clinically throughout the last 40 years. He currently works in the NHS, and privately in and around Edinburgh, Scotland. He has edited many books, including *The Handbook of Body Psychotherapy & Somatic Psychology* (North Atlantic Books, 2015); *Being in the Body: The Handbook of Biosynthesis Psychotherapy* (Peter Lang, 2023, forthcoming); and the *New Collected Papers of Biodynamic Massage & Psychotherapy: 2022* (Body Psychotherapy Publications, forthcoming).

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# From WWII with Compassion

*The Calatonia® somatic approach for global reorganization  
and mutual regulation of soma and psyche*

Anita Ribeiro Blanchard

## ABSTRACT

Calatonia is a somatic approach based on reinstating self-regulated states, developed by Pethő Sándor, a Hungarian physician, during WWII in the various refugee camps he worked as a doctor for the Red Cross. Initially a trauma-based approach, it was later incorporated into psychotherapy treatments in Brazil, where Sándor settled in the 1950s. This article intends to bring attention to this technique for research and use in current global war adversities and refugee displacement situations.

**Keywords:** dyadic regulation, affective and discriminative afferent systems, Default Mode Network, Orienting Reflex

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*... by using sustained bilateral stimulation,  
Calatonia activates and restores  
inter-hemispheric processing for  
supporting higher-order cognitive processes.*

Political conflicts and wars create a temporal group cohesion around a struggle for survival and subjugation of another human group, in which, as Audergon (2004, p. 18) describes, “*burnout and depression may be pervasive at social, economic, psychological and spiritual levels,*” potentially leading to a collective trauma of intergenerational repercussions (Hübl & Avritt, 2020). This narrow cohesion denies identification with the broader spectrum of human connections, built throughout human history, based on positive exchanges, mutual support, love, celebrations, and acceptance of differences, in which conflicts continually manifest themselves at manageable levels of collective coexistence. Having group identification at the most primary survival levels erodes the sense of individual safety based on belonging to a vast, peaceful collective. From a psychological perspective, recovery from pervasive war adversities and separateness may require rehabilitating trust in others at the most primary levels, that of experiencing regulated states in the presence of another (dyadic regulation retraining).

During WWII, the Calatonia technique arose out of sheer necessity and physical and psychological pain. It was probably the first somatic therapy

developed from and for those suffering war adversities and various trauma levels. Calatonia was described in an academic journal (Sándor, 1969) before war trauma symptomatology was identified as it is presently known (Turnbull, 1998). This technique was created by a Hungarian physician, Pethő Sándor (Kirsch, 2000), who worked in the Red Cross refugee camps in 1945, and in German hospitals following the war's end.

Sándor developed Calatonia while working with general infirmary patients of refugee camps, where he treated many different post-operative cases ranging from patients with phantom limbs and suffering from a nervous breakdown to depression and compulsive reactions, among other medical and mental health issues.

The expression Calatonia, in the original Greek *Khalaó*, means a “good or nice tonicity.” However, its broader reference indicates “relaxation and feeding; retreating from a state of anger, fury, or violence; opening a door; untying the bindings of a waterskin; letting go; forgiving one's parents; lifting all veils from the eyes” (Sándor, 1969, p. 92).

This article briefly addresses the history of the Calatonia technique. It lists its modern-day neuroscientific hypotheses, formulated with the findings from research on skin receptors and brain imaging studies of the past twenty years. These hypotheses are supported by contrasting the findings of neuroscience research and clinical observation and research on Calatonia, although more empirical research would be needed to ascertain them.

Hopefully, this article will give the reader an idea of the breadth of application of Calatonia (and other Subtle Touch techniques) in the context of the treatment of war trauma and somatic psychotherapy as well, among other applications in related areas of health and well-being, to name a few, physiotherapy, speech therapy, nursing.

## Brief History

In addition to the scarcity of resources, three other reasons led Sándor to explore the potential of therapeutic touch during and after the war.

1. Most patients did not wish to engage or cooperate with available methods, such as the progressive muscle relaxation of Edmund Jacobson (1888–1983) and the autogenic training of

Johannes Schultz (1884–1970), which required active engagement at physical and cognitive levels. Refugees were unmotivated, and some were in a state of discouragement or despair over losses in which enthusiasm for self-care was non-existent. Others presented a vague internal resistance against actively cooperating with treatments, possibly related to what is currently identified as *moral injury* (MI) (Litz et al., 2009) caused by war engagements. These conflicts refer to choices made under extreme pressure, such as passively witnessing unethical horrors, being unable to act on one's highest values, and harming children and the elderly, among other schemes (Held et al., 2019). Such MIs applied in particular to the German population, which after the rendition faced the painful moral reality of accepting responsibility for its actions, but also to other soldiers, the resistance, civilian survivors who left loved ones behind, including children, or civilians who had to kill in self-defense or defense of others. Many felt that they violated their moral code and values, which generated survivor's guilt and sorrow, making it difficult to forgive oneself and actively engage in self-care. Those who did cooperate never achieved a satisfying level of relaxation (Sándor, 1969).

2. During the war and post-war circumstances, there were no guarantees of a tranquil life ahead, no returning to the integrity of a home, a family, or even a community, as seen in the current struggles to rebuild a country after wars and the refugee conditions globally. At the time, war adversity and scars were not a thing of the past but an unfolding drama for the foreseeable future (Sándor, 1969). The expectation of expatriation and the future shock of adapting to a new culture with its demands without time to grieve or recover from war adversity aggravated the refugees' psychological distress. Today, with the immediate airing of global news, these considerations are still seen as part of the process of surviving wars, perhaps in a world that is even more inhospitable to refugees because it is increasingly divided and self-preserving (Landmann et al., 2019), lacking the worldwide compassionate attitude that somehow permeated the end of WWII.
3. Sándor wanted to restore self-regulated states without using traumatic states as a starting

point for intervention because it would make trauma an intrinsic part of the newly achieved state. Sándor wanted to restore a baseline of regulated states based on the resilient capacity for experiencing well-being. In addition, there are many levels to a traumatic scar; some levels are accessible more immediately, and others may require a degree of ego strength and developmental maturity that may not be present at the time of the initial treatment. It is not only about increasing the window of tolerance to handle traumatic symptoms and triggers but also about restoring some developmental normalcy before addressing specific trauma, strengthening the individual first.

For these reasons, Sándor proposed a passive technique, which did not require willpower to engage, or behavioral/cognitive cooperation, only the acceptance of gentle touch. Initially, he developed the Calatonia technique in an interactive, dialectical way by asking permission from his patients to try to help them feel better (decrease pain) with gentle manipulation of the neck and extremities of the body, complemented by minimal (passive) movements. He asked patients for immediate feedback about how they felt when he supported, moved, or touched, in a gentle manner, the distal parts of their body, i.e., lower legs, feet, forearms, hands, and head (Sándor, 1969). This process led to the development of a sequence of touches and movements formally named Calatonia.

It became evident that this somatic connection with the patient and a compassionate rapport enabled muscular relaxation, vasomotor reactions, and mood and motivational changes of unexpected magnitude in those patients who responded very positively to the treatment (Sándor, 1969).

Similar experiments were carried out in German hospitals, specifically in the psychiatric ward, during a three-year stay in Germany after the war's end (Sándor, 1969). In this setting, Sándor used the technique on patients suffering from what was much later recognized as post-traumatic stress disorder (PTSD; Turnbull, 1998), those with psychological or neuropsychiatric disorders, and members of the mortified German population.

Most notably, part of the history of this technique links to Sándor's personal life. He was a wounded healer and a resilient war survivor, as well. He lost his parents in a war incident in which the allies

mistakenly attacked the train his parents were on when Sándor briefly visited them at a train stop. Later that same year, he lost his wife to pneumonia during their time at the refugee camps: she was 27 years of age, and they had two toddlers.

Sándor made it his principle not to use invasive or cathartic methods to induce emotional abreactions or catharsis. However, he worked with such responses when they emerged spontaneously or gently actuated (e.g., by holding someone's hands). Thus, he empathically respected patients' boundaries, first focusing on strengthening the body and psyche by promoting well-being from regulated states and restoring people's trust in others and life.

By the early 1960s, Sándor had already developed a busy integrative psychotherapy practice and was teaching his method at the Pontifical Catholic University in São Paulo, where he settled after the war. He also conducted study groups on Jungian psychology, having translated several books and texts on that topic that were not yet available in Brazil for his groups.

His work was influential and integral to the Brazilian history of body psychotherapy and somatic practices, although not always acknowledged in historical accounts (Kignel, 2020). He was known and respected by his peers, both in São Paulo and Rio de Janeiro, the main cultural centers of the time in Brazil. At that time, the prevailing body psychotherapy trends in São Paulo and Rio de Janeiro were Gestalt, Bioenergetics, and Reichian approaches, supported by extensive translated literature. In this context, his method stood out as innovative for its primary objective, achieving self-regulated states through subtle touch while facilitating physical, emotional, and mental tensions to gently dissolve and integrate (Farah, 2017).

Calatonia is also a method of self-awareness because touch refers to a system with a primary function as a protecting layer/organ (Blanchard, 2021), which, to that effect, touch activates large neural maps to identify quickly, locate, appraise, and respond to its occurrence in the body. However, beyond touch perception, awareness in Calatonia refers to attention to spontaneous interoceptive events, muscle release, fasciculations, tremors, and other spontaneous bodily reactions that may occur as the body seeks self-regulated states. Usually, those events emerging during or after Cala-

tonia are related to tensions or vulnerabilities that released their grip on the body. According to the idiosyncratic psychological makeup of each patient, it may emerge in their field of awareness as an image, a feeling, a thought, a perception of a physical sensation, creative energy, or a positive change in mood.

Sándor was respectful of the patients' newly discovered relationship with their bodies and appreciative of how each individual developed the "inner observer," defined as that non-judgmental self that notices somatic events and describes those events in their terms. The aim was to start where patients were regarding their connection with their bodily experience, not necessarily where the therapist deemed it essential. Many were stuck at the very beginning of their emotional development due to neglect, abuse, trauma, or fear of their physicality, as in anxious states or chronic illnesses. They needed nurturance to develop a new, positive relationship with the body. After the application of Calatonia, when asked if there was any observation, some patients spoke about their felt experiences or associated perceptions, emotional issues, or thoughts; others preferred to stay quiet in the presence of the therapist while letting the process complete itself; others chose to write or draw (Blanchard et al., 2019).

Although widely published and researched in Brazilian academia, Calatonia has remained relatively unknown internationally but for a handful of publications in English, including self-published initiatives. A list of such publications is available at Calatonia.org.

This fact is undoubtedly due to a language barrier (Ammon, 2012) and, perhaps, a bias from developed countries against specialized knowledge from developing countries. Certainly not with the conscious intention to harm, possibly because of the unconscious upper hand of cultural complexes (Amsler, 2016; Singer & Kimbles, 2004) by both developing countries seeking foreign "mainstream" knowledge to feel a sense of global belonging and developed countries seeking to export their expertise without interest for local knowledge beyond the exotic and native traditions. There are several initiatives to create a more sustainable professional and academic relationship globally, leveling the unfairness of the current state of affairs. However, it is far from resolution and still within a "nobody's

fault, everybody's responsibility case" to improve matters.

Finally, the contribution of Sándor's method to trauma-based therapies (Herbert, 2019) is invaluable, and its uniqueness and novelty remain unparalleled (Blanchard & Comfort, 2020). Its apparent simplicity hides a set of complex stimuli that put in motion an array of psychophysical mechanisms that lead to self-regulation of the body, brain, mind, and emotions (Blanchard, 2021), discussed below. Most importantly, it can complement any movement-based or other somatic or body psychotherapy approaches and any theoretical approach that values an integrative perspective.

## Underpinnings

Ahead of his time, Sándor's (1969) then-new method remains today as it has always been based on neurobiology, particularly the neurobiology of dyadic regulation by retraining self-regulated states in the presence of another who is in sync with the patient. It also uses cognitive neuroscience: the integration of mind wandering, self-reflective events, memories, and other spontaneous mentation that occur during or subsequently. In addition, by using sustained bilateral stimulation, Calatonia activates and restores inter-hemispheric processing for supporting higher-order cognitive processes. From the neuroscience of networks (Kelso & Tognoli, 2009), Calatonia may strengthen brain metastability and self-regulation by activating the resting state network coupled with passive sensory stimulation. Lastly, it incorporates the neurophysiology of the skin, the most extensive surveillance system of the body – always turned on – to decrease chronic and acute hypervigilant states, among other skin-related aspects (Blanchard, 2021). One example of this autonomic hypervigilance can be seen in the skin conductance response, a sympathetic autonomic (arousal) response to an internal or external stimulus (Bauer et al., 2022).

Given the introductory character of this article, it will focus on a few foundational neuroscientific hypotheses about Calatonia, bearing in mind that these aspects work in synergy with several other elements set in motion by this technique (Blanchard, 2021), in addition to the fact that touch evokes multisensory integrations (Spence, 2022). For more information, besides the references of

this article, the book *Calatonia e Toque Sutis, enfoque neurocientífico* (Blanchard, 2021) (Calatonia and Subtle Touch, a neuroscientific focus), presents an in-depth study of the neuroscience hypotheses behind Sándor's work. Blanchard and Comfort (2020) explain the use of the *orienting reflex* (OR) (Bradley, 2009) in Sándor's Calatonia, along with an illustrated description of the technique reproduced in this article.

### The Orienting Reflex

The OR in Calatonia prompts bottom-up attentional and motivational patterns via the input of a new and neutral (or pleasant) sensory stimulation. In clinical psychology, motivation should have equal status, as a concept, to resilience; however, very few psychological (and somatic) approaches take into consideration the fact that motivation, at its base, is of an autonomic, instinctual nature shared with other species, an intrinsic development from new, non-threatening sensory stimuli (Bradley, 2009). During Calatonia, the engagement of the OR helps to reorganize the individual's motivational and appetitive systems, reinstating a healthy drive to engage with life (Blanchard, 2021; Blanchard & Comfort, 2020). This drive cannot be defined in terms of any specific quality of drive, such as Freudian sexual libido, for instance. Instead, it is better understood as a drive to explore, which enhances curiosity, engagement, learning, overall self-development, and a pre-social reflex (Pavlov, 1927). This spontaneous response differs from a response to a potential threat or aversive stimulus. Instead of eliciting an avoidant reaction, the OR is our informal default mode of engaging with the environment and learning from infancy to adulthood (Bradley, 2009).

At the same time, the more often an OR is triggered, the less frequently the defensive and the startle reflexes will operate as symptomatology of PTSD in response to new non-threatening stimuli. The OR is a set of bodily indicators that signal the biological relevance of an environmental stimulus to ascertain its value (Bradley, 2009), including its significance as a psychological novelty (Blanchard & Comfort, 2020). Sándor purposefully thought of ways of creating ORs by using out-of-ordinary light touch and other novel stimuli that would be of value to the organism, such as passive movements that the patient cannot voluntarily perform (e.g., rotating the patient's finger sideways), small vi-

brations applied to the spinous process, and other techniques under the umbrella of Subtle Touches (Delmanto, 2008; Farah, 2017). The perception of vibration is detected by highly myelinated fibers, the Pacinian and Meissner corpuscles (Abraira & Ginty, 2013), and this novel stimulation of spinous processes can generate a quick reorganization (and awareness) of the tension held in ligaments and joints along with psychological repercussions caused by the new adjustment. Calatonia triggers ORs due to its noninvasive nature experienced as either neutral or pleasant affect and the novelty of its touch stimuli; each touch is static and sustained softly at each of the seven contact points and held gently at two other contact points on the body.

### The Resting State Network

The technique begins with a supine position with eyes closed, commonly known to encourage the activation of the parasympathetic system and release postural tension. These events support relaxation, particularly in dyadic regulation.

Most importantly, since the advent of brain image research, the supine position has been identified in cognitive neuroscience as the baseline position of the brain at rest, in which a typical brain connectivity naturally emerges, the *resting state network* (RSN) (Kelso & Tognoli, 2009). A healthy RSN connectivity is a measure or a marker of overall healthy functional connectivity of the brain (Menon, 2011), during which the brain is thought to be regulating its large-scale brain networks (functional connectivity) in tandem with local brain networks (structural networks) (Kelso & Tognoli, 2009). Therefore, the RSN may be a therapeutic medium for somatic or body-based techniques to encourage brain self-regulation. That is one complementary aspect of the Calatonia technique to other movement-based or active engagement therapies. By proposing a silent, non-task-oriented approach to resting-state functional connectivity coupled with a steady, slow influx of unusual passive stimuli, Calatonia provides the appropriate environment in which brain regulation can take place in the safety of dyadic regulation (Blanchard, 2021).

### The Default Mode Network

One of the most prominent functional brain networks that appear during RSN is the *default mode network* (DMN) (Smallwood & Schooler, 2015),

identified as the neural correlate of mind-wandering events, self-reflective mental states, and considering the perspective of others. Before receiving Calatonia, the therapist suggests that patients turn their attention to the tactile stimulus if their minds engage in executive mode (concerned with time and space, the “agenda mind”) or in uncomfortable obsessive thoughts. However, the therapist also suggests that patients let their minds wander if their thoughts become random, spontaneous, or dreamlike and even fall asleep if that happens naturally (Blanchard, 2021). This selective mode of mental engagement distinguishes between the executive, chatty, obsessive mind and the creative, self-regulating mind that emerges within the healthy mind-wandering process of the DMN. Teaching the patient to orient this attentional process may facilitate the resetting of rumination and obsessive thoughts towards a self-regulating mind process and, consequently, cooperate to restore a healthy DMN. Unlike mindfulness approaches in which thoughts are dismissed, in Calatonia, they are integrated selectively (healthy DMN mind-wandering).

The DMN is essential for normal mental functioning, associated with the self-based activity of the parasympathetic. Abnormal DMN activity is evident in several disorders, including Alzheimer’s, dementia, autism, PTSD, schizophrenia, Parkinson’s, epilepsy, anxiety and depression, autism, and attention-deficit/hyperactivity disorder, among others (Broyd et al., 2009; Menon, 2011). The activation of the DMN is of psychological interest in somatic psychology, as it supports higher-order self-awareness, awareness of others, and emotional and cognitive processing (Broyd et al., 2009). For those dismissing the importance of the DMN for psychological well-being, it should be noted that the DMN has a developmental importance. Studies performed with fetal rs-fMRI showed the presence of a primitive form of the DMN, indicating that a proto-DMN may already be present in the fetus, and by two years of age, DMN connectivity has a pattern similar to that found in adults (Edde et al., 2021; van den Heuvel & Thomason, 2016). The misrepresentation of the DMN as the network that sustains the “chatting mind” might be a reference to a dysregulated DMN, and this misattribution may dismiss the therapeutic significance of the DMN as the functional connec-

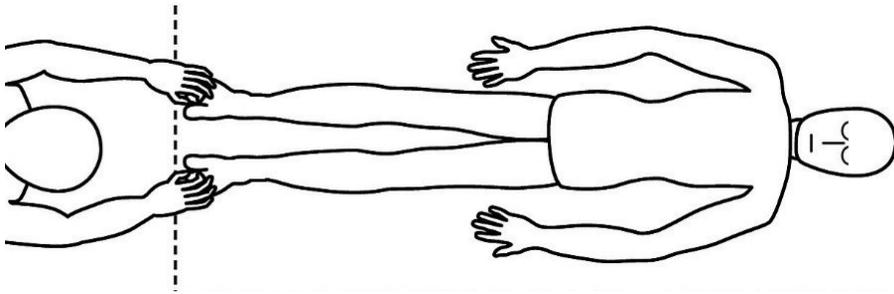
tivity in which narratives about self and others can be transformed (Blanchard, 2021).

Ultimately, the DMN seems to be the neural correlate of the mind’s self-regulatory processes when the individual is in RSN functional connectivity, the connectivity in which the brain’s self-regulation occurs. As Llinás (2002, p. 4) proposed, *“If we could observe or feel the brain at work, it would be immediately obvious that neuronal function is as related to how we see, interpret, and react, as muscle contractions are related to the movements we make.”* At the time of Llinás’s assertion, brain image research on the neuroscience of networks was in its infancy. However, 20 years later, this research has demonstrated that brain and mind events couple; if the brain is self-regulating, so is the mind, producing thoughts that will move the person to a better self-understanding and a more adaptive standing in life.

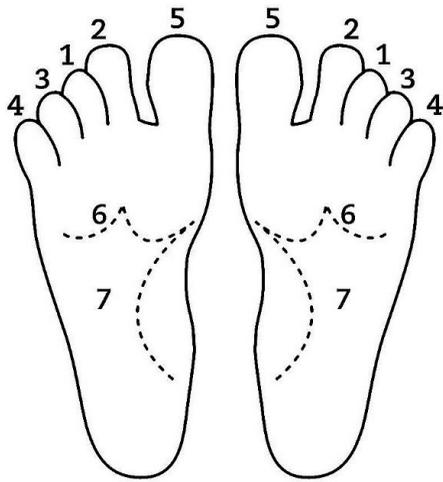
Psychiatric and neurological treatments are currently experimenting with neuromodulation devices, such as (implanted) deep brain stimulators (DBS), and noninvasive methods, such as transcranial magnetic stimulation (TMS) and transcranial current methods (tACS, tDCS) to stimulate specific brain networks (Holtzheimer & Mayberg, 2011; Tortella et al., 2015). These treatments are intended to improve outcomes for treatment-resistant depression, schizophrenia, bipolar disorder, treatment-refractory obsessive-compulsive disorder, Tourette’s Syndrome, addiction, and other psychiatric and neurological disorders (Holtzheimer & Mayberg, 2011; Tortella et al., 2015). However, this “compartmentalized modulation” of specific brain networks proposed with electronic devices misses the whole brain self-regulation and the mind processes resulting from brain self-regulation. It is possible to activate the built-in, self-regulating mechanism of the brain with the proper set of circumstances, noticing that these neuromodulation treatments use the same pathways that natural environmental stimuli use (Black & Rogers, 2020) – the reverse might be true – this points to the possibility of considering natural sensory stimulation to modulate brain oscillations.

## Calatonia Touch Sequences

Here is an illustrated description of the technique:



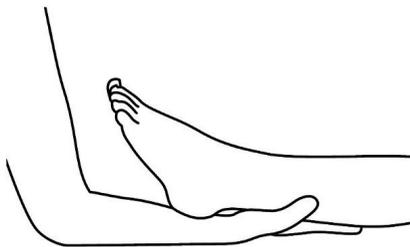
**Figure 1.** Resting State (task-free) Supine Position



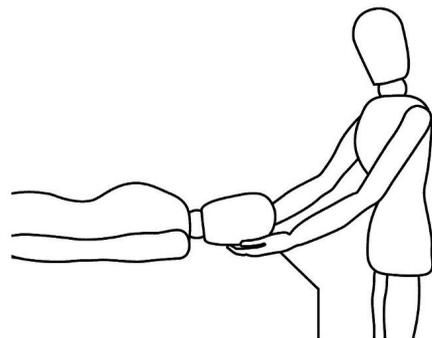
**Figure 2.**  
The sequential order  
of bilateral points  
of tactile contact



**Figure 3.** Ankle support, eighth bilateral touch



**Figure 4.** Calf support, ninth bilateral touch



**Figure 5.** Head support, optional tenth and last touch

After the patient lies in a resting state position, the therapist delivers a sequence of seven simultaneous bilateral touches to the toes and soles of the feet, two supporting postures of ankles and calves, and a final optional tenth point of contact supporting the head. All points of contact are held steadily for three minutes before moving to the next one, which places the patient and the therapist in time-modulated sync via touch. This paced harmonization between patient and therapist “agrees” with physiological life, which is based on rhythms: heartbeats, cortisol release timing, breathing, speech, walking, chewing, running, swimming, and so on (Lakatos et al., 2019); including brain waves, “*rhythms are a prominent signature of brain activity*” (Jones, 2016, p. 72). Using temporal synchronization in the form of a steady pattern of repetition in time also activates higher-order integrative functional connectivity similar to the processing of musical rhythms, and rhythm binds attention (Schirmer et al., 2016). The application of passive touch does not disturb the RSN as rhythmic passive sensorial input can be absorbed by coupling with large-scale networks via neural entrainment (Lakatos et al., 2019).

### **Behavioral Synchronization in Dyadic Regulation**

Developmental and attachment psychology extensively studied the need for touch and containment through touch throughout developmental phases in lifespan (Blanchard, 2021; Goldstein et al., 2017; McParlin et al., 2022).

Attachment patterns generate a template for social interactions, streaming from the social regulation of the brain. Social regulation of the brain originates from inter-cerebral processes that emerge within the parent-infant bond (Feldman, 2017) and are fundamental for establishing a pattern of neural regulation and for the development of physiological and behavioral systems that support participation in social life (Djalovski et al., 2021; Goldstein et al., 2017). The mechanism that underpins the regulation of the social brain is biobehavioral synchrony, the coordination of physiological and behavioral processes during moments of social contact (Feldman, 2017). Research has found that behavioral synchrony (Nguyen et al., 2021) provides the basic model for inter-cerebral regulatory processes, which, in the case of Calatonia, is based on behavioral synchronization in dyadic regulation in resting-state neural connectivity through static,

simultaneous, and timed sequence of touch contacts (Blanchard & Comfort, 2020).

### **C-tactile Skin Receptors and Merkel Cell-neurite Complexes**

Calatonia’s subtle touch is processed by receptors that register a light touch. One such receptor targeted during Calatonia is the C-tactile (CT) (Löken et al., 2009), present in hairy skin and absent in glabrous skin on the palms and soles (Abraira & Ginty, 2013). CT receptors are part of mammals’ bonding and grooming system (Löken et al., 2009). In humans, these receptors form the affective and affiliative system of the skin, a system loaded with emotional value (McGlone et al., 2014). C-tactile reaches the nervous system by slow unmyelinated afferent fibers.

Another skin receptor that registers soft touch is the Merkel disk, which is part of the discriminative-spatial system (Abraira & Ginty, 2013), distributed throughout the body but in high concentration on the fingertips and palms of the hands and on the tips of the toes and soles of the feet. These are complex receptors innervated by highly myelinated, fast-conducting afferents, which respond to touch even lighter than the gentle touch the C-Tactile can register (Maricich et al., 2009).

In addition to its role as a mechanoreceptor, each Merkel disk connects with another specialized cell containing valves that release peptides that modulate the nerve ending, forming the Merkel cell-neurite complex, which also participates in the skin’s immune system (Xiao et al., 2014) and pain processing (Auvray et al., 2010). This Merkel cell-neurite complex is also involved in a somatosensory system of two mechanoreceptors that respond to touch, composed of some mechanosensitive sensory neurons and 5-HT releasers and mechanosensitive epithelial Merkel cells, which resemble the system present in the intestine (Mercedo-Perez & Beyder, 2022; Xiao et al., 2014).

The various properties of Merkel disks (Xiao et al., 2014) have led to the assumption that they play an essential role in statically sensing rough shapes, edges, and textures (Abraira & Ginty, 2013). Merkel disks investigate the characteristics of the stimulus concerning location, direction, and pressure and are slow to adapt; that is, they keep responding to the stimulus throughout its duration (Abraira & Ginty, 2013; McGlone et al., 2014).

Merkel disk receptors are essential in reading braille (Millar, 1997), which requires language, spatial, and touch integration to generate semantic meaning (narrative), lexical discrimination (word recognition), and haptic (movements) processes, respectively. These spatial and language encodings enlist functional connectivity from both hemispheres of the brain to complete the task of reading, each hemisphere orchestrating different aspects of this higher-order, highly associative process through touch.

Likewise, Merkel's disks found on the soles of the feet, support movement, balanced gait, standing, and postural tension. These processes begin on the soles of the feet, in coordination with the cerebellum and vestibular system (inner ear). The cerebellum and vestibular system work together to interpret sensory input, creating advanced models to allow adaptation to changes in the environment. This integrated system orchestrates the movement and related emotional assessment (for example, facial tension or crying while running reflects a different emotional context than running with open arms and a smile), cognitive estimates (related to movement or stimulus), balance and body position in space, among other contextual characteristics related to standing, lying, or moving (Pierce & Péron, 2020).

### **Simultaneous Emotional Modulation and Cognitive Integration**

In a psychological context, employing therapeutic touch to modulate emotional dysregulation and possibly rescripting attachment issues generally means to use the help of the CT system of the hairy skin, associated with the limbic-related cortex, representing an innate, non-learned process (McGlone et al., 2014). Unmyelinated or lightly myelinated afferents such as the ones connected to the CT system are associated with interoceptive processing, and they signal feelings rather than sensing states and control organ functions that do not reach conscious perception (McGlone et al., 2014; Mercado-Perez & Beyder, 2022). The discriminative system processes pleasantness (a gentle touch on the glabrous skin of the palms of hands, for instance); however, there is only activation of the somatosensory cortices, representing a learned or secondary reinforcement mechanism of a feeling tone (McGlone et al., 2012). Because the hairy skin contains skin receptors of both discrim-

inative and affective systems, the stimulation of the hairy skin with a soft brush activates both systems, processed respectively by the somatosensory cortices (discriminative) and the insular cortex region (affective) (McGlone et al., 2014). The latter is an area related to the input of sensory systems to emotional systems of the frontal lobe (Craig, 2008).

However, in the Calatonia protocol, touches are delivered simultaneously to the area in which only the receptors of the discriminative system are found and in great numbers (glabrous skin of the toes and soles of the feet) and the area in which CTs and several other skin receptors are located (the upper part of the feet, ankles and calves); thus, it creates a peculiar stimulation that results in a new neural assembly around these two systems (discriminative and affective). When Sándor configured this technique, the affective and the discriminative systems were known respectively as protopathic and epicritic systems (Sándor, 1969; Semmes, 2017), a terminology conceived by the English neurologist Henry Head (1861-1940) and embraced by the British-American anthropologist Ashley Montagu (1905-1999) in his pioneer work about touch. Sándor thought of activating both systems at once so that cognitive (discriminative system) and emotional (affective system) could "interact" with higher intensity and potentially balance each other (Sándor, 1969). In this case, the discriminative system might offer differentiation and expression to the affective system, and the affective system may offer a richer, spontaneous, relational new dimension to discriminative engagement.

The discriminative system is needed to identify feelings and represent them. The lack of connection between the discriminative and affective systems is seen in alexithymia; Goerlich-Dobre et al. (2014) suggested that affective dysregulation in alexithymia has two components, "an affective dimension, involving emotionalization and fantasy, and a cognitive dimension, involving identifying, differentiating, and describing feelings" (p. 284). These two dimensions are associated with the somatosensory system (Kropf et al., 2019) and with the skin's affective/affiliative (protopathic) and discriminative/spatial (epicritic) systems.

In addition, the discriminative system is part of the skin surveillance system; think of the reaction

to a mosquito bite to identify this conscious surveillance system – and here lies a critical aspect of this system for trauma therapy because the skin is the body's most extensive surveillance system. Because of this relationship, the discriminative system has a capacity for appraisal of what is of value to the organism, and what contributes to its best chances of survival. The fast-paced myelinated system contributes to this at the central nervous system level; therefore, it is a target for redefining levels of hypervigilance, attention and alertness, particularly when stimulated in the safety of a dyadic regulation. In sum, regulating emotions without bringing the two systems into rapport is not enough.

### Endocrine Resetting

The skin also houses a “silent system” for human consciousness (subcortical processing), which interacts with the surrounding environment from a protective, defensive, and immunological perspective, responding to light, chemicals, moisture, and foreign or insulting elements and expressing itself by releasing toxins, chemical discharges, hormones, among other products. Cutaneous nerves are not sensory per se. They are involved in several functions that integrate with the immune system, sleep, vitamin D production, and endocrine system regulation locally (within the dermis) and globally (whole organism) through the hypothalamus, pituitary, and adrenal axis (HPA axis; Slominski et al., 2012). Even though we may not perceive consciously the stimulation to the cutaneous nerves, touch can affect them. The involvement of cutaneous nerves during Calatonia may explain the frequently observed resetting of the endocrine system to healthier homeostatic values and the decrease in the HPA axis. Slominski et al. (2012) proposed that the HPA axis may have been generated primarily at the skin level and then secondarily reproduced by the brain as an effective system to respond to stress.

### Sensory Bilateral Stimulation and the Corpus Callosum

In addition, Sándor's Calatonia proposes complex stimuli that the somatosensory cortex, particularly the secondary somatosensory system (SII), will necessarily process via the corpus, known for facilitating higher order and complex integration (Bretas et al., 2020; Kropf et al., 2019). According

to Bretas (2020, p. 259), the SII participates in processes that “*require high-level information integration, such as self-consciousness, social relations, whole body representation, and metaphorical extrapolations.*” The metaphorical extrapolations refer to the fact that the use of sensory metaphors in speech, such as someone “being rough or abrasive,” activates the SII area of the brain that processes rough and abrasive tactile experiences, attaching to those experiences a negative affect as well (Bretas et al., 2020; Lacey et al., 2012). This hints at the relationship between sensory experiences and the ability to elaborate metaphors from the repertoire of sensory memory. It is known that there are sensory processing deficits in autism (Riquelme et al., 2016), and it would be relevant to research whether the difficulty processing metaphors come from the sensory deficits (Lacey et al., 2012).

The effects of alternating bilateral stimulation have been emphasized extensively in Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 2014), but nothing has been said about the simultaneous (stationary) bilateral stimulation, which in the Calatonia case allows slower-paced processing as compared to the fast-paced impact of EMDR. This complex stimulation (stationary; identical simultaneous bilateral stimulation, long-duration touch) engages the SII, which has extensive callosal connections to reach associative areas of the brain in response to this sensory input (Bretas et al., 2020; Kropf et al., 2019).

The corpus callosum facilitates higher-order functions of the cerebral cortex, such as a multidimensional representation of information, associative and executive tasks, coordination of sensory-motor responses, cognitive processing, and management of social and emotional stimuli (Hinkley et al., 2012; Shobe, 2014). PTSD in adults and childhood trauma can affect the structure (atrophy) and connectivity of white matter tracts, particularly the corpus callosum (Siehl et al., 2018; van der Kolk, 2003), and the smaller the corpus callosum, the less traffic can occur at any given time, the less sophisticated level of cognitive integration, i.e., less capacity for cortical complexity and integration (Blanchard, 2021). However, the corpus callosum plasticity can be enhanced by sensory activity (Bretas et al., 2020) and dynamically regulated by healthy brain functional connectivity activity. Thus, it is essential to deliver stimuli that activate the corpus callosum to restore interhemispheric

communication and higher-order processing. As Sándor informally mentioned in the classroom, “Calatonia ‘sweeps’ the corpus callosum and helps to restore its healthy functionality” (Blanchard, 2021, p. 9).

The exercise created by Sándor (1969) to help patients achieve self-regulation on their own once they received a first Calatonia is an exercise in alternating bilateral attention, a technique that pre-dates EMDR. The self-conditioning practice proposes that the patient focuses on one point of their choice, for instance, the seventh point of Calatonia, right in the center of the foot arch. The patient is taught to sustain attention on that point on the right foot for three complete breathing cycles, followed by focusing on the same point on the left foot for three full breaths, repeating these steps three to five times, three times a day.

## Integration of Calatonia in Psychotherapy

It is worth mentioning the easy acceptance of Calatonia in contrast to more intense and focused methods such as EMDR. In the case of an African American veteran of Iraq and Afghanistan (Blanchard, 2021), the patient was explained and offered the EMDR to address some residual trauma after many years of cognitive therapy and group therapy with the Somatic Experiencing method (Brom et al., 2017), but flatly refused it, “no way I will relive those incidents.” The therapist explained and suggested Calatonia instead, and the response was, “I will give it a go,” despite his lack of eye contact with the therapist and some expected initial mistrust.

Following the first session of Calatonia, he reported a few physical sensations, described “energy coming out of his toes” and feeling lighter and refreshed. He appeared surprised by the results of the technique, and at the end of that first Calatonia session, he offered to shake hands while maintaining good eye contact and saying to the therapist, “thank you.” From that session on, despite having substance abuse issues that could prevent him from keeping regular commitments, this patient never missed an appointment, traveling at least 40 minutes to attend them. The experience of dyadic

regulation proposed by the technique not only won his trust but with regular repetitions, there was a shift in the content of his dreams, which went from nightmares with diabolical and threatening characters to themes related to his real life. The dreams presented situations with family members, romantic interests, and war dreams in which he performed roles that did not agree with his values, thus providing tailored (by his psyche’s priority issues) topics addressed in verbal therapy.

In Jungian terms, the psyche is also a self-regulating mechanism, prioritizing and producing psychological events, such as dreams and fantasies, which will regulate the individual’s attitude in life:

*Dreams are impartial, spontaneous products of the unconscious psyche, outside the control of the will. They are pure nature; they show us the unvarnished, natural truth and are therefore fitted, as nothing else is, to give us back an attitude that accords with our basic human nature when our consciousness has strayed too far from its foundations and run into an impasse. (Jung, 2014, para. 317)*

As the dreams decreased in intensity from nightmare to narratives about his life, he grew an interest in their meaning, and instead of fearing and avoiding them, he developed a fuller inner life.

While other complementary modalities in psychotherapy may generate similar benefits, such as yoga, meditation, tai-chi, and mindfulness practices, among others, they do require motivation and self-discipline, which are not always present in patients, both in the case of patients of war adversities and refugee displacement, but also those in regular psychotherapy. A passive technique may provide the needed support and nurturance to foster self-care until the patient is able to exercise self-agency.

Calatonia is life-affirming and encourages resilience building structured around the global reorganization and mutual regulation of soma and psyche which creates neural connections associated purely with new self-regulated states and not with symptomatology, leading to an enduring sense of well-being.

*Calatonia was registered as a name brand by Pethö Sándor’s students in 2007.*





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# Body Psychotherapy in Spain

*Somatic historical milestones  
and Spanish Character-Analytic Psychotherapy*

**José Martín Amenabar Beitia**

## ABSTRACT

This article covers some historical milestones of body psychotherapy worldwide, and offers a panoramic view of diverse models in the Spanish field, drawing attention to Character-Analytic Psychotherapy, one of the most relevant current body psychotherapy contributions due to its influence nationally and internationally. The author then delves into some of the issues he considers paramount from a historical and methodological point of view, and for the future of body psychotherapy.

**Keywords:** body psychotherapy in Spain, Character-Analytic Psychotherapy, vegetotherapy

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## ilhelm Reich: The Birth of the Mind-Body Paradigm and Character-Analytic Vegetotherapy

From 1920 to 1934, Wilhelm Reich was a disciple and colleague of Sigmund Freud. In 1934, Reich was expelled from the International Psychoanalytic Association for reasons related to his rebellious and indomitable character, and his innovative and restless spirit. During that time, in addition to being a renowned psychotherapist, he directed the psychoanalytic technique seminars in Vienna, and contributed to the creation of several sexual hygiene centers. Some of his most relevant psychoanalytic contributions included the study of resistance in the analytic process, the role of negative transference, and character analysis. Reich questioned the universality of the Oedipus complex, considering its presence to be a reflection of patriarchal social and family structures, and rejected the existence of the death drive, as he considered sadism and masochism as secondary manifestations to sexual repression.

*“... pathology is gestated  
in the process  
of interaction with others,  
in the relationships  
in which we participate...”*

Always a fervent defender of the first Freudian formulation on anxiety, according to which anxiety is considered a consequence of sexual repression, Reich maintained that all psychic disturbance denotes a disturbance of sexuality, and specifically, a disturbance of orgasmic power, which supposes an inhibition in the capacity to abandon oneself to the discharge of sexual arousal.

The Reichian approach is linked to the dismantling of social and family structures that restrict and impede the free expression of sexuality. Sexuality without repression is identified, according to Reich, with organic life, and therefore with what is healthy. This approach, which undoubtedly goes beyond the merely clinical field, clashed with Freud's vision, which remained strictly scientific and free of social and political issues. In keeping with his spirit as a social reformer, Reich went on to propose modifications in psychoanalytic practice that were not to Freud's liking. These various innovations occurred at a time when psychoanalysis was fighting for public acceptance and the acquisition of a scientific status that did not match Reich's revolutionary spirit. For these reasons, it is not surprising that Reich was expelled.

Reich's psychotherapeutic contributions, first within psychoanalytic praxis, and later in his journey through unexplored paths, led to the creation of a differentiated theoretical and methodological body of work, a new paradigm with original and fruitful research approaches and interventions in both clinical and psychosocial fields.

Like his colleague Ferenczi before him, Reich took into consideration not only what patients said, but also how they said it – their tone of voice, gestures, body position, etc. – that is, the study of form linked to content. Reich observed that neurosis was accompanied by chronic muscle tension, inhibited respiration, and neurovegetative disorders (Serrano, 2011).

To introduce his psychotherapeutic method, developed in the 1930s, Reich coined the name Character-Analytic Vegetotherapy. With the term "Vegetotherapy," Reich insisted on the effect that all types of behavior have on the vegetative nerv-

ous system, and the repercussions that may arise as a consequence of the degree of activation of its two subsystems: the sympathetic and the parasympathetic, finding that "sympathicotonia is what maintains the armour" (Serrano, 2011, p. 31). Meanwhile, in using the term "Character-Analytic," emphasis was placed on the character as a form of chronic resistance, insofar as it supposes a limitation or contraction of expressive, emotional, and pleasurable capacities that significantly diminish our potentiality and constrict our being. The psychotherapeutic process, then, would ideally aim at dissolving the character armor or, in other words, support evolution towards the genital character, characterized by the presentation of a flexible armor, creativity, and the capacity for self-regulation.

It should be noted that vegetative balance is linked with the capacity for pleasure. In Reichian terms, this would mean being able to live in accordance with the function of the orgasm.<sup>1</sup> Libidinal energy would flow freely, in contrast to what happens when armoring occurs and energy is blocked.

The field of psychotherapy is facing a radical change of approach. Whereas Freud considered language to be the exclusive means of psychological knowledge and "healing," Reich "gives the word to the body. If the 'patient' stands up, if he walks, if he cries, if he hits the couch in a fit of rage, this is good for treatment. We will no longer speak of a passage to action or acting out; the therapeutic process implies, on the contrary, the passage through the action" (Lapassade, 1982, p. 57).

We could say, to use Lapassade's expression, that Reich shows us the psychotherapeutic possibilities of passage through action, or, to paraphrase Freud, the body as the royal road toward knowledge of the unconscious. In fact, "every muscular rigidity contains the history and the meaning of its origin" (Reich, 1942, p. 267). This truly emblematic phrase emerges as an illuminating and inspiring beacon for numerous formulations and developments of body psychotherapy: the exalted appearance of the thesis of body memory, the body as a record of our emotional life, the speaking body, the body that tells of our conflicts and psychic sufferings, and

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1. Reich was a pioneer in the study of sexuality, having entered the field several decades before William Masters and Virginia Johnson became world famous in 1966 with the publication of their book *Human Sexual Response*.

showcases our character traits, denoting who we are and how we have constituted ourselves.

Reich raises the possibility that working on the muscles or through the breath might provide a means of access to the emotional world. He leaves behind the prohibition on touch, and the exclusive use of language that previously characterized the psychoanalytic method, envisioning instead new horizons of exploration and new psychotherapeutic alternatives.

## Post-Reichian and Neo-Reichian

There is no doubt that “Reich laid the foundations of a somatic psychology” (Boadella, 1993, p. 19), and stands as the primary reference in the field of body psychotherapy (Boadella, 1993; Geuter, 2015; Totton, 2003). He is at the origin of much of what was developed later, even in cases where his influence is unrecognized, ignored, or obviated.

Reichian work has given rise to a great diversity of possibilities, paths, and ramifications. As heirs to the legacy of Wilhelm Reich, we have, on the one hand, the post-Reichian psychotherapists – such as Elsworth Baker, Ola Raknes, Morton Herskowitz, Nic Waal, Federico Navarro, or Xavier Serrano, who maintain close proximity with the essence of Reichian work. On the other hand, there are the neo-Reichian psychotherapists, who, although Reich’s work is their foundational reference, propose either somewhat divergent or clearly differentiating developments. These include the following neo-Reichian psychotherapeutic proposals:

- Bioenergetics, created by Alexander Lowen together with John Pierrakos
- Core Energetics, created by John Pierrakos after having separated from Alexander Lowen
- Biodynamic Therapy, created by Gerda Boyesen
- Biosynthesis, created by David Boadella
- The Radix Method, created by Charles Kelley
- Postural Integration, created by Jack Painter

Among the many influences and derivations of Reichian work, I would like to highlight the developments carried out by Fritz Perls and Alexander Lowen.

## Fritz Perls: Gestalt Therapy

Prior to the formulation of his influential psychotherapeutic proposal, gestalt therapy, Fritz Perls practiced as a psychoanalyst for more than 20 years, carrying out his supervision with Helene Deutsch and Otto Fenichel, and undergoing his own analysis with several psychoanalysts, Karen Horney and Wilhelm Reich among them (Peñarubia, 2009).

From Reich, whom he met in 1930, Perls absorbed various teachings, such as:

- Valuing the how (form) beyond the what (content)
- Considering the role of muscle tension as a repressor of impulses, and their emotional significance
- The relationship between body rigidity and a petrified ego
- The focus on sensation as well as immediate and direct expression
- The concept of self-regulation (organismic)

Perls was interested not only in the expressive capacity and movement of the body, but also in the lived experience of patients, and their degree of awareness. “For Perls the first step was to concentrate on the bodily sensations so as to restore the bodily sense of the client, and then to undo muscular repressions” (Kepner, 1992, pp. 211–212).

It is evident that the training of Fritz Perls, Laura Perls (who was very interested in dance and eurythmy), and Paul Goodman (one of Lowen’s first patients), informed them such that, from its historical beginnings, gestalt therapy strongly emphasized body phenomena (Kepner, 1992). In any case, the question is often raised: is gestalt a mind-body therapy? Among the gestaltists, there is no consensus, due to the heterogeneity of therapeutic positions. As Ginger (2005) points out, although all gestaltists are interested in what the body expresses, some of them stay there (observing it and questioning it verbally); others mobilize the patient’s body with body exercises; and there are those who even intervene with their own body, and do not hesitate to touch the client if they see it necessary. In this regard, the testimony of Laura Perls should be highlighted: “I employ all kinds of physical contact if I think that doing so can help the

patient take a step in realizing the present situation [...]. I will light a cigarette, give someone a spoonful of something, fix a woman's hair, hold someone's hand or hug a patient to my chest if that seems to me to be the best means of establishing communication" (Laura Perls, cited in Ginger, 2005, p. 118).

Even when the principles of gestalt do not entail the obligation of bodily mobilization, Ginger (2005) opines that active intervention on or with the body constitutes a powerful shift to deepen therapeutic work, increase its effectiveness, and reduce its duration.

Corporal intervention, according to Ginger (2005), requires strict ethical control, as well as mutual trust between psychotherapist and patient. Due to these demands, and given the risks of ambiguity inherent in a dyadic context, its implementation is the exception rather than the rule in individual therapy. Generally, body-mind games or exercises, through which new facets of oneself can be discovered or made more explicit, are practiced in a group context, where contact with the therapist or with peers can be safely explored. "Naturally, these exercises cannot be programmed in advance, precisely because it is essential that they respond to the atmosphere and concerns of the moment" (Ginger, 2008, p. 13), and may involve the whole group or a particular patient, and their ability to focus on exploring a certain experience – for example, the experience of tenderness.

In gestalt work, it is possible to make use of a wide range of resources, ranging from the psychodramatic approach to the implementation of a particular body-psyche intervention (for example, bioenergetics), as well as other options such as poetry, drawing, music, or dance. "If we assume that the gestalt is more a certain attitude than a set of techniques, the important thing is then to determine if the therapist's attitude is gestaltic, beyond the purity or application of his techniques" (Peñarrubia, 2009, p. 268).

Perhaps because since its inception it has been nurtured with numerous tools from other orientations or psychotherapeutic proposals, and is especially characterized by its holistic vision and work in the here and now, gestalt therapy, according to Kepner (1992), has not developed a corpus of techniques as complete as that provided by either the Reichian approach or purely somatic approaches – for example, Rolfing.

## Alexander Lowen: Bioenergetics

Wilhelm Reich was Alexander Lowen's teacher from 1940 to 1952, and his analyst from 1942 to 1945. On one occasion in which Lowen attended Reich's laboratory, Reich told him that if he was really interested in his work, the only way to get started was to undergo psychotherapy. The suggestion must have surprised Lowen, since he hadn't thought about it, replying that of course he was interested, but what he really wanted was to become famous. Reich replied that yes, it would make him famous. It seems that this answer was what Lowen needed to overcome his resistance and enter the field to which he dedicated the rest of his life (Lowen, 1976).

Lowen's first therapeutic session with Reich was an unforgettable experience. At a certain point, Reich told him that he was not breathing, and that it was noticeable in the immobilization of his chest. Lowen resumed his breathing, which began to manifest easily and deeply. After a time, Reich invited him to tilt his head back and open his eyes wide. Lowen did so, and suddenly (unexpectedly) a scream escaped his throat. It should be noted that in order to mobilize any type of emotional expression, the previous step in Reich's therapeutic process was to make the patient breathe easily and deeply, which served as a bridge, a link, to connect the patient (in this case Lowen) with their past experiences and memories (Lowen, 1976).

Although his assessment of Reichian psychotherapy was positive, Lowen continued to suffer from chronic muscular tension that prevented him from enjoying life as he wanted, and he thought that the solution was to resume his psychotherapeutic process. He did so with John Pierrakos, a doctor who had undergone Reichian psychotherapy and with whom he became associated in 1953. During Pierrakos's treatment, which lasted almost three years, Lowen directed much of the bodywork, devising the postures and body exercises that they tested on themselves and later applied to their patients. As Lowen felt the need to work especially on his legs, this led him to propose the standing position as the starting point for psychotherapeutic work, instead of starting from the supine position, which is what Reich proposed. Another of the changes proposed by Lowen and Pierrakos, with respect to the methodology of character-analytic vegetotherapy, was the implementation of a chair

or seat in order to promote deep and full breathing. This was how, together, they created bioenergetics. In 1956, they founded the Institute for Bioenergetic Analysis (Lowen, 1976).

## Ola Raknes and Federico Navarro: Post-Reichian Developments in Norway and Italy

On his scientific journey through different countries (Germany, Denmark, Sweden, Norway, and the United States) Reich disseminated his knowledge and trained numerous psychotherapists according to certain clinical and methodological principles – for example, working on the dissolution of the armor in a cephalocaudal direction, that is, starting with the ocular segment and working on the successive segments<sup>2</sup>, finishing with the seventh or last, pelvic segment. This way of working implies addressing the pre-Oedipal problems before the Oedipal). However, he did not write a manual that systematized his method and techniques (Serrano, 1993; Ortiz, 2016).

One of Reich's closest disciples and transmitters of his teachings on vegetotherapy was Ola Raknes, who, in his country, Norway, established a training group with great influence and tradition. Reich considered him a dear friend and collaborator, a loyal person with great knowledge of his work and praxis, "one of the few masters" (Reich, 1950, p. 145).

Accepting a Reichian training position offered to him in Italy by a group of professionals headed by Federico Navarro, Raknes, already an octogenarian, traveled to Naples for three summers to impart his theoretical and practical knowledge. The seeds planted during this time gave way to a bountiful harvest. In 1974, Navarro, in the company of several colleagues, founded the Società Italiana de Ricerche y Terapia Orgonómica (SIRTO), an association that in 1979 would be renamed Scuola Europea di Orgonoterapia (SEOr). In 1994, the association was reorganized, this time under the name IFOC (International Federation of Orgonomic Colleges<sup>3</sup>), with the idea of bringing together the vari-

ous post-Reichian associations from all around the world – not only those in Europe – and with Federico Navarro as honorary president, Jean Loic Albina as secretary, and Xavier Serrano as president.

Wilhelm Reich had communicated to Ola Raknes his desire to provide a methodology to vegetotherapy, a task that Raknes failed to carry out, and that he in turn entrusted to Federico Navarro (Navarro, 1993). This work was finally realized by Navarro in his book *Methodology of Character-Analytic Vegetotherapy*, where he states that "Vegetotherapy seeks to heal the patient through 'particular' bodily interventions (actings) that provoke neurovegetative, emotional, and muscular reactions capable of restructuring a healthy psycho-affectivity" (Navarro, 1993, p. 24). Navarro also addresses the following questions, among others: 1) Reichian clinical and methodological principles; 2) gradual and non-violent dissolution of energy blockages; 3) energetic diagnosis based on the presence and possible combination of hypo-orgony, hyper-orgony, or disorgony; 4) Reichian massage; 5) setting; 6) types of action and their application, depending on the body segments.

As a vegetotherapy manual, Navarro's book is brief and "reflects only the basic clinical references" (Serrano, 1993, p. 14), lacking further elaboration or more explanations regarding its formulations. With regard to Navarro's literary style, Serrano said he uses "excessively cryptic language" (Serrano, 2004, p. 196).

## Vegetotherapy versus Bioenergetics

When comparing both psychotherapeutic processes, we can consider the following:

1. From the methodological point of view (Gonçalves, 2008), there is a substantial key difference with respect to the direction of mind-body work. In Reich's approach, it goes from the head to the feet (cephalocaudal direction), while Lowen works from the legs and feet (rooting exercises) and then goes on to consider those areas of the body that are more tense.

2. The seven segments referred to by Reich are: 1) the ocular segment; 2) the oral segment; 3) the cervical segment; 4) the thoracic segment; 5) the diaphragmatic segment; 6) the abdominal segment; 7) the pelvic segment.  
3. The first major Reichian association was the American College of Orgonomy.

2. “It makes no sense to modify the ‘way of holding on’ if the emotional base that disturbs it (pregenital) continues intact” (Urquizu & Arias, 1990, p. 74). In fact, “the feeling of security is not born from ‘planting your feet more firmly’ but from knowing who you are and where you are, for which you need a good contact with yourself and with reality, which in turn supposes a good functioning of all telereceptors” (Urquizu & Arias, 1990, p. 58).
3. Rooting or grounding work could be useful at the end of the psychotherapeutic process, and not at the beginning, once the pregenital segments have been worked on (Urquizu & Arias, 1990).
4. For Reich, the deepest root of the contact would be in the ocular and diaphragmatic segments while for Lowen it would be in the legs (Gonçalvez, 2008).
5. Regarding patients with armoring deficits (Gonçalvez, 2008), in the Reichian approach, priority is given to working with the pregenital segments, while in Lowen’s approach, work with the legs and spine is prioritized, with the idea that the energy overload descends to the ground and can be discharged, thus avoiding the risk of crisis or psychological decompensation.
6. Despite the precautions that are taken, the fact is that starting psychotherapeutic work with the legs and feet entails a risk of energetic overload of the upper segments (Urquizu & Arias, 1990).
7. The Reichian cephalocaudal direction of the psychotherapeutic process “allows for contact and gradual tolerance of higher energy levels, thus avoiding the risk of the patient being flooded by an excess of energy that can lead to confused, psychotic or depressive anxieties” (Gonçalvez, 2008, pp. 2-3).
8. Reich offers deep social criticism, with the idea that social transformation results in better health conditions and the prevention of armoring, while Lowen focuses on individual or personal change, with the idea that the individual can adapt and live pleasantly in society (Gonçalvez, 2008; Urquizu & Arias, 1990). As Lowen himself clarifies: “Although I had many similar feelings, I was not a revolutionary like Reich, as much as I wanted to see many changes in this culture. My founding of the Institute for

Bioenergetic Analysis was motivated by a sincere hope that I would help alleviate the suffering of people. But it was also motivated by my personal and narcissistic needs. Through it, I would fulfill my expressed desire to become famous” (Lowen, 2013, p. 88).

Taking into account everything referenced in this section, we can conclude, in accordance with Urquizu & Arias (1990), that bioenergetics constitutes a “very personal” development, “a different path,” carried out by Lowen, based on certain discoveries made by Reich.

## Overview of Mind-Body Approaches in Spain

When researching the range of current approaches in Spanish body psychotherapy, an interesting option is to consult the website of the Spanish Federation of Associations of Psychotherapists (FEAP), and, more specifically, the different sections that make it up, such as the Section of Body and Emotional Psychotherapies, where we find the following associations or schools:

- Laureano Cuesta Association of Psychotherapists
- Spanish Association of Gestalt Therapy (AETG)
- Spanish Association of Psychosomatotherapy
- Spanish School of Reichian Therapy (ESTER)

Some of these associations or schools, such as the AETG, incorporate a large number of centers, institutes, or schools at the national level. ESTER, in addition to expanding nationally with several centers, has international delegations in several countries. On the other hand, we cannot ignore other important classical models at the international level, with their corresponding working groups in Spain. Such is the case with bioenergetics.

Although it is true that Spanish body psychotherapy exceeds the framework of the FEAP, it is worth recognizing that affiliation to such a federation is a guarantee of educational and professional quality in the Spanish sphere, as is the affiliation with the European Association for Body Psychotherapy (EABP), of which ESTER has been a part since its constitution.

Scanning the wide span of Spanish body psychotherapy that one can find browsing the Internet, I have found these approaches:

1. Gestalt therapy
2. Gestalt therapy with basic training in bioenergetics
3. Gestalt therapy with bodywork based on dance and expressive movement
4. Bioenergetics
5. Integrative bioenergetic body therapy, taking into consideration (Reichian) character analysis, bioenergetics, gestalt therapy, and psychodrama
6. Biosynthesis
7. Energetic body psychotherapy, taking Core Energetics as a fundamental basis
8. Primal therapy
9. Humanistic integrative body psychotherapy, integrating mindfulness and biosynthesis
10. Somatic Experiencing
11. EMDR
12. Focusing
13. Hakomi
14. Holotropic Breathwork
15. Sensorimotor Psychotherapy
16. Character-Analytic psychotherapy:
  - a. Character-Analytic Vegetotherapy
  - b. Brief Character-Analytic Psychotherapy (PBC), created by Xavier Serrano

Character-analytic psychotherapy constitutes a current psychotherapy model systematized by Xavier Serrano Hortelano, within the clinical teams of the Spanish School of Reichian Psychotherapy<sup>4</sup> (ESTER). This is a post-Reichian development that emerges with great brilliance in the current panorama of body psychotherapy, and which we will deal with below.

## Xavier Serrano: Post-Reichian Development in Spain

It is often said that that which is not written does not exist. This is something that Xavier Serrano refers to on many occasions, encouraging his colleagues to write, so that the knowledge they possess does not die, so that it can be known or transmitted beyond the echo of words. That is why he has endeavored to leave a testimony of his knowledge, not only through countless courses, seminars, workshops, or conferences, but also through writing.<sup>5</sup> Proof of this is his book, *Character-Analytic Psychotherapy* (2020), which contains his vast clinical experience, a seemingly infinite account of supervisions, debates, and reflections, and rich psychotherapeutic knowledge, all forged through the professional career of its author, Xavier Serrano Hortelano, in the company of his colleagues and friends from the Escuela Española de Psicoterapia Reichiana (ESTER), which he co-founded and has directed since its inception in 1987 in the city of Valencia. It is a book that compiles Reichian and post-Reichian knowledge of the genealogical line that, starting from the wisdom and originality of Wilhelm Reich, continues to consolidate, nourish, and fertilize itself through Ola Raknes, Federico Navarro, and Xavier Serrano himself.

In *Character-Analytic Psychotherapy*, Serrano addresses, with knowledge, clinical wealth, and great depth, the main axes of post-Reichian clinical interventions. These range from the role of psychotherapy and the psychotherapist to the political and ecological praxis, the study of the setting, structural diagnosis, working with character-analytic vegetotherapy, brief character-analytic psychotherapy, clinical interventions in couple conflicts, and the role of the therapeutic group. Several of these contributions are new; for example, structural diagnosis and its relevance for the modulation and adequacy of corresponding clinical intervention, which had not been addressed by Reich, Navarro,<sup>6</sup> or other authors, while other contributions have been developed in greater depth, in a

4. Since 2021, ESTER has used the term Reichian psychotherapy, instead of the term Reichian therapy, in its group presentation. Its new name is La Escuela Española de Psicoterapia Reichiana (Spanish School of Reichian Psychotherapy), as it appears on its Facebook wall.

5. Xavier Serrano is a prolific author who has written a large number of scientific articles, popular articles, and several books throughout his professional life.

sum of knowledge that propels the Reichian paradigm towards the future.

The ESTER collective uses the name Character-Analytic Psychotherapy to encompass different types of clinical practice settings, such as crisis intervention, focal psychotherapy with brief character-analytic psychotherapy, or deep psychotherapy with character-analytic vegetotherapy. Clinical practice can also take an individual, couple, or group approach, depending on the characteristics, circumstances, and needs of the patient in question. Let us bear in mind that “the character-analytic psychotherapist will modulate their way of being and relating to the patient according to the type of setting (crisis, brief, or deep) and their structure” (Serrano, 2020, p. 77), in such a way that in certain people and situations the therapist’s posture can be quite aseptic and neutral, while in other cases it is convenient to be very empathic and close.

For the formulation of a methodology for a brief or focal setting within the Reichian paradigm, where we find as a bibliographic antecedent the story of Raknes (1950) about a patient whom he attended for 12 sessions with good results, we owe credit to Xavier Serrano, who devised it from certain technical elements of the psychodynamic focal proposals, and from certain clinical considerations he adapted from the praxis of vegetotherapy (for example, modifying the time of applying the actings<sup>7</sup>). In fact, Character-analytic Brief Psychotherapy (PBC) is still the translation and adaptation of the deep psychotherapeutic approach to a brief setting, and for this reason it will have more limited goals. While in vegetotherapy, regression and transference neurosis are favored, leading to significant characterological change, in PBC, we operate especially paying attention to the current reality, considering the attenuation of symptoms as a fundamental goal.

Serrano first presented the PBC model in a meeting with his colleagues and friends of ESTER, and then

later, in 1990, at an international congress. From then on, the model began to spread, with encouraging results in a short time, and with the publication of a book released in 2007. Years later, in 2011, Serrano published *Profundizando en el diván reichiano (Deepening on the Reichian couch)*, where he writes in detail and at length about the particularities and possibilities of character-analytic vegetotherapy. Then, in 2020, we have Character-analytic psychotherapy, a synthesis and update of Serrano’s two previous works, and the continuation of a thrilling trajectory in which Serrano has nourished debates and contributions to body psychotherapy. More than a book, it is a legacy of great knowledge and wisdom, the fruit of a life project to which he has been and still remains dedicated with passion, delight, and devotion.

Drawing upon the many years of ESTER’s experience, the inclusion of the therapeutic group is considered very convenient, not as an alternative to individual work (whether in a brief setting or a deeper one), but as a complementary approach that enables us to work within an advanced phase of treatment on the problems and dynamics that do not appear, or are barely expressed, in the dyadic context with the therapist, and that can emerge and be expressed in different variations in the context of a shared relationship with other people. In this regard, Serrano’s books illustrate how to proceed and what tools to use in the therapeutic group, in addition to talking about couple relationships, their difficulties and conflicts over time, and how to address them from Reichian praxis.

A cardinal guiding issue in the psychotherapeutic work of Xavier and the ESTER collective is the underlying knowledge in each intervention proposal, considering a large number of psychodynamic, energetic and relational variables in the encounter with the patient in question. In this sense, and taking into account that every “healing” process passes through the psychotherapist-patient relational axis, we speak not about a mere application

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6. Federico Navarro was always a great professional reference for Xavier Serrano. In addition, with the passage of time, the relationship between the two was crowned with the bond of a friendship that they enjoyed for twenty years, until Federico’s death.
  7. In PBC, the application of acting (with a duration of about five to eight minutes) constitutes “a dynamizer of the sensory system, a kinesthetic contact pathway and neutralizer of distress” (Serrano, 2020, p. 78), which serves as a great resource of insight. Vegetotherapy fulfills the possibilities mentioned in the PBC, and since the depth of scope of its acting (with a duration of about 15 to 20 minutes) is significantly greater, there are usually emotional reactions related to traumatic events at the same time that a readjustment takes place in the function of the autonomic nervous system.

of techniques, some of them very powerful, which, in the hands of psychotherapists infused with narcissism or lacking in knowledge, can be dangerous, but rather about knowing how to consider to what extent, and when, it is beneficial to work with a certain (psycho-somatic) tool, or at the level of transference and countertransference.

## Training and Deontology

Although a certain technique or form of intervention may be valuable and successful with one patient, it may not be appropriate for other patients, or under differing conditions. The same sun that can help to grow can also burn or destroy. It is vitally important to know how to proceed, and to what extent, with certain patients and at certain times. And in the case of psychosomatic interventions, it is also necessary to know the logic of energy circulation, and the possible repercussions of energy release from some segments upon others. The idea of catharsis for its own sake, promoting the release of energy at any time and on any body area or segment, can be fatal: “You run the risk, taking energy upwards, of being able to explode a compensated psychotic nucleus and, therefore, of uncontrolled crisis” (Navarro, 1993, p. 28). That is why practices that encourage increased energy could be contraindicated in cases of psychosis or prepsychosis (Totton, 2003) unless the psychotherapist knows when to proceed with it, and how to properly prepare patients (for example, previously helping them to mature and strengthen their defensive ego capacity) for such a moment.

It is essential for psychotherapists to know in which psychological terrain they are moving, and what kinds of steps can be beneficial in the helping relationship. We should not ignore or overlook that the level of depth and the type of work proposed will depend on the evolutionary moment of the patients, on their psychic structure and the relational framework or setting. In this regard, and preserving the distance with the field of psychotherapy (where patients, with the assistance of the psychotherapist, carry out their own work), I would like to refer, as a simile, to the great difference that exists between the superficial treatment of a trauma and the deep intervention carried out by a surgeon, which requires, among other ingredients, expert knowledge and an operating room as conditions to

be able to tackle such a task, because otherwise the open processes will be fatally affected.

In the world of (body) psychotherapy there are times when practitioners slip in who lack sufficient training and professional ethics. There are opportunistic psychotherapists with little professional rigor or integrity who, ignoring the possible repercussions of their interventions or what they may be promoting, present themselves to society as great healers or saviors in an exercise of narcissism and omnipotence that can have serious consequences in their patients.

Being aware that, in a world characterized by an excess of information and offers of all kinds, we need to rediscover and reaffirm the value of true training, we can congratulate ourselves on having, through the work of Xavier Serrano and his group, a (body) psychotherapeutic model based on solid clinical bases and guided by intellectual honesty and professional ethics.

## Ecologic and Social Vision in the Reichian Paradigm

With successive and updated contributions, ESTER has consolidated and developed a unique and broad body of knowledge in different aspects and areas of research and intervention. Its model presents a view that goes far beyond what is properly psychotherapeutic, forming part of an ecological conception, made known by Xavier Serrano as the *ecology of human systems*, which is consistent with the thesis that pathology is gestated in the process of interaction with others, in the relationships in which we participate, in such a way that the commitment to change and improvement might have a significant impact on the various relational systems, both at the micro-social and macro-social levels. Let us remember in this regard the preventive and social work carried out by Wilhelm Reich himself – for example, in 1931, when he participated in the founding of the Sex-Pol, a German association for the sexual politics of the proletariat; or in 1950, in the United States, with the creation of the Ergonomic Infant Research Center (OIRC). It is evident that in the Reichian paradigm, the preventive ecological perspective of the psychopathological and the psychotherapeutic is inseparable. We work and fight for a healthy society to humanize our (social) life. The idea is “to apply this knowledge not only in

the clinical or psychopathology field, but also in all those activities that can facilitate its potential and the functionality of its praxis (sexology, education, institutional analysis, preventive care in pregnancy, childbirth and family system, etc.)” (Serrano, 2020, p. 83), so that we can live and grow, as much

as possible, (energetically) free, with true options of satisfactory self-regulation in the different relational environments throughout our entire life cycle: living together with respect, collaboration and mutual support, with affective and supportive ties – humanly.



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# Fragments of War

Natasha Kuhn

“**I** wonder how many generations will carry attachment to the pain and hurt we caused each other in that war.

It was a beautiful summer evening. The familiar smell of the Pacific Ocean was in the air, and a golden sunset was unfolding while I walked the streets of Vancouver, BC. A large crowd walking towards the English Bay reminded me that the Symphony of Fire was about to start. I decided I would not join this beautiful event since I needed some rest, and to feel grounded at home. Learning how to deal with my needs was a difficult but much-needed skill I was learning.

Walking through a corridor of downtown buildings, I heard the first small fireworks. I casually kept walking towards my apartment building while noticing an unusual feeling of something like anxiety tingling in my belly. I picked up my pace, thinking I wanted to be home before the full-blown fireworks started. I noticed my heartbeat picking up, and I felt hot when more fireworks echoed between the buildings, and then again, and again, much louder this time.

Suddenly, I felt frozen. The slight tingling in my belly had become an explosion of panic throughout my body; my heart started pounding, my hands were sweaty, and I felt completely lost. Outside was a beautiful day, but within me, there was still war.

I wanted to scream and run, or curl up into the smallest speck, but I couldn't; I felt disoriented and helpless. For a split second, I lost sight of my building, and in my mind, I was back in Bosnia. Grenades are exploding all around me. I see the living room where I grew up. I am a child and have nowhere to hide; I am helpless. The detonations are so close and powerful that I can feel them in my body. I cover my eyes and burst into tears. What do I do? Where do I go?

This was not the first time I experienced panic since becoming a refugee after the Bosnian war, but this was the first time that panic completely took over my current reality. The only other time I have experienced my body take over my mind was while giving birth to my child many years later. The two experiences are not comparable, but the similarity was that I could not talk myself out of them. The body knew what to do, and it was unfolding beyond my control.

When the war started in 1991, I was fifteen years old. Living in a war zone for three years, without electricity or enough food, was terrifying and confusing as a teenager. When my brother and I walked through minefields to flee Bosnia on our own, and became refugees in Canada at age 18, I experienced intense panic attacks, a deep sense of helplessness, and loneliness. I was separated from my family, home, and everything I knew. The pain was unbearable.

Wars destroy country infrastructures, cultures, families, and individuals. Just like on the outer, so it is on the inner. My inner infrastructure was destroyed, and I found myself in this unfamiliar culture, lost and scared. My new strategy was to block all painful memories, and forget everything that happened. I had a new chance, and I needed to pull up my bootstraps and do this life, even if I was alone. I pushed away the fear and panic, and put on a mask of confidence and resilience. If I could survive the war and leave everything behind, I could push through anything.

But my experience that evening in Vancouver showed me that no matter how much I pushed them away, the pain and panic were still in me. They were wired in my nervous system, body, and mind. The more I pushed, the more I felt separated from myself. My longing to understand who I am and where I belong prompted me to embark on my healing journey.

One of the paths I took was Core Energetics classes. I started understanding that my body holds all the painful fragmented memories I have lived with for many years. These fragmented parts are not gone; they can't be forgotten. They were buried in me with alternative intentions directing my life. They show up as blocks on different levels of being. The Core Energetics framework looks at the blocks on five levels – our body, emotions, thinking patterns, inner will, and spirit. For example, Wilhelm Reich's teachings taught me that blocks made up of muscle groupings stop the difficult emotions from moving through me, but also hold back my life force. They have to be met with compassion and love in the present moment. They want to be witnessed, expressed through my whole body, and accepted; then they can move on. Suddenly I understood why talk therapy was not helping me. I realized I couldn't just talk the trauma out of me. But I still can change and create a different life for myself.

Like the new dawn, hope has come in, and I can sit differently with the pain of war. I still feel anger and hate that so many people had to die for someone else's ideals, but I don't need to project that hate passive-aggressively onto people around me today as I sometimes used to do. I feel anger that I had to flee from the land that I long for every day, but now I know that I don't have to flee from my body. I can safely express the hate and anger in my sessions, giving it a voice and letting it go. Today, my deep longing for my people and land is my teacher asking me to stay in the present moment because this is where healing takes place.

As I take my work into the world and find my voice, I look at the long history of human attachment to pain. As part of the Balkans – neither Western nor Eastern Europe – Bosnia has a deep tumultuous history. We have had wars on our land almost every 50 years. After the most recent war, 30 years later, Bosnia is recovering from massive disruption. The political and economic arena is deeply corrupt, and exploited by individuals fueling fanatic nationalism. In people's eyes, I see the pain that is looking to target revenge. It shows up through addiction, and abuse of the land and each other through dishonest relationships.

Don't get me wrong; there is also love and our well-known hospitality, but the pain has to manifest in some way. I wonder how many generations will carry attachment to the pain and hurt we caused each other in that war. Would forgiveness mean that we are letting the other side truly win after all? Holding a grudge is keeping us in the same familiar tension. Perhaps this tension is what gives us limits, and feelings of belonging. But what kind of belonging is it when it means excluding or being better than others? How many years and generations are we willing to stay with this negative wish for our people, for all

people? I believe the work starts on a micro level; we each need to recognize our own love and hate projections in the world. The grief and pain are real and need to be acknowledged, yet the mass beliefs must be individually brought to consciousness, challenged, and discarded to make room for new and true inner and outer freedom.



**Natasha Kuhn** spent her formative years in the former Yugoslavia until becoming a refugee in 1994. Arriving in Canada allowed her to embark on a healing journey and explore the best ways she could help others. Her passion is working with individuals and groups. She now has a private practice in Seattle, WA, where she lives with her husband, two kids, and a mischievous cat.

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## PERSONAL VIEWPOINT

# Volunteering

*A healing process and training in awareness*

**Antigone Oreopoulou**

“P

*ace is a daily, a weekly, a monthly process,  
gradually changing opinions,  
slowly eroding old barriers,  
quietly building new structures.*

—John Kennedy

If you were told you that you needed to train if you wanted to be a volunteer, how would you respond?

My response was, “Why should I need training to offer my time and knowledge?”

A year ago, I came across the HELPELLAS Volunteering Academy. Until then, my understanding of volunteering amounted to donating blood, helping animals, recycling, social solidarity, funding social projects, offering pro bono services, participating on administrative boards, and creating municipal clinics.

As a body psychotherapist, I was aware of the mounting psychological crises in Greece due to the pandemic as well as to financial and environmental crises. In July 2021, Greece once again suffered numerous fires, and in September 2021, large earthquakes. I saw first-hand a major influx of volunteers offer help – an influx that was totally uncoordinated, and which, when the fires were under control and the earthquakes behind us, soon fell apart. Additionally, and deplorably, many nonprofits and NGOs have questionable reputations in terms of how they handle money and goods.

While researching how volunteering could be better organized, I found the HELPELLAS Volunteering Academy. I offered my services, and was assigned the role of Chief Coordinator of the Academy’s Training Program, a unique program that creates certified volunteers with common values in terms of defining volunteering, ethical codes, behavior, and attitude. This training program includes relational soft skills that are tremendously useful in all aspects of life – professional, personal, family, etc.

During my initial period as Program Coordinator, I met people from all walks of life, all sharing the common goal of making volunteering a transparent, solid institution from the people to the people. The training goal is to show that volunteerism is a way of life, independent of political parties and ideologies. It is an ancient human practice that contains and expands skills such as teamwork, leadership, self-discipline, empathy, and individual social responsibility – skills that connect and unify in order to produce results. I met people that I would never have the joy, luck, or opportunity to meet otherwise – young people, old people, active volunteers and volunteers to be, working and non-working people, professors, teachers, scientists, students, administrators, artists,

public servants, dreamers, and realists. From different parts of Greece and the world, all were motivated by a common denominator: their faith and enthusiasm, their knowledge of the importance of volunteering and its effect on society, and their willingness to train in order to improve themselves and the practice of volunteering.

Information I never imagined existed poured in: history, philosophy, law, policies on national, European, and international levels – all focused on creating practical results. My expertise grew at the speed of light. I felt like Alice in Wonderland, discovering amazing new possibilities – the most important being meeting, connecting, and bonding with generous individuals who readily offered their knowledge, time, experience, and willingness to support and help others in order to better our world. I realized that volunteerism, in a time of border violations, exemplifies the connectivity and networking that underlie the natural world. It emphasizes the interconnection between people and professions, the knowledge that results from expansion, and the effective multiplication of actions.

As our volunteering training proceeded, war broke out in Ukraine. Within a few days, Greece began taking in war refugees, mostly mothers with their children. A host of issues surfaced that required immediate solutions; in addition to the need for translators, to name only a few, housing, medical, psychological, financial, legal, and child support. Some refugees arrived at a facility close to the Academy's headquarters. In cooperation with the local municipality and the Ukrainian Women's Association in Greece, we spent hours with these women and children, registering and prioritizing their immediate needs.

Initially, I felt small and inadequate, realizing the insignificance of my personal problems. One day, for example, I was about to approach a mother and her two young children when the translator held me back. All three were staring at a tablet with tears flowing. The translator explained that they were speaking to their father, who was fighting at Harkovo, an area flattened by bombings. They did not know, day to day, if he would be alive the next day. Every night, they said their "I love you" and goodbyes, uncertain if they would ever talk again.

Etched in my heart are those days of sitting with refugee children on the garden stairs as they made drawings to teach me Ukrainian words and phrases to explain their needs. I still feel the warmth of their hugs, and see the look in their eyes in my mind's eye.

These past months, I have learned how to connect projects and be part of an effective chain. I learned how to sponsor, how to coordinate people and organizations from different countries, and how to create effective networks that coordinate projects and actions. Most importantly, I learned how to connect people from different establishments and sectors in order for projects to become viable. For example, last August, Athens coped with a dangerous raging urban fire. We asked the first-line organizations to provide our Volunteering Academy with a list of their immediate needs. Half an hour later, we received an email list of mainly pharmaceutical needs. We posted the list on social media, and sent emails to pharmaceutical companies. Immediately drugs, isotonic drinks, water, and special snacks began arriving at our headquarters. An hour later, another NGO drove the needed goods to the fire front. Simultaneously, the Volunteering Academy's social clinic was activated, and volunteer psychologists, psychotherapists, and psychiatrists were on standby. We are currently preparing support projects for the homeless, health campaigns, and trainings to help children.

So different from my individual process of a year ago...

In a short period of time, more and more people, regardless of their age, education, income, and social or political party affiliation have decided to train in volunteering in order to offer better support. Increasingly, they are coming to our headquarters, offering their time and knowledge. More universities are looking to connect with volunteer training and actions, and more companies are offering to support these actions.

I feel grateful for this life opportunity. Even though I am not an activist on the front line, in one short year, I have learned how organizing volunteering works. It is a mind and soul training that needs certified training to understand how actions can become more effective. Volunteerism has a wholistic healing effect for the volunteer, the receiver, the neighborhood, the municipality, the city, the society, and the world. It creates bonds, unifies people, builds safety, and activates mindfulness. It helps people create the society they dream of. I have learned that actions and small teams, when connected together, create amazing results. When the required skills and values are in place, inspired teams can create miracles. Finally, at my age, I now believe that training in volunteering can create change and offer hope to the generations that will follow us on this planet. Volunteerism forms and transforms responsible citizens for tomorrow.

My experience has shown me that volunteering supports the ventral vagal function. Through grounding and compassion, volunteering increases one's ability to relate and connect. Volunteer training sets in motion trauma healing mechanisms. It builds and stabilizes new neuronal pathways, and increases cognitive and empathic functions, thus enhancing both functions and creating bridges between our cortical hemispheres.



## About HELPHELLAS Volunteering Academy

A unique, three-year old nonprofit organization, HELPHELLAS integrates volunteering with connection, unification, and the creation of bonds among individuals, municipalities, companies, foundations, universities, NGOs and the state. HELPHELLAS embraces all aspects of volunteerism wholistically, making sure that volunteer actions have transparency, purpose, continuity, and results – preferably with enduring outcomes.

The Volunteering Academy is a nonprofit NGO that bridges and bonds all ages, genders, and cultures via active offerings at the individual, neighborhood, municipality, city, and national level, and, finally, at the world level. Via volunteering, HELPHELLAS creates a bonding chain that multiplies the effectiveness of support and assures its long-lasting results.

HELPHELLAS engages individual social responsibility – a foundation of democracy – so every citizen understands Kennedy's words: "Peace is a daily, a weekly, a monthly process, gradually changing opinions, slowly eroding old barriers, quietly building new structures." This purpose begins with ordinary citizens, and spreads upwards to governments, belonging to the social economy sector (the other sectors are private and public).

The Volunteering Academy projects align with the 17 UN Sustainable Development Goals. The Academy's goals include organizing and coordinating effective citizen responses to crises, offering backup for government actions, creating preventive and after-crisis assistance programs, and creating a common language and awareness regarding volunteering.

And the name HELPHELLAS? HELLAS means Greece. . . in Greek. It stands for supporting people via Hellenistic values, culture, philosophy, and language. Every individual, no matter where they live on the globe, can help at the level and to the degree that is possible for them.



**Antigone Oreopoulou** studied biology at the University of Thessaloniki, Greece, and earned her MSc in nutrition from the University of Toronto Medical School. She has an MA in Psychology from the University of Indianapolis, and a second MA in Public Relations and Communication from the American College of Greece, Communication Department. She is trained in Biosynthesis, trauma therapy, and clinical hypnosis. For decades, she has trained health and education professionals in communication, and midwives in how to connect with couples during pregnancy and birthing. She was Managing Editor of the International Body Psychotherapy Journal, has written four books, and is currently Vice President of the HELPHELLAS Volunteering Academy.

HELPHELLAS: [www.helphellas.org](http://www.helphellas.org)

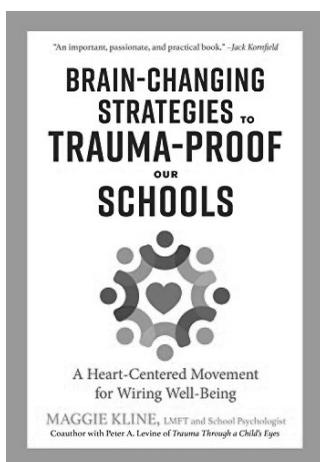
## BOOK REVIEW

# Brain-Changing Strategies to Trauma-Proof Our Schools

*A Brain-Changing Strategies to Trauma-Proof Our Schools*

by Maggie Kline

Teresa García Hubard



**Brain-Changing Strategies to Trauma-Proof Our Schools**

*A Brain-Changing Strategies to Trauma-Proof Our Schools*

Maggie Kline

Publication Date: 2020

Publisher: North Atlantic

**B**rain-Changing Strategies to Trauma-Proof Our Schools is the latest book by Maggie Kline. A California Marriage and Family Therapist, Somatic Experiencing faculty, and school psychologist, she has co-authored two books with Dr. Peter A. Levine, including my personal favorite, *Trauma-Proofing Your Kids*. Her new book is written for teachers, staff, healing professionals, parents, and caring leaders. The inclusion of those in government and leadership positions as her audience is greatly important because the scope of *Brain-Changing Strategies* should not be limited to the fields of education and mental health; rather, it should inform and embrace the entire community.

*Brain-Changing Strategies* is grounded in neuroscience, trauma research, embodied mindfulness, and relational healing. It is an invitation to provide schools with strategies that will transform the children's neurobiology. The author promises to give us the tools to make this an easy and gratifying task: "By incorporating activities designed to promote emotional intelligence and sensation awareness, schools can improve mental and physical health that hopefully will lead to responsible citizenship." Kline's deep longing is found in her subtitle: *A Heart-Centered Movement for Wiring Well-Being*. She knows that

in order to create a cultural shift, she needs to reach not only parents and teachers, but also the entire school staff, and ultimately community leaders as well as “visionary policymakers.”

Part One of *Brain-Changing Strategies* explains the biological basis of trauma and how to activate its antidote: resilience. It emphasizes the importance of secure emotional connections among students and all school personnel. The author lists what she calls *The Eight Essentials* – the main ingredients for healthy attachment and features detailed activities to promote each of them.

In Part Two, she builds upon the basic self-regulation skills presented in Part One with added tools for specific symptoms and behaviors manifested by traumatized children, such as mood disorders, aggression, and ADD with and without hyperactivity. More strategies and case examples are generously sprinkled throughout.

Finally, Part Three covers special topics like disaster first aid through a step-by-step protocol to lend support in times of human and natural tragedy. It also touches on wider issues like intergenerational trauma, systemic racism, and inequity, with the clear understanding that until all students feel safe, no one is safe.

We know that we cannot change a child’s history, but this book offer a way to effectively influence their neurobiology. What I find fascinating is the simplicity of the strategy: play. Kline’s invitation is to learn to play, but, as Winnicott wrote, play is very serious, and there is no other option when we recognize its healing and transformational power. As Ann Davis, who worked with teens in juvenile court and community schools, says in the final pages of the book:

“As adults we often forget that play is the work of children. That play in a safe, regulated form where choices are honored and voices are heard creates the fertile ground for cooperation, and ultimately healing.” (Kline, p. 303)

When adults learn to play while being present and connected to their bodies, a connection is established with children that allows the dynamic nervous systems of the pair or group to dance in the “green zone” of social engagement, where groundedness and joy live.

To learn to play, Kline proposes the development of interoceptive awareness as the first step on the ladder toward the next rung – resilience. The author is generous, and guides us step by step through her *Resilience Roadmap* that has two major objectives:

- Teaching kids – and adults – about their brains and how to track their own arousal cycles using interoceptive awareness.
- Rectifying relationship deficits using *The Eight Essentials of Healthy Attachment*.

“Play connects. It’s that simple.” Kline invites us to bring play to all levels of education, from preschool to high school, since she understands that play is the way to support development by building trust and cooperation in relationships between peers and among all educational staff, particularly teachers.

*Brain-Changing Strategies* is a book that could not have been written by just anyone. Kline masterfully combines attachment theory, polyvagal theory, neurobiology (including the work of Dr. Daniel Siegel and Dr. Bruce Perry), and, of course, Somatic Experiencing, the trauma transformation methodology developed by Dr. Peter Levine. Based on this body of knowledge and her many years of clinical and school experience, the author manages to synthesize in her *Eight Essentials* what is required for healthy development of the ventral branch of the vagus nerve, which allows us to be in connection, to learn, and to thrive.

Kline's perspective is grounded and practical. She gives us a set of activities, games, and exercises to support children in cultivating regulation and resilience – and to fill in for the lack of early experiences that, with guidance, promote growth of neuronal connections to support a robust ANS and social engagement system. She also offers three-to five-minute activities that can be done between academic activities (jiggling, hand-clapping play, etc.) to keep students grounded, and simple practices that allow the teacher to be a safe adult, such as *soft eyes* and *high-fives*.

One of Kline's great skills is to move naturally between the deepest and the most superficial – but no less important – layers of human needs. Her training as a teacher, family therapist, and trauma expert gives her a privileged place to offer this compendium of knowledge and strategies to support resilience in students, starting with reconnecting to their bodies. The author emphasizes that what we need is to become friends with the reptilian brain, stop trying to get children (or adults) to count to 10, and, instead, track sensations until they can feel themselves returning to the social engagement zone of a calm, alert presence.

As you read *Brain-Changing Strategies*, you will discover that Maggie Kline understands how schools work from the inside; hers is the knowledge of an insider. This allows her to speak to teachers with the conviction of someone with the vocation and the know-how to improve their work. She has experienced firsthand the burnout that threatens any teacher who lacks the resources and support to give their students what they need. Still, she does not hesitate to stress the enormous responsibility that comes with being an educator:

“It is the quality of a stable adult's attuned presence that transforms trauma moment by moment. Relational trauma can only heal via relationship.” It is necessary that “[t]he staff member puts their own agenda aside; and instead of going into lecture mode (a mental process), senses (a limbic process) where a troubled student is emotionally, developmentally, and physiologically, and meets them in a process of improvisational interaction of both structure and connection.” (Kline, p. 136)

She knows this is not a simple task, and therefore vehemently advocates that understanding its importance should be initiated at the highest levels of communities. Teachers and staff need support from the top so that, feeling safe and supported, they can put aside their agendas and be emotionally available. If the institutional emphasis is on academic performance and compliance, staff will not have the mental or emotional space to play and connect with students and with each other: “It also means that the schoolwide curriculum models respect, compassion, and empathy; and incorporates practice activities as routine to foster healthy relationships.” (Kline, p. 287)

This book is full of heartwarming vignettes that allow us to see brain-changing strategies in action, and to appreciate how the power of connection is (and always will be) the starting point to do the work, which while playful and fun, is not without scientific foundations and profound results.

“Neural connections for pleasure and safety can only be strengthened through experiential learning. When the active processes of sensorimotor activities and sensations are given time to develop and be noticed (interoceptive awareness), a whole new kind of education takes place that optimizes brain function to unravel toxic stress defensive behavioral patterns... The trick is to make sure that the bodily sensations underlying the emotions have time to develop, to be deeply felt, and to be expressed.” (Kline, p. 68) And, may I add, to be witnessed!

Another feature I love about this book is its neuroscience-based optimism: “Deficiencies in any of the eight essential elements can be remedied at any age.” (Kline, p. 128)

And right away it gives us a plethora of activities and social games designed to stimulate body-brain change through strengthening connections at a preverbal and subcortical developmental level. The book has an entire section that is “a trauma-responsive instruction manual for teaching students to discover that the locus of control for their behavior resides in their own inner space as they begin to connect to themselves and with others.”

While reading the book, one clearly has the vision that this is the result of a lifetime of professional commitment to the wellbeing of children:

“For the past twenty-five years, I have been devoted to devising and providing corrective experiences for children, teens and adults based on the science of neuroplasticity... changes happen when students are given the opportunity to experience positive, empowering interoceptive moments in the presence of a caring adult.”

The challenge of such a vision is that it goes against many of the beliefs that govern our society – not only because we are not trauma-informed, but also because we are a cortico-centric and adult-centric society. We believe that “bad behaviors” are deliberate and motivated, and therefore should never be rewarded with empathy, and that the way to change is through punishment and cognition. Kline has spent a lifetime dedicated to overturning these beliefs by demonstrating how trauma shapes human psychobiology, and how, therefore, the responses of educators and clinicians must originate within a different paradigm, one grounded in the knowledge of the unity of the entire nervous system. This includes the brain and the peripheral nervous system, which is made up of the sensory-motor and the autonomic nervous systems (ANS). Educators and mental health professionals are shown how to recognize the various ANS states within themselves and students in order to adjust in ways that provide safety and connection.

At the risk of sounding ungrateful, there is only one thing missing in this amazing book: an index of the proposed activities, classified according to their objective, for ease in locating them. Nonetheless, this book is essential for these times, and its scope should not be limited to schools. It is needed for communities as a whole to work toward a more just world with less mental illness and addictive behaviors. As Kline reminds us, only a trauma-responsive society that puts the well-being of children at the top of its priorities will be able to heal this world. Our society often forgets the power and pivotal nature of play in this transformation. Neither Winnicott, nor Piaget, nor Bruce Perry, nor Kline (obviously) make this unforgivable mistake. Do not make it yourself, dear reader, by underestimating the many playful and transitional strategies that Kline gives us in this essential work that lights the way to the transformation of our communities.



**Teresa García Hubard** has a Masters in Clinical Psychology, Universidad Autónoma de México, with a specialty in child and adolescent psychotherapy by the Mexican Psychoanalytic Association and a diploma in psychotherapy for mothers with babies from the University of Paris XII, the French Embassy, and the French-Mexican Association of Psychiatry. She is certified Hakomi trainer. Teresa has been in clinical practice for over 30 years, working initially with children and adolescents, and later with adults. She is co-author of the book *Despertando tu*

*Amor para Recibir a tu bebé: Cómo prevenir la tristeza y la depresión en el embarazo y después del parto*, and author of *No hay niño malo: 12 Mitos sobre la infancia*. She lives and practices in Mexico City.

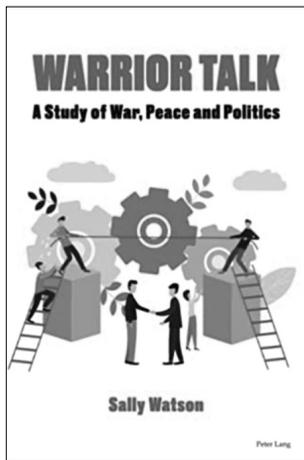
BOOK REVIEW

# Warrior Talk

*A Study of War, Peace and Politics*

by Sally E. Watson

Christina Bogdanova



**Warrior Talk**

*A Study of War, Peace and Politics*

Sally E. Watson

Publication Date: 2021

Publisher: Peter lang group, AG

**I**n *Warrior Talk*, Dr. Sally Watson explores several topics in depth, including a specific type of communication used in times of war, violent conflict, crises, competition, and even small-scale everyday conflicted interaction. The book covers language, terms, and metaphors associated with war, confrontation, and violence that aim to influence people and situations, and have proven to be powerful tools to trigger emotions, provoke behavior, motivate, and shape thinking and opinions. Enduring in its nature, warrior talk plays a substantial role in human conflicts. The author argues that this is why it is so challenging, yet essential, to be aware of the potency of warrior talk, and understand how it is used in various settings.

The book targets diverse audiences: students, researchers, and readers interested in the history and politics of war and peace, political discourse analysis, and interested in the impact of warrior talk as a communication tool about human relationships, locally and globally. Dr. Watson provides practical tools, exercises, and resources to enrich the readers' experience and knowledge.

The author tracks the situation in Northern Ireland and Irish republican history over the span of five decades (1969–2019), and its impact on current politics in Northern Ireland. A case study of the Northern Ireland peace process serves as background for Dr. Watson's in-depth research into Sinn Féin's political discourse during that period. She

offers a practical context to better understand the cycles of violence and retaliation that can emerge in the course of a lengthy conflict, and the span of conflict resolution and peacebuilding.

The book is rich in many aspects, especially in its analysis of the political discourse of Sinn Féin during their journey from political activists to mainstream constitutional politicians and peacemakers. It includes the exploration of the role of warrior talk as a key powerful communication tool as Sinn Féin effectively adapted to the changes in their politics and strategies.

In addition to its practical implications for conflict resolution and peacebuilding, my professional interest was caught by the psychology behind warrior talk – its characteristic features, forms, relevance to modern societies and interactions between people.

The language of war uses a specific narrative based on stories, metaphors, and symbols that sustain the message that will dominate the outcome. The narrative consists of stories about the good and evil deeds of heroes and villains that reveal the roots and causes of the conflict. This narrative justifies the outcome as morally right, thus determining the critical role of warrior talk in conflicts, no matter their scale or scope.

*“Conflict in any form requires a psychological investment in shaping each party’s assumptions of the other, and the manifestation of this process can be observed in the language used to account for the dynamics of the situation.” (p. 213)*

Warrior talk has a powerful effect because it quickly leads to polarization and splitting between people or groups. In a loud, straightforward and simplistic manner, it emphasizes the differences between positions, opinions or interests, reducing the complexity of each situation to two alternatives – one right, and the other wrong. On its own, the concept of “war” immediately divides the parties involved into “good” or “evil,” and the language used polarizes the participants and external observers. Responding to strong emotional reactions that compromise rational thinking, the theory and practice presented in this book show how complex histories, political dynamics, and human experiences are reduced to the duality of “self” and “other.”

*“The gap between ‘self’ and ‘other’ can exist at macro and micro levels and is observable between individuals, groups, organizations and nations. The splitting process is open to further distortion when warrior talk is applied; the label of ‘other’ is replaced by another label: ‘enemy’.” (p. 228)*

Words like *enemy* and *battle* further increase emotional reactions because they inevitably evoke the perception of threat. Thus, even a small-scale, nonviolent conflict might quickly escalate to a violent state.

The author clarifies that warrior talk is not only used during times of war. It can also be witnessed in conflict situations resulting from historical or social grievances, power asymmetry in communities or societies, and incompatible differing interests. As used in formal discourse and social media, the language of war supports the formation of group identities. Belonging to a group similar to the “self” is a basic human need. Furthermore, the resulting group identity is a huge motivator to address issues of inequality and asymmetrical power dynamics. Inspired by the warrior talk within the group identity, competing parties can easily be involved in conflict or violence to defend their positions instead of engaging in “rational discussion about the structural conditions experienced by the disadvantaged group.” (p. 186) The language of war escalates conflict by demeaning, demonizing, or otherwise marginalizing opponents – a scenario that reveals the risk for warrior talk to create and sustain conditions for further conflict.

The energy, emotional intensity, and simplicity of the dualism characteristic of warrior talk can be positive attributes that influence its role in human motivation. A good example is the use of the language of war in sports. Warrior talk is also a powerful tool to inspire and mobilize people to follow a cause such as defending “the ‘sacred values’ of a group,” preserving something precious for the future, or boosting collaboration among supporters. Although warrior talk is an effective tool in preserving values, sustaining group identities, alliances, and affiliations, it also, without much difficulty, in fighting for change or overcoming a crisis can cause the outburst of a violent conflict.

Dr. Watson gives a good deal of attention to the theory of war, conflict, and violence, and especially to distinguishing the causes of conflict and the level of violence involved. It is intrinsic to warrior talk to accentuate past grievances, abuses, and atrocities and turn them into a sacred cause for generations to come thus making them a potent source of sustained controversy and conflict between groups. Warrior talk creates the ground for repeated cycles of violence and retaliation.

And now, the role of conflict resolution and conflict transformation comes into play – specifically, the importance of language in the transformation of conflict and peacebuilding. The essential prerequisite is to create trust between involved parties by changing their behavior and language. It includes not only proposing structural and systematic changes to address the root causes of the conflict, but also showing respect for the past by making provisions for forgiveness and reconciliation as a crucial human aspect of peacebuilding. As Dr. Watson states at the end of the book:

*“Warrior talk is a powerful linguistic device that requires a conscious appreciation of its potency and a thoughtful application to the situation.”*

This may well be the difference between ongoing conflict and sustainable peace.



**Christina Bogdanova, MA**, is a Neo-Reichian analytical body psychotherapist with an academic background that includes a BA in Journalism and Mass Communications, and MA in Psychology and Psychopathology of Development. She has a private practice in Sofia, Bulgaria – individual and group – and she is a trainer at the Bulgarian Institute of Neo-Reichian Analytical Body Psychotherapy. Currently, Christina specializes in Somatic Experiencing and Somatic Trauma Therapy.

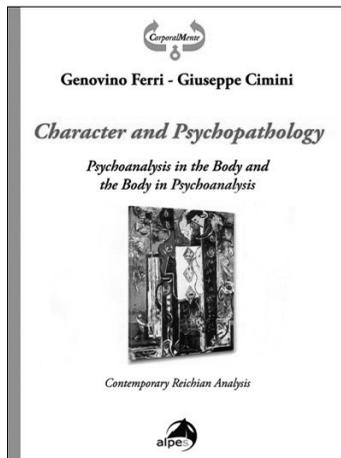
## BOOK REVIEW

# Character and Psychopathology

*Psychoanalysis in the Body and the Body in Psychoanalysis*

by **Genovino Ferri**

**Aquiles A. M. Paiva & Mary Jane A. Paiva**



### **Character and Psychopathology**

*Psychoanalysis in the Body and  
the Body in Psychoanalysis*

Genovino Ferri

Publication Date: December 2021

English Publication: Kindle

Publisher: Alpes Italia

**F**rom the development of the **evolutive arrow of time**<sup>1</sup> and the model of Contemporary Reichian Analysis, the second edition of *Psychopathology and Character* was born, with the inverted title *Character and Psychopathology: Psychoanalysis in the Body and the Body in Psychoanalysis*.

This book carefully examines bottom-up and top-down approaches to psychopathology by taking the body's availability into consideration. The title inversion points to a revolution in how psychopathology, which previously was seen from a top-down perspective, is conceived. But if we follow a bottom-up direction in analysis, a **negentropic**<sup>2</sup>, evolutive, and three-dimensional view allows us to comprehend a person's character

1. The evolutive arrow of time is a concept in Contemporary Reichian Analysis that describes the total time of a person's existence from conception onward. It considers biological and biographical depth from both phylogenetic and ontogenetic perspectives.
2. Negentropy refers to a negative variation of entropy, which always moves towards greater orders of organization and developmental stratification from their original value. In Contemporary Reichian Analysis, entropy and negentropy can be represented by two opposite directions on the arrow of time, one moving towards entropic zero and the other moving towards an increase in negentropy – for example, from the birth of an individual, the origin of life, or the beginning of a relationship.

and psychopathology. When the limits of the **character trait**<sup>3</sup> and the limits of the passages between **evolutionary phases**<sup>4</sup> are overrun, the result is psychopathology. Specific psychopathologies are rooted in a person's biological and biographical history.

With the inclusion of corporeity, a complex systemic reading emerges when observing life and its systems. For example, in a 1999 scientific debate in Valencia, Ferri argued that psychosis was at the sixth **bodily level**<sup>5</sup> (abdomen), that of intrauterine life, but reflected on the first level (the eyes, ears, and nose) in the pre-frontal area through psychotic decompensation. This discovery blazed the trail toward a bottom-up direction of the evolution of living systems, allowing the analyst to observe and consider the biological processes of life's development from a different perspective.

Ferri states, "It is impossible to understand psychosis without considering the low primary relational reciprocity during the intrauterine time marked in the abdominal area, at the 6<sup>th</sup> level. That is the same area where the nuclei of the base of the **encephalon**<sup>6</sup> are connected, which is the ground over which the consciousness of the ego can collapse" (Ferri, 2014).

Several adaptive recombinations stratify from the body's intelligence through the phylogenetic period, which then recapitulates in the ontogenetic period until it reaches the consciousness of the self. The body already exists before the mind is shaped; therefore, life emerges, at first, in a negentropic developmental movement from conception on.

By introducing the phylo- and ontogenetic arrow of time and the time factor, Ferri was able to observe life from the bottom-up evolutive direction. Through this observation, we have three-dimensional vision to read the psychopathology, the unconscious, and the depth of the relational history of a person's entire life from the intrauterine period to the here and now.

The body is a fundamental compass that helps us avoid getting lost amidst the complexity of life. It has a precise code to allow us to build our personality. Ontogenesis is read and sorted out in terms of character traits. **Object relationships**<sup>7</sup> imprint these incised marks along the arrow of time, bringing the relational patterns.

The phylo-ontogenetic and evolutive arrow of time identifies the ontogenetic evolutive phases of building our personality, which has seven floors – seven bodily relational levels. These are the peripheral afferents that carry information to our central nervous system. We regard our personality as an entire building, where we dwell in several apartments. These apartments can prove to be functional or dysfunctional. It is essential to see how we reside, and how we move. Informative are the relational incised signs imprinted

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3. Within each developmental stage, an imbricated set of behavioral patterns and modules are deposited that have been established by the relationships with specific partial objects. These result from each of our own life stories in particular stages, and they define the trait patterns of our character.
  4. A developmental stage is the period of ontogenetic evolution in which the Self receives imprints from relationships with the partial objects of that time. The interval bounded by two transitions is biologically marked on the evolutive arrow of time.
  5. The relational bodily level is the somatic location associated with the time of that specific stage in which the imprints are recorded, and where the peripheral and implicit memories of that particular character trait are deposited.
  6. The encephalon is the result of recapitulating phylogenetic evolution within the ontogenetic process. It is the central interface where the imprints from each stage's partial object relationships arrive, penetrate from the periphery, and are deposited.
  7. Object Relations define the how of a subject's relationship with their world, which is the complex result of their specific personality's organization. In Reichian Analysis, the object, which may be partial or whole, is real. It is present in the biological-biographical person's history, and has marked a prototypical how of trait on the bodily level. It should be interpreted as an interrelationship and as reciprocity (excluding-including, persecutory-welcoming).

on the body (where), the evolutive phase of their occurrence (when), and the relational language of character traits (how). Thus, we can see more precisely and appropriately the psychopathology or symptom being updated.

As we view psychopathology through this new paradigm, we understand its roots in the body. And the brain also belongs to the body.

Ferri confirms the pivotal importance of the **therapeutic setting**<sup>8</sup> by introducing the analysis of the character of the relationship. From this point of view, it is possible to reach aspects of pre-subjectivity and subjectivity that exist in the here and now of the analysand-analyst dyad. Therefore, it is possible to gather the intelligent meaning of the psycho-bodily narrative, and the implicit and explicit memory of their analytical, clinical, bodily, and relational history. Such a new paradigm allows us to reach pre-subjective aspects of the inter-corporeity between the analyst and the analysand in the therapeutic setting. Thus, we come to the language of the traits. According to Ferri, traits share a deep dialogue among themselves, exchanging implicit developmental requests that have been experienced throughout a person's life story. In other words, an implicit trait request will elicit an implicit request trait response from the other person's history.

Contemporary Reichian Analysis differentiates through its complex, systemic reading and its three languages: verbal, bodily, and trait (which includes both verbal and bodily). The cultural and historical evolution of Contemporary Reichian Analysis begins at the **fractal**<sup>9</sup> of the analysis of character, where Reich began to look at the system, not only the symptom. Ferri has put together vegetotherapy of state from Reich, and vegetotherapy of the relational bodily levels systematized by Navarro and Raknes, and created vegetotherapy of the stages, traits, and relational bodily levels.

The language of traits reveals dialogues of the unconscious. It has pre-subjective and subjective aspects, and reaches the second brain directly, as well as the limbic sub-system. It revolutionizes psychotherapy in the therapeutic setting, as it includes the body and relational style of both the analyst and the analysand in the analysis.

Character is the imprinted sign of relationships along the evolutive arrow of time. How we pass on information, communicate, and direct the progress of a relationship has to do with the combination of our character traits with our relational style.

This model reads the body in psychoanalysis, and represents psychoanalysis in the body; it brings biology to psychoanalysis, and collaborates with neuroscience in a bodily-psychoanalytical language.

The importance given to reviewing psychopathology and the unconscious via clinical symptoms and the analytic history, together with the bodily code and the pivotal role of the therapeutic setting, represent a significant contribution to neuroscience. This review shows the author's search for "better-fitting" psychotherapy and psychopathology, which allow a greater understanding of the implications of the counter-transference of traits and therapeutic bodily activations.

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8. The therapeutic setting allows for the relationship between the analyst and the analyzed. The relationship itself is a third presence – a responsive, third living force. It will create triangulation that can be expressed, and will expand the dialogue to a triologue.

9. In complexity theory, a fractal is a form characterized by patterns that repeat themselves in different sizes. Besides being patterns, they are also functions that can be repeated, and are always similar to themselves on every scale. This continuum is possible because of the fractal, which we consider an "elevator of internal evolutive time."

Therefore, from this point of view, psychopathology becomes more understandable, human, and intelligent. The inclusion of body, feeling, and relationship support the differential diagnosis of “when,” “how,” and “where” of the psychopathology. We can see the imprinted signs from a person’s biological and biographic history, and their corresponding relational and bodily levels.

We consider this book fundamental for a better understanding of psychopathology and the unconscious, and their reflection on the rapid and intense changes imposed on us by the contemporary world. The book has been updated so that readers can better understand it. Still, it has preserved its original structure, and the coherent, continuous study of psychopathology along the arrow of time.

When we add this complex systemic character-analytic model to psychotherapy, psychiatry, and psychopharmacotherapy, we have enhanced clarity, precision, and greater personalization of psychopathology. Therefore, we can make better differential diagnoses to help prevent and treat mental health questions.



**Aquiles Augusto M. Paiva** is a clinical psychologist, body psychotherapist, and Reichian analyst trained by Genovino Ferri and Federico Navarro. He has a Ph.D. in Traditional Chinese Medicine. In 2008 he founded, together with three other psychologists, the Brazilian Institute of Reichian Analysis (IBAR), of which he is a director. He also specializes in psychoanalysis and body psychotherapy.



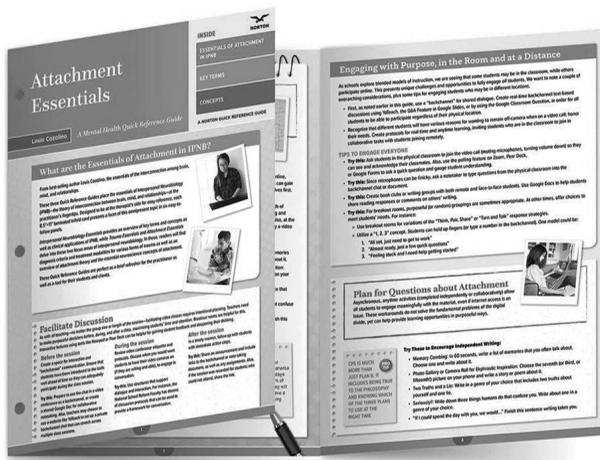
**Mary Jane A. Paiva** is a clinical psychologist, body psychotherapist, and Reichian analyst trained by Genovino Ferri and Federico Navarro. After graduating as a clinical psychologist, Mary Jane specialized in group psychotherapy with Xavier Serrano (Spain), psychoanalysis, body psychotherapy, and healing energy and self-development. For over 20 years, Mary Jane was the psychopedagogy director and professor of the Society of Orgonomy and Vegetotherapy (SOVESP) in São Paulo, Brazil. In 2008, with three other psychologists, she founded the Brazilian Institute of Reichian Analysis (IBAR), of which she is president. She also lectures worldwide, and writes journal articles in Brazil and abroad.

BOOK REVIEW

# Trauma Essentials, Interpersonal Neurobiology Essentials, Attachment Essentials

by Louis Cozolino

Antigone Oreopoulou



## Trauma Essentials, Interpersonal Neurobiology Essentials, Attachment Essentials

Louis Cozolino

Publication Date: 2022

Publisher: Norton Professional Books

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few months ago, our editor-in-chief asked me to review three titles by Dr. Louis Cozolino. She knows I love his books, and especially the way he transforms intricate knowledge into understandable and memorable units of knowing.

The titles were: *Trauma Essentials*, *Interpersonal Neurobiology Essentials*, and *Attachment Essentials*.

I feared that simultaneously reviewing three books would be a rather cumbersome experience, but being a Cozolino fan, I said yes. When the Norton package arrived, I thought there must be a mistake. The package was so thin! I opened it and found three six-page laminated foldouts!

These laminated foldouts, published in 2022, are part of the Norton Series on Interpersonal Neurobiology and Norton's Quick Reference Guides (NQRG).

Each of the three foldouts encapsulates key knowledge and considerations based on their titles. Pictures, quotes, and windows organize the content in a pleasant, easily accessible way. The closing of each foldout, the *Concluding Thoughts*, offer the author's point of view

from the perspective of interpersonal neurobiology (IPNB) as a young multidisciplinary field.

- In ***Trauma Essentials***, Cozolino begins by describing the evolutionary neurobiology of anxiety and fear. The next module differentiates diagnoses based on symptoms and their origins. The third module describes the *Underlying Mechanisms of Post-Traumatic Stress Disorder*, followed by *Theories and Speculations*.

Cozolino ends this reference foldout with *Treatment Modalities*, which include somatic therapies and treatment considerations in which he describes possible therapeutic setbacks.

- ***Interpersonal Neurobiology Essentials*** is set up slightly differently. The modules begin with *The Big Ideas*, in which he describes the core concepts of the social brain, the social synapse, and sociostasis, along with important terms that include attachment, integration, mind, and awareness. In the next module, he succinctly describes *Central Neuroscience Concepts*, connecting brain function with experience-dependent development, plasticity, and mirror neurons.

In *Executive Functioning*, he describes the primitive amygdala executive system, the parietal-frontal executive system, and, finally, the default mode executive system, and covers the importance of their synergy in how well we navigate our social, physical, and inner worlds.

The third module, titled *The Biochemistry of Bonding*, focuses on the function of neuropeptides and monoamines, emphasizing the action of opioids, oxytocin, vasopressin, and dopamine.

The last but not least of the modules is the apex of the pamphlet, focusing on the *Clinical Application* of the offered knowledge. Thus, in this module, Cozolino describes core shame, affect regulation, the vital half-session, amygdala whispering, and the experience of getting triggered.

- In ***Attachment Essentials***, Cozolino opens with a module called *The Big Ideas*. He describes the social brain, the social synapse, and sociostasis as the core of attachment theory and interpersonal neurobiology.

In the second module, *Research Strategies*, he encapsulates attachment schemas and the Adult Attachment Interview (AAI), with a focus on the analysis of coherence – namely, the structure, logic, and understandability of a client’s narrative. The module concludes with a description of the four forms of attachment.

In the third module, Cozolino connects attachment with the *Central Neuroscience Concepts*, which include experience-dependent development, plasticity, mirror neurons, attachment, and executive functioning, as well as the biochemistry of bonding and social motivation.

Finally, in *Clinical Applications*, Cozolino marvelously connects the therapeutic relationship, transference, and countertransference, and developing a hypothesis about a client’s childhood experience using the attachment essentials.

Studying the three foldouts, I realized how wisely the three titles interconnect, offering the practitioner a completely new path for connecting interpersonal neurobiology concepts. This desktop referral tool is a quick guide to tons of useful, practical knowledge that we all more or less know, but may have never organized in this way.

Via these foldouts, Cozolino once more enriches our everyday practice, making our work of synchronizing attachment and executive functioning easier and more reliable.



**Antigone Oreopoulou** studied biology at the University of Thessaloniki, Greece, and earned her MSc in nutrition from the University of Toronto Medical School. She has an MA in Psychology from the University of Indianapolis, and a second MA in Public Relations and Communication from the American College of Greece, Communication Department. She is trained in Biosynthesis, trauma therapy, and clinical hypnosis. For decades, she has trained health and education professionals in communication, and midwives in how to connect with couples during pregnancy and birthing. She was Managing Editor of the International Body Psychotherapy Journal, has written four books, and is currently Vice President of the HELPELLAS Volunteering Academy.

# The United States Association for Body Psychotherapy

## Biennial Conference

# A Somatic Revolution

### *The New Generation*

A revolution, personal or cultural, is the turnaround of a predominant way of thinking or doing to improve a situation or better oneself. Throughout the Americas, there has been an enduring commitment to revolutionize the systems of power in institutional and personal lives, leading to a recommitment to the humanistic spirit. For somatic psychotherapy in the United States, this means an insistence on a more inclusive somatics that is radically open to change.

As a field, somatic psychotherapy has faced tremendous challenges – in particular, we were challenged to develop our evidence base, which has resulted in our research being included in leading peer-reviewed journals.

Currently, the rise of *affectivism* – the explanatory power of our bodies, emotions, feelings, motivations, moods, and affective processes – has ushered in a new era of advances. However, it has also attracted the therapeutic marketplace which is co-opting somatic embodiment, mining our mind-body therapies to appropriate our techniques for effective change. We now see long-established somatic psychotherapy approaches woven into systems that until recently ignored the body. This challenge to our long-standing traditions requires a creative stewardship that will keep our composite body of knowledge whole, and our openness to change moving us ahead into therapeutic innovations and leadership.

## Call for Submissions

We welcome a diversity of perspectives and new voices with solutions to the call towards advancing our healing potential. Papers should address one of two formats:

1. **Theoretical Seminars** highlighting how we integrate historical wisdom and contemporary research. Suggested topics include but are not limited to:

- Advances in somatic psychotherapy technique
- Preservation of historical somatic lineages
- Somatic, social, and ecological justice
- Integration of the social and clinical

2. **Experiential Workshops** that focus on clinical demonstrations. Suggested topics include but are not limited to:

- Group somatic practice
- Repair of the body-mind connection
- Reconnecting body, mind, & the sacred
- Intergenerational transmission of somatic patterns
- Post-traumatic growth

**Poster Presentations** that highlight emerging research in somatic psychotherapy

Papers should include a biography, abstract, and not exceed 800 words. *Submit by March 1<sup>st</sup> to [admin@usabp.org](mailto:admin@usabp.org)*



**The United States Association for Body Psychotherapy**

## **Biennial Conference**

**May 18-21, 2023**

California Institute of Integral Studies

San Francisco, California

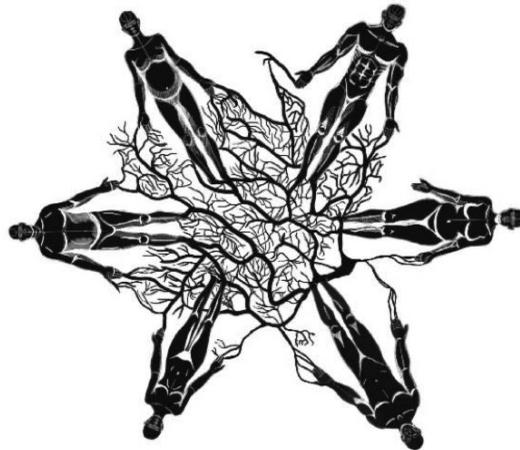
# **A Somatic Revolution**

**The New Generation**

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A revolution, personal or cultural, is the turnaround of a predominant way in order to improve a situation or better oneself. Currently, the rise of *affectivism* – the integrative power of our body's emotions, feelings, motivations, and moods – has ushered in a new era.

For somatic psychology in the United States, this means an insistence on a more inclusive somatics that is radically open to change.



**Jessica Benjamin**

*Opening Keynote*

**Don Hanlon Johnson**

*Lifetime Achievement Award*

**Bonnie Bainbridge Cohen**

*Pioneer Award Recipient*

For the conference agenda visit our website [usabp.org](https://usabp.org)

European Association for Body Psychotherapy

18<sup>th</sup> International Congress

Sofia, Bulgaria ■ September 2023

## Identity in Transformative Times

*The Wisdom of Here and Now Goes Global*

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e can hardly ever exhaust the topic of what the last three years have been like for people everywhere. The footprint of this pandemic stretches into various aspects of our lives and will be studied for years before the tides of time wash it away. However, the sense of a new normal has begun to settle in. Our pace is accelerating as we leave this crisis behind, and much like every other major calamity in human history, we carry on, led by the guiding light of the lessons learned.

Over the past few years, forced into confinement, there wasn't much else to do but self-reflect. When the stimulating external world was finally off limits, there was only one way to go... *in*. A crisis for some, an opportunity for others, a challenge for all, this time of uncertainty was a long overdue pause – a much-needed slowing down for a world that had mastered moving “in a hurry” without a clear sense of self and purpose. After nearly three blissful years of having no option other than to live *here and now*, we can finally take a deep breath and look up. The time has come to integrate this experience and share its wisdom with a world that has never had a greater need to *grow*.

An essential part of defining our ever-changing identity is asking ourselves, “*Who am I today? What am I made of? What am I part of?*”

As beings whose most sacred need is to *belong*, and in seeking answers to these questions, there is nothing of higher significance than to connect and interact with others. And to do so genuinely, in the present, in person...

For both body psychotherapy professionals and enthusiasts, 2023 will be marked not only by the dusk of the COVID-19 pandemic but also by the first in-person EABP congress since Berlin in 2018. Titled *Identity in Transformative Times – Construction, Deconstruction, Reconstruction*, the congress will take place in Sofia, Bulgaria, in early September 2023. The second oldest European capital will host more than 700 attendees at the historic *Sofia University St. Kliment Ohridski*.

In over five days of workshops, keynote speeches, and professional exchange, we will dive into the subject of identity and its transformation in times of change. We will be asking whether the impact is positive or negative and what our role as psychotherapists is in all of this. In the panel of keynote speakers, the body psychotherapy family of professionals will be represented by Merete Brantjberg, Tom Warnacke, Maurizio Stuppigia, and Rubens Kignel. Beyond that, the rapidly developing science and ever-growing need for evidence-based solutions calls for broadening our horizons and professional

identity. Considering this, the Congress Preparation Committee (CPC) invited four keynote speakers from scientific areas close to ours whose work and research can bridge the body psychotherapy field and the world of empirical evidence and proven science. The domains of epigenetics, social anthropology, futurology, and aquaphotomics will be represented by four outstanding professionals in their respective fields. As university lecturers and researchers, their work has left its mark all the way from Bulgaria to Japan. Some are already well-known to the *International Body Psychotherapy Journal* (IBPJ) readers. They are Associate Professor Milena Georgieva, Ph.D., a member of the Bulgarian Academy of Science, a molecular biologist specializing in epigenetics who sees body psychotherapy as a transformative epigenetic phenomenon; Haralan Alexandrov, Ph.D., a consultant and researcher in the field of psycho-social studies and social anthropology, who focuses on the links and relationship between the outer (social, political, historical, and economical) and inner changes in our lives; Dr. Mariana Todorova, a futurologist and author of works published in Bulgaria and the USA, whose work focuses on detailed, in-depth analysis of what awaits humankind in the future; Dr. Roumina Tsenkova, head of the first of its kind Aquaphotomics Research Department at the Graduate School of Agricultural Science at Kobe University, Japan, where she studies the role of water's molecular system in biological and aqueous systems, and how it relates to the changes in our psycho-physiological health.

If we are to continue to effectively seek a state of unity in our physical and mental health, as both individuals and professionals, these times demand the widening of our mindset by integrating various points of view and scientific knowledge.

Each day, following the keynote presentations, panels will highlight the congress topics. Through short presentations by the panelists and open Q&A discussions, they will focus on the following:

- *Body and Identity* – panel chair Maurizio Stuppiggia;
- *Exploiting the relationship between psychotherapy and epigenetics* – panel chair Antigone Oreopoulou;
- *Identity and cultural aspects* – panel chair Jill Van Der Aa;
- *Identity in unity and diversity; the war inside and outside the body* – panel chair Sladjana Djordjevic;
- *Identity and the development of body psychotherapy conceptual discussion* – panel chair Frank Röhricht;
- *The future is now; body psychotherapy in transformation* – panel chair Kathrin Stauffer.



The official opening of the congress will be preceded by a day of pre-congress workshops on Wednesday, September 6. On Thursday, September 7, delegates will gather for the General Assembly at the Aula of Sofia University. The official opening will begin with a performance that can best be described as the collective magic of traditional Bulgarian drummers, bagpipers, and the folklore choir “Cosmic Voices.” Following a joint speech by the president of EABP, Carmen Joan Ablack, and Madlen Algafari, Congress Chair, there will be a welcome speech by the Dean of Psychology Faculty at Sofia University. Our first two keynote speakers, Merete Brantbjerg and Tom Warnacke will respectively offer talks on “*What am I when parts of me are missing?*” and “*Cultural self(s) and their psycho-physiological presentations in the consulting room.*” The day will conclude with a meet & greet cocktail hour at the university's botanical garden.

Each morning, professionals and alumni of the Bulgarian Institute for Neo-Reichian Analytical Body Psychotherapy will lead 30-minute modules of grounding practices such as *Bioenergetic gymnastics, Bulgarian folk dance, and dance therapy*. Throughout the congress, attendees will have access to more than 65 workshops.

On the last day of the congress, our closing gala banquet will be held at *Vodenitsata*, one of the most remarkable venues for traditional Bulgarian cuisine located at the foot of Vitosha Mountain. Our guests will have the unique opportunity to taste some of the region's finest dishes and witness and experience the magic and mysticism of the Bulgarian folklore tradition of *Nestinari* – dance artists performing on fire.

We invite everyone to benefit from the early bird registration rates and to submit their content for workshops. More information about the content, schedule, venue and registration can be found on the official congress website at [www.congress.eabp.org](http://www.congress.eabp.org). All workshop applications must be submitted through the congress website by February 28<sup>th</sup>, 2023. Priority will be given to applications for experiential and psychotherapeutic work by EABP members.

As always, the congress will hold a Scientific Research Symposium during which the training institutes accredited by the EABP Forum of Training Institutes will present their scientific research, confirming the effects and efficacy of body psychotherapy and somatic psychology.

On behalf of the CPC and EABP, I welcome you to the 18<sup>th</sup> International Congress of the European Association for Body Psychotherapy. Bulgaria awaits you!



**Alex Vachev** is a translator, certified educator, visual and performing artist, choreographer, and stage director. While studying at the Bulgarian Institute for Neo-Reichian Analytical Body Psychotherapy, he has developed workshops and practices in recent years involving visual arts and dance as therapeutic tools. Currently, he is a senior member of the CPC for the 18<sup>th</sup> International EABP Congress with Madlen Algafari, Meglena Beneva, and Dr. Vladimir Pozharashki. He has a vast experience in multicultural environments across Europe, North America, and Asia.



18th International Congress of European Association for Body Psychotherapy

# Identity in Transformative Times

## Construction, Deconstruction, Reconstruction



7-10 September 2023  
Sofia, Bulgaria



# 18<sup>th</sup> International Congress of EABP, Sofia 2023

## Identity in Transformative Times

### Construction, Deconstruction, Reconstruction

The most constant thing is change. From one second to the next, we are different. Cells in our body are always dying while new ones are being born. Our wise physical self constantly transforms and knows what to do to adapt. But what about the Soul? Our soul is sometimes "late" and other times too fast. And when our soul and body "arrive" at different times, the symptoms follow.

We live our lives at an increasingly faster pace. The answer to the crucial existential question we ask ourselves, "Who am I?" changes around the clock. The avalanche of changes a 18<sup>th</sup> International Congress of EABP, Sofia 2023 round us is, at times, overwhelming and also, can present new challenges. New technologies, pandemics, virtual reality, globalization, multiculturalism, wars, crisis, innovation, new connections, spiritual revolution...

Are we moving to more health and truth or towards illness and neurosis? Where are we headed? What happens to our identity? How do we, in the present day, experience its construction, deconstruction, and reconstruction? Who were we, and whom are we going to be? And how can we best help the people we work with so we can continue not only to exist but also be?

**MEET THE SPEAKERS, JOIN THE WORKSHOPS, DELIVER YOUR OWN WORKSHOP,  
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### Key speakers

**Merete Holm Brantbjerg**



**Tom Warnecke**

**Maurizio Stupiggia**

**Milena Georgieva**



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**Haralan Alexandrov**

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### Venue



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# Call For Papers

Spring ■ Summer 2023

## Social Justice in Somatics

*The IBPJ Editorial Team feels that now, more than ever, our field must bring forward body-centered methodologies that foster diversity, equity, inclusion, and belonging. The upcoming Spring issue will highlight how the science and practice of body psychotherapy and somatic psychology can inspire and energize integrated body-mind approaches in the field of social justice.*

**Guest Editor ■ Karen Roller** PhD, MFT, FAAETS, DNCCM, CT, CFT, C-SCR, RYT

Karen is an Associate Professor of Counseling at Palo Alto University, and Clinical Coordinator at Family Connections, a parent-involvement preschool serving the low-resource migrant community along the San Francisco Peninsula. Karen is co-author of *Lifespan Development: Cultural and Contextual Considerations*. She presents internationally on trauma-informed care for the underserved.

**Suggested paper topics should reference anti-racist guidelines \* and include but are not limited to:**

- *BIPOC, LGBTQ+ Ability Leadership*. Outline how somatic practices show up in decolonizing ourselves ■ Elevate the voices of the historically marginalized ■ Humbly engage in anti-oppression and liberatory work-in progress.
- *Clinical Intersections*. Center the historically marginalized ■ Share somatic practices that bring heartfelt healing and cohering ritual.
- *Holistic Healing*. Integrate the unbroken lineage of indigenous ancestors ■ Highlight how somatic practices that heal bodyminds *and* the Earth bring balance and right living, free of domination.
- *Ethical Responsibilities*. Manage power and privilege dynamics in somatic practice ■ Emphasize shared decision-making and participatory action in assessment, treatment, termination, and related research.

Papers should be submitted by March 15<sup>th</sup> 2023

submissions@ibpj.org



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## Call For Papers

Fall ■ Winter 2023–2024

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### Emotion and the Body

*There has been a recent revolution in the understanding of the role of the body in the generation of emotion and its processing in cognitive and affective neurosciences. There is now substantial evidence that emotion is more of a determinant of cognition and behavior than it was earlier held; and that embodiment of emotion, by enhancing the processing of emotion and cognition in the brain, can improve somatic, energetic, emotional, cognitive, and behavioral outcomes, potentially in all therapy modalities.*

**Guest Editor ■ Raja Selvam PhD**

Raja is a licensed clinical psychologist, a senior trainer in Peter Levine's Somatic Experiencing (SE) professional trauma trainings, the developer of Integral Somatic Psychology (ISP), and the author of the book *Embodying Emotion: A guide for Improving Cognitive, Emotional, and Behavioral Outcomes*.

**Suggested paper topics should include but are not limited to:**

- The role of the body in generation, expression, processing, regulation, and defense of emotion.
- Innovative methods for working with emotions in general through the body, with clinical examples.
- Innovative approaches for understanding and working with intense and highly dysregulated emotions of trauma through the body, with clinical examples.
- Innovative approaches for understanding and working with emotions in children through the body, with clinical examples.
- Innovative approaches for understanding and working with emotions from collective, inter-generational, and identity traumas, of race, ethnicity, religion, gender, and sexual orientation, with clinical examples.

Papers should be submitted by September 30<sup>th</sup> 2023

[submissions@ibpj.org](mailto:submissions@ibpj.org)





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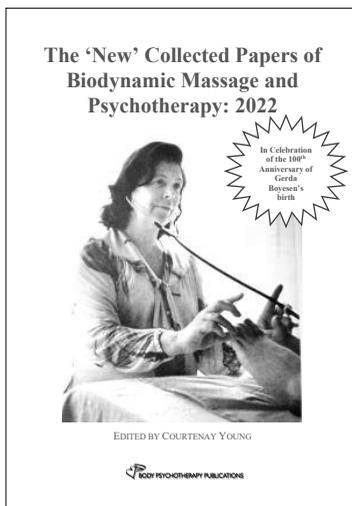
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Subscribers to the IBPJ are given a 40% discount to the introductory price of €50.00 (i.e. a price of €30.00). After **May 1<sup>st</sup>, 2023**, this eBook version will only be available for €75.00.

The *International Body Psychotherapy Journal (IBPJ)* is a peer-reviewed journal, published twice a year in spring/summer and fall/winter. It is a collaborative publication of the European Association for Body Psychotherapy (EABP) and the United States Association for Body Psychotherapy (USABP). It is a continuation of the *USABP Journal*, the first ten volumes of which can be found in the *IBPJ* archive.

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The Editors are eager to receive letters, particularly communications commenting on and debating articles already published in the *Journal*, but also suggestions and requests for additional features. A selection of letters received will be published in the next issue of the *Journal*.

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First consideration will be given to articles of original theory, qualitative and quantitative research, experiential data, case studies, as well as comparative and secondary analyses and literature reviews.

Authors must certify that any material presented to the *International Body Psychotherapy Journal* is original unpublished work not under consideration for publication elsewhere.

Our editors and reviewers will read each article with the following questions in mind:

- Does material in this manuscript inform the field and add to the body of knowledge?
- If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto?
- If it is a case study, is there a balance among the elements, i.e., background information, description and rationale for chosen interventions, and outcomes that add to our body of knowledge?
- If it is a reflective piece, does it tie together elements in the field to create a new perspective?
- Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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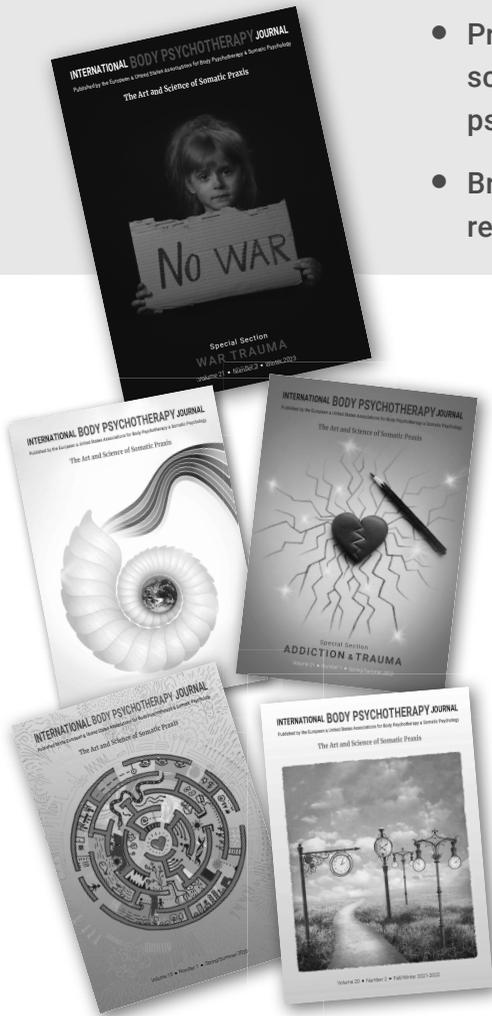
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“

*Those who work in areas devastated by war, migration,  
and disaster often feel as if they are carrying  
a drop of water through the desert.*

”

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