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

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students.

The Journal is published by the European Association for Psychotherapy (EAP), three times per annum and has been published for 29 years. It has been decided that – for the moment – we will stay as open as possible to new authors wishing to publish professionally.

The focus of the Journal includes:

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

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide.

This Journal is now a free, open-access Journal, with complete issues downloadable from the IJP website. We have recently developed several 'Editorial Policies' that are available on the IJP website, via the 'Ethos' page: **www.ijp.org.uk**

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The IJP Website: www.ijp.org.uk

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

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

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

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

There is also a whole cornucopia of material that is currently freely available on-line (see the top left-hand corner of the website). **Firstly**: there are several "Open Access" books on Psychotherapy available, free-of-charge; **next** there are an increasing number of free "Open Access" articles; **then** there are often a couple of articles available from the forthcoming issue, in advance of publication.

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

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

Most recently, we have published *A Proposal to Establish a Set of Ethical Principles & Guidelines for EAP Organisations*.

International Journal of Psychotherapy

Editorial

Courtenay Young

Editor, International Journal of Psychotherapy

Dear Readers and Fellow Psychotherapists,

As we progress, we remind you that the war in the Ukraine is still progressing and is entering into its third year, and that the European Association for Psychotherapy (EAP) is still supporting our Ukrainian psychotherapy colleagues in a series of online seminars. Information about – and downloads of – these seminars are available through the EAP website: www.europsyche.org. The 'next' issue of the Journal – Vol. 29, Number 1 – is a Special Issue, dedicated to various issues about *"Psychotherapy in the Ukraine at War"*. This Special Issue has been completely produced by our Co-Editor, Marzena Rusanowska. Congratulations are due.

In this issue, we start with a serious apology: because the last issue, a Special Issue on *'Women and Love'* (Vol. 28, No. 2, Summer 2025) was produced a bit late; and because we wanted to get the above Special Issue on *"Psychotherapy in the Ukraine at War"* (Vol. 29, No. 1, Spring 2025) out in time for the EAP Meetings in Vienna in March 2025, which coincided with the third anniversary of the present war in the Ukraine; and because I was suffering eyesight problems (cataracts) which meant that I have had problems doing computer work; we had to postpone all work on this 'normal' issue (Vol. 28, No. 3, Winter 2024). So, this is the missing issue, and we are pleased to produce it now – albeit a few months late – with our apologies.

Just a word or two about the situation in the Ukraine: most people are now aware that this current war actually started in 2014, when Putin's Russia took over the whole of Crimean peninsula and supported / annexed the contested regions of the Donbas & Luhansk, known as the 'Donbas' war, in which Russia's military

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were directly involved and the pro-Russian separatists were largely under Russian control, being supported by Russian troops, tanks and artillery. There was a nominal "ceasefire agreement" signed in Minsk in September 2014, but this did not stop these regions being 'militarised' by Russia throughout the intervening years. The impact of these years is often forgotten given later and more recent, on-going events in the Ukraine, as well as events in Syria, Gaza, etc.

It has been estimated that about 14,300 people were killed in the 'Donbas' wars (2014-2022): 6,500 Russian and Russian proxy forces, 4,400 Ukrainian forces, and 3,400 civilians from both sides. Most civilian casualties were in the first year. In 2011, Luhansk and Donetsk oblasts had a combined population of 6.1 million. As a result of the Donbas war, 2 million people have fled as refugees.

As the result of the Russian invasion of Ukraine (2022 - to present), there have been about 145,000-165,000 estimated Russian casualties (though the actual total is likely to be much higher), although the Russian's claim is much lower. The Ukrainians have confirmed over 60,000-80,000 killed, and about 400,000 wounded. The number of civilian deaths is impossible to determine with any precision, but estimates are 12,000+ killed, 14,000+ captured and about 30,000 wounded. This is a horrific total for so-called 'civilised' countries in the 21st millennium.[1]

This is not the first time that Russia has dominated the Ukraine. The 'Holodomor' is largely unknown in the West. This was a mass famine in 1932-33, largely brought about by Stalinist collectivization and industrialisation policies. The main effect was to suppress Ukrainian nationalism. Estimate of deaths by starvation vary, but almost certainly around 5 million (+/- 1.5 million) people. This has since been recognised as a genocide against the Ukrainian people, carried out by the (then) Soviet government.

It might also be worth noting that much of today's politics, with the rise of neo-liberalism and conservate and right-libertarian governmental trends, are reminiscent of the rise of Fascism in the early 1930s. Free thinkers should perhaps beware!

Anyway, in this issue, we – first of all – publish the recent, annual **IJP Editorial report** to the EAP's Governing Board. We then publish an article by **Susanne Vosmer** and **Boguslaw Potoczny** entitled, "*Is German and Polish Shame Relevant in Psychotherapy?*". One of the authors of this article is our Assistant Editor, Susanne Vosmer, who was recently responsible for the previous Special Issue on 'Women and Love' (Vol. 28, No. 2, Summer 2024).

We follow this with an article that refers back (somewhat) to a recent issue: the IJP Special Issue on Integrative Psychotherapy (Vol. 28, No. 1, Spring 2024). This is by a well-known IJP author, **Richard Erskine**, author of one of the ar-

1. United Nations statistics (quoted on Wikipedia).

ticles in that previous issue, but – in this article – he traces some of the contributions coming from Gestalt Psychotherapy to Integrative Psychotherapy.

The next article is an interesting piece about the theoretical content of feelings, *"Towards a Cross-Schools Treatment Heuristic Part 1: Feelings as a Central Therapy Compass with their Affects (Nature), Emotions (Nurture) and Expressions (Narratives)*. The authors: **Jeanette Meissner** & **Frank Jacobi**, think that this can form a guiding principle in psychotherapy. They are both Clinical Psychologists from Berlin and this article is just the first part of their research. We hope that they will choose the IJP to publish the next part.

Next, we have an interesting article from an Art Psychotherapist, **Beverley A'Court**, living in Scotland, but working with groups internationally. This is a descriptive essay introducing some core concepts, principles, features and illustrative examples of how a holistic, ecological paradigm functions in Art Psychotherapy to provide a more body-conscious and ecological basis for evolving theory and practice. Hopefully, this will encourage our readers (mostly psychotherapists) to explore how they are 'held', with their clients, within mature, this animated and responsive field of diverse intelligences, the 'communion of subjects' that is a readily available source of sensitive, attuned inspiration and guidance, and to reflect on some implications for the therapist's role.

Next, we have another article that also references Art Therapy: unfortunately, not these two articles are not quite enough for a Special Issue on Art Therapy. This research article, *'Art Therapy and Use of Mediator/Expressive Technique in Family Therapy: A systematic review'*, comes from a Belgian 'collective' of Clinical Psychologists from the University of Mons: **Sandie Meillerais**, **Antonie Derobertmasure**, **Anthony Mauroy**, **Logan Hansotte** & **Jennifer Denis**, It presents an interesting new view on a number of European journals and their research results are impressive.

Our next article is another research article from another 'collective' of Clinical Psychologists from Belgium and the Netherlands: **Stefaan Boel**, **Florien Meulewaeter**, **Kasia Uzieblo**, **Marc Cools** & **Wouter Vanderplasschen**. Their research looks at *'Persistent Physical Symptoms (PPS) as Functional Signals in Children's Disclosures of Child Abuse'*. It contains two individual cases which help to illustrate how the frequent absence of early child disclosures poses a particular problem. *"Despite the fact that early disclosure of child abuse is associated with better outcomes for the child, research shows that many children wait to disclose until an older age. Studies highlight the negative impact on mental health when there is no space for disclosures, or when responses from caregivers are inadequate. The diagnosis of child abuse involves assessing threatening factors and recognizing symptoms and signals, both physically and behaviourally."*

Finally, whilst this is not an article written for the Journal, every so often we publish something that relates more to the European Association of Psychotherapy (EAP). This is a proposed – repeat proposed – set of ***Ethical Principles***

and Guidelines for EAP Organisations. We have a very good Statement of Ethical Principles, but these only apply to individual psychotherapists. Over recent years, we have had experiences of EAP organisations occasionally behaving 'improperly'. This has promoted an investigation on what ethical and principles and guidelines might apply to organisations, and this is what has emerged so far. There is currently no method of investigating or judging any such 'improper' behaviour: this is up to the organisations themselves: essentially "*An Organisation Can Only Be Ethical if All the People in the Organisation Behave Ethically*." So, this is really just a way of 'flagging up' what is generally considered to be 'proper' behaviour for organisations and people in organisations.

International Journal of Psychotherapy

Editor's Report to the IJP Editorial Board & EAP's Governing Board

Courtenay Young

IJP Co-Editor

March-April, 2025

Dear Colleagues, IJP Readers, Members of the Editorial Board & International Advisory Committee, and Members of the EAP Governing Board,

This is my annual IJP Editor's Report for the Sigmund Freud University in Vienna – suitably adapted for this issue of the Journal.

In 2024, we published a Special Issue on Integrative Psychotherapy, based on the EAIP 2023 Congress in Georgia with Guest Editor: Marzena Rusanowska. This issue was IJP Spring 2024, Vol 28, No 1., which was followed by another Special Issue on 'Women and Love' with Guest Editor: Susanne Vosmer (IJP Summer 2024, Vol. 28, No. 2.) Unfortunately, this issue became delayed until the autumn and the next issue coincided with me developing cataracts, which meant that it was not easy to process the next issue, Vol. 28, No. 3. My sincere apologies! This issue has. not been lost, just delayed somewhat, and this is what is now being published (April, 2025).

We have also just produced another Special Issue (Spring 2025, Vol. 29, No. 1), on "Psychotherapy in the Ukraine at War", scheduled to coincide with the 3rd anniversary of the Russian invasion in this later phase of the war. The Guest Editor for the Special Issue, Marzena Rusanowska, had met with several Ukrainian psychotherapists and worked with them to produce this Special Issue. It has been available to download from the front page of the IJP website: www.ijp.org.uk just before our Editorial Board (see above).

Having these two Guest Editors doing most of the work and contacts with the authors has been very beneficial, easing my work-load, and might signal a way forward for the IJP.

On the topic of wider and future issues, we are now approaching our 30th year of publication (in 2026) and I am also approaching retirement as the IJP Editor. I want to / need to step down as IJP Editor sometime quite soon within the next few years and – as yet – there are no future plans, or a successor: just some possibilities.

1. That we are able to find a brave and talented soul to step forward and become the new IJP Editor. They would need to fulfil certain criteria (some editorial experience, good written English, and professional clinical experience as a psychotherapist, etc.) and be able to commit for at least a few years.

   I could help them take up some of the background and technical tasks in a transition process over the next 2 years or so. The IJP website also needs to be 'migrated' to another server; and a couple of other projects (including doi-listing) would need finishing off in.

2. If there is no-one appropriate or available the meantime, the EAP would / could / should decide to publish the IJP (by sale or transfer) through one of the main journal publishing houses (Elsevier, Wiley, Taylor & Francis, Springer, SAGE, etc.), who would manage all the technical aspects of the journal: website, production, distribution, etc. This would assist any new Editor, but this might mean that the IJP could lose some of its independence and its openness to publishing non-research articles from new authors. There could also be some considerable benefits. (N.B. The IJP's excellent 'sister' journal, *the European Journal of Psychotherapy & Counselling* with my colleague, Professor Del Loewenthal as Editor, is published by Taylor & Francis, with many 'open access' articles available. This Journal is now affiliated with the UKCP.)

3. The third option is to say that 30 years is "good enough", and to shut down the Journal, and then the EAP can focus its resources in other ways.

   These possibilities – or 'decisions' – are ultimately for the EAP's Governing Board, and they are becoming increasingly immanent. They are not for me to decide. I look forward to the next couple of years and trust that things will work out well.

The next meeting of the IJP Editorial Board will be at the EAP Meetings in Prague on October 16th at 09.00 (CET). Any reader is welcome to attend – by Zoom: please send an email to admin@ijp.org.uk.

Is German and Polish Shame Relevant in Psychotherapy?

Susanne Vosmer & Boguslaw Potoczny

Abstract: Psychotherapists must be able to address shame. However, not every clinician may know the multi-faceted nature of shame, associated defences, and how to confidently work with shame in psychotherapy. Hence, we focused on elucidating shame. Furthermore, since socio-cultural shame has been neglected in group analytic psychotherapy, we illuminated shame within Polish and German contexts. Even though shame is embedded in German and Polish society, discussing shame appears to be taboo in both countries. Therefore, shame and other related aspects are repressed, denied, and relegated to the social unconscious. We suggest that similar processes occur in other cultures, because shame and the unease it creates are universal. Individual and group psychotherapists can play a vital role in working with shame by rendering unconscious dynamics conscious and by fostering discussions about societal shame.

Key Words: shame, Poland, Germany, psychotherapy, social unconscious

Introduction

Förster (2014) stated that everybody, who works with people, must be able to recognise shame and its defences, and address these. So, psychotherapists must have both theoretical understanding and clinical experience of shame. Not too long ago, Scott (2011) highlighted, however, that group analytic psychotherapists do not pay enough attention to shame in therapy groups, which may result in disturbed relationships and othering. Psychotherapists, who work with individual clients, might not give shame the necessary attention either. While prominent psychodynamic therapists, such as Wurmser (1998), have written about shame and provided useful vignettes, some clinicians might lack the experience and expertise to confidently address shame in psychotherapy, considering also that its manifestations vary from culture to culture.

Elias (2001) wrote that embarrassment and shame form part of our identity. Both enable

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us to regulate socio-politico-cultural bonds, relationships, and norms. Consequently, an understanding of the multifaceted nature of shame requires an exploration of its personal and its socio-historical, political, and cultural dimensions. Unfortunately, only a few group analytic writers (e.g. Sharpe, 1987) have explored shame in cultural contexts and socio-cultural shame has been neglected (Rathbone, 2012).

To broaden the limited knowledge base, we will, therefore, examine socio-politico-cultural shame in Germany and Poland. These cultures were chosen due to the authors' affiliation with these two countries. Even though space does not allow an exploration of other societies, many aspects of our discussion are applicable to other cultures, because shame is universal. Furthermore, while such knowledge may be particularly valuable for group analytic psychotherapists and therapists, who work with Polish and German clients, we suggest that our discussion of shame in relation to the social unconscious will be beneficial for other psychotherapists as well.

After outlining shame, its etymological origins, and several cultural aspects, we will situate shame within German and Polish historical and socio-politico contexts.

What Exactly is Shame?

It is a powerful emotion that arises from our perception of falling short of social norms, values, and expectations. As society evolved and social constraints became internalised, people started to feel ashamed when violating social prohibitions (Elias, 1978). Hence, due to socialisation, shame began to influence people's decisions. Defending one's self against feeling ashamed could be viewed as a reaction to internalised social, political, and cultural expectations. So, shame always involves external relations between society, our environment, and the relationship with our own internal world, and how it is affected by others.

Shame makes us narcissistic, if it remains unconscious (Marks, 2014b). Experienced as an attack on our self, shame involves losing face and a feeling of being stripped off our protective skin. Consequently, withdrawal, emotional freezing, self-destructiveness, or defensive destruction of others, can occur. Insulting others, scapegoating, or excluding them, and putting on a mask, are attempts to restore damaged honour, or hurt pride (Tiedemann, 2010). In so doing, shame may protect our own integrity and that of the groups, we belong to. Social and cultural conflicts are often based on un/conscious experiences of shame, shaming and guilt (Förster, 2014). Therefore, addressing all aspects related to shame is of utmost importance. Furthermore, analysing shame in large groups can also offer insights into societal shame.

Frequently, shame is cathected negatively, even though shame enables us to behave tactfully, to convey respect (Wurmser, 1998), and to protect intimacy (Marks, 2014a). Some aspects of shame have a biological basis (Sznycer *et al.*, 2018). Emotions are rooted in the body, according to neuroscience and theories of emotions (Craig, 2002; Damasio, 2003, 2018). They manifest visibly and audibly in facial expressions, tone of voice, and eye, or muscle, movements. Shame tends to be accompanied by blushing, which is triggered by the sympathetic nervous system.

Even though associated with anti-communist sentiments, the German saying *Better dead than red* (Marks, 2014b), expresses how threatening shame is. While children blush easily, not every adult does. Instead, a grin or embarrassed laughter may be used to express shame (Tiedemann, 2010). To what extent blushing triggers reactions, and is unconsciously used as a communication, remains an

interesting question which Wurmser (1998) posed, but did not answer.

Tiedemann (2010) suggested that shame develops intersubjectively through experiences with others. A particular type of gaze, which expresses shame, can play a crucial role.

Individual expressions of shame are culturally determined. Functioning as a regulator, shame belongs to the social part of the self. The power of shame is based on its close link to norms. Often, these become only visible when they have been transgressed (Landweer, 2016). This indicates that shame resides in the social unconscious, i.e., in the attributes of the social world that people are often unaware of, or deny, or do not sufficiently problematise. Collective defences and memories, myths, socio-politico-economic and cultural forces are also indicative of the social unconscious (Hopper & Weinberg, 2016).

Unsurprisingly, some aspects of shame are repressed or denied. These may be observed in literary works. Greiner (2014) viewed literature as an excellent "archive of shame" (p. 19). Literature enables us to identify the dark secrets of shame, how cultural emotions change, and how shame has been overcome.

Embarrassment is ugly and shame is linked to aesthetics. Greiner (2014) suggested that we find the lost connection between ethics and aesthetics in every good writer, i.e., the Austrian, Stefan Zweig. Through feeling shame, authors encounter a deeper aspect of themselves, which enables them to write about experiences of shame that must be told.

According to Moser (2013), shame has become an important topic in German psychotherapy following translation of *The Mask of Shame* [1] (Wurmser, 1998), and publications by Hilgers (2013), and Tiedemann (2010, 2013). Shame has been addressed from the primeval shame of an unwanted birth to humiliation through bullying, envy, and shaming others.

Shaming others could conceal a deeper fear that prevents us from being honest. Betrayal and shame seem to be closely related, and betrayal is also an act of contempt. Interestingly, shame may depend more on internalised norms, which watch over adherence to social conventions, than on a disapproving look (Pfaller, 2022).

Wurmser (1998) suggested that shame plays an important role in superego conflicts and resistance. Therefore, clinicians should pay careful attention to any resistance, so that shame can be discussed and worked through. Here is an example: Wurmser described a man who felt ashamed of his homosexuality. The essence of his shame manifested in thinking that he was not a real man. He perceived himself as weak, helpless, vulnerable, as having a birth defect, and as being dependent on stronger and more manly men, who should protect him. A loss of pride and subordination occurred. His anger was directed at himself. His suffering was heavily burdened with shame about his sexuality. Wurmser (1998) showed the affects and conflicts of shame being masked by inhibition, passivity, stuttering, and a friendly but shy smile.

Adopting a theological perspective, Huizing (2016) differentiated between shame and "Schamhaftigkeit" (shamefulness, shamefacedness), arguing that the latter had a socially stabilising function. But shame may also

1. This book was originally published in English in 1981. It was later translated into German and reprinted several times. Wurmser distinguished between shame and guilt. He alluded to narcissistic aspects of shame. He identified four major symptoms of masked shame: severe depersonalisation, depression, eating disorders and thought disturbances. He also suggested some treatment methods.

be regarded as a culturally specific deviation that is shaped by self-location, which simultaneously shapes our experience of shame (Kaufman, 1974). Interestingly, while shame is being moulded by our life stories, memories, and experiences of ourselves, it may also shape itself (Henriksen & Mesel, 2021). Recognising this enables us to have a better understanding of shame.

How shame is experienced also depends upon the values of a specific group or culture (Kosowska *et al.*, 2008). For example, many Germanic cultures view male expressions of tenderness and crying as humiliating or shameful (Wurmser, 1998). Therefore, shame may manifest differently in Germany than, for example, in Italy, Britain, or Poland. So, while shame is a primordial, universal emotion, its meaning and function can vary across cultures, and from person to person (Wurmser, 1998).

Linguistic Origins of Shame in Poland and Germany

Words used to describe shame have different connotations, depending on the language that is spoken in a particular society. Most European languages distinguish between *being shamed* and *feeling ashamed* (Tiedemann, 2013).

According to Bogdzevič (2019), the masculine Polish noun 'wstyd' (shame) and the Polish words 'wstydzić się' (to be ashamed) stem from the Proto-Slavic 'stydъ'. This is related to the West Slavic reflexive verb 'stydět sě' (to blush, feel ashamed, shy). Associated with being aware of wrongdoing, 'stydъ' also meant 'maidenly virtue' and 'shameful deed'. The word 'sormъ' (vulva, shame) was replaced by the Polish word 'wstyd'. Moreover, 'stydъ' and related words meant to cool, cold and become cold, signifying a connection between physiological coldness and the mind or behaviour. Nowadays 'wstyd' refers to an unpleasant, humiliating feeling (Bogdzevič, 2019; Długosz-Kurczabowa & Kietliński, 2016). According to Mikołajczuk (2018), 'wstyd' has a stronger, more pervasive meaning than the word 'shame' that is used in English-speaking cultures. It is linked to a sense of pride (dumą), reputation, and disgrace. 'Wstyd' encompasses shyness, embarrassment, bewilderment, fear of speech, guilt, and decency (Mikołajczuk, 2018). Shame has been associated with genitals and with females in German, too.

Beginning with Adam and Eve, throughout history we find that women are the containers of shame and shaming (Alonso, 1987). This is reflected in the German feminine article 'die', which defines all nouns used for shame, honour, infidelity, sexuality, and disgrace (die Scham, die Ehre, die Untreue, die Sexualität, die Würdelosigkeit). In other words, women have been assigned a linguistic valency that makes them prone to being shamed in relation to sexuality and sexual transgressions.

Etymologically, the German word 'Scham' (shame) stems from 'skamo' (Seebold, 2012). Its root 'kam/kem' means to conceal, veil, or disguise (Droskowski, 1997). It signifies that feelings of shame are closely linked to hiding. Crucial to shame is hiding defects that we are ashamed of. Furthermore, since the female genitals are called "Scham" in German, shame is directly connected to the female body (Frevert, 2013).

The use and impact of gendered language could be problematised in psychotherapy. This might have a liberating effect on women and men. Particularly in psychodynamic therapy, this may be prudent, considering Freud's (1932) claim that shame was a "female attribute to conceal the genital defect" (p. 125). He postulated that no such shame would arise in males. Erectile dysfunction and penis envy related to size cast doubt on Freud's biased thinking.

Religious Matrices and the Social Unconscious in Relation to Shame

The matrix is the network of communication. Foulkes (1973) included culture in the foundation matrix, which is based on properties that we share as human beings. According to Hopper and Weinberg (2011), some aspects of the foundation matrix of a particular society are based on the social, cultural, and communicational elements, which are typical of that society. Thus, by exploring typical aspects of a society, psychotherapists can gain insight into shame.

Homo sapiens has covered his genitals for at least 100,000 years. First with plants, then with leather, and eventually with textiles. Notwithstanding civilisation, media and advertising celebrate public nakedness. This does not mean that Germany is a shame-free society in terms of the body (Kramer, 2019).

Historically, chastity became a typical female characteristic due to Christianity. Young German women were raised to hide their bodies from the male gaze. Frevert (2015) proposed that honour and shame became gendered in the 19th century. Men killed when they were insulted. Women had to be sexually pure. Their husbands'/brothers' honour was at stake when they engaged in extra- or premarital relationships. Until the women's movement in the 1970s, such shame constituted the German norm (Frevert, 2013). Hence, these specific notions of shame and honour seem to belong to Germany's foundation matrix: women who sold their bodies or gave sex as 'presents', were branded as shameless (Frevert, 2015).

According to Thomas Aquinas and Saint Augustine, shame controls desire (Grabowska, 2016). Shame is closely linked to religion, which has three facets: religion as belief, identity, or way of life. People with a strong faith tend to engage in practices that distinguish one religion from another religion (EUAA, 2022). In contrast to Poland, which has been predominantly Catholic for centuries, in Germany, only 31% are Roman Catholics. 30% are Protestants, 4.26% Muslims, 0.24% Jewish, and the rest belong to free Churches and Orthodox communities. Interestingly, only the Muslim community has been growing in Germany. For them, religion tends to be a way of life (Herzog & Anthony, 2020).

In Poland, religion forms part of Polish identity. "Poland's history is a story of resilient Catholic faith", in which the Catholic Church guarded Polish identity and culture throughout the centuries (Mazurczak, 2016:1). Poland is one of the most Catholic countries in the world and the homeland of Pope John Paul II (Skóra, 2023). Thus, Catholicism belongs to the Polish foundation matrix and its social unconscious and so do prohibitions, sin, and shame. Religious influences contributed to the formation of "shame-inducing and oppressive social structures" (Henriksen & Mesel, 2021:25). Even though young people are less religious, the Catholic Church still shapes Polish shame (Beniuszys, 2018).

Vision & Shame

God's gaze made shame inescapable (Spalding, 2006). It has been the second authors' experience that fear of eternal condemnation and gaze are used by Polish priests in their teachings to induce shame. Employed as a visual strategy, a particular kind of look can shame others, who then feel shamed or ashamed by the way they are seen. Gaze can define a person. So powerful can the look of others be that it imprisons the ego. Hence, we would encourage Polish psychotherapists to write about their experiences regarding the intricate connection between vision, shame,

and the ego, since it has important implications for our identity.

For Lacan, Sartre, and Foucault, seeing and being seen are formative experiences (Morgan, 2012). A disapproving gaze is often used by parents, teachers, and priests to mould children's attitudes and behaviour. But not only Polish children may feel judged by the gaze of priests. Adults can feel humiliated from exposure or awareness of their own sins (Długosz-Kurczabowa & Kietliński, 2016).

In psychotherapy groups and individual therapy, inhibiting religious aspects of shame and shaming looks can be neutralised by the therapist's benevolent gaze. Groups seem particularly suited, because vision is the primary medium of social relations (groups, organisations). Communal relations may be established, maintained, or broken, by shy glances, rapt gazes, or bold stares (Morgan, 2012). Eyes can signal intentions with visceral force, revealing authority or weakness, charisma or stigma, and compassion or aggression. Together with gesture, movement, touch and sound, vision is the sensory basis of human communication (Morgan, 2012). This can have powerful implications when it comes to gendered shaming. Not only in Germany did men's gaze contribute to socio-cultural structures that shamed women (see Frevert, 2015). In our experience, the same happened in other societies, e.g., in the UK, America, etc.

Being seen is a physical experience. Engrained bodily shame and prohibition are mirrored in contemporary German society. According to the website *Zeit für Heldinnen* (2022), at the onset of puberty, during pregnancy and the menopause, women feel ashamed of their changing bodies. For example, breastfeeding in public may result in quiet glances that signal 'shame on you'. Mothers can feel ashamed when their children are born with disabilities, because physical features have always been important. But mothers seldom talk about feeling ashamed. Whether bodily shame has become more prevalent is, however, questionable.

While Elias (1994) suggested that shame was a product of civilisation, Duerr (1988) argued otherwise. He found that Germans felt less ashamed of their nakedness. However, his observations are from the 1970, a period of sexual liberation. Köhler (2017b) argued that shame has neither increased nor decreased: Germans feel as ashamed as before, but for different reasons. Many women strive to have perfect bodies and feel ashamed of any bodily flaws (Köhler, 2017a). Moreover, ageing (Thiersch, 2009) and hospital care of the body are often experienced as shameful (Baatz-Kolbe, 2019). Thus, discussing and overcoming bodily shame should be important foci in psychotherapy.

Humiliation, Shame & Embarrassment (on behalf of others)

Frevert (2017) wrote about the power of shame. Owing to its social embeddedness, shame can be dangerous. Public humiliation, which nowadays frequently occurs via the internet, becomes part of our collective memory. Available to wide audiences, online platforms enable ordinary people to assert their power and humiliate others. So, the politics of humiliation are not confined to governments. Insults can be posted collectively or individually. The shamed individual is subjected to the scorn of an entire group.

Even though the terms 'humiliation' and 'shaming' are often used synonymously, Frevert (2017) insisted that they differ. Shaming only involves temporary exclusion. After expressing regret, the person is reintegrated into the group, or community. Humiliation aims

at excluding a person from the group permanently. It is a form of stigmatisation.

Humiliation comes in many shapes. An objectifying gaze humiliates when it turns the other into an object. Wurmser (1998) argued that one freezes, because the contempt is too much to bear. To cope with these experiences and other shame phenomena, psychotherapy is vital.

Pfaller (2022) suggested that a pseudo culture of shame has developed in Germany. This culture is totally shameless. Shame is hidden behind a mask of pride and feeling superior. However, we can also feel shame on behalf of someone else, referred to as "Fremdschämung/Fremdscham" (Förster, 2014). Huizing (2016) gave this example: occasionally, someone behaves awkwardly without feeling ashamed. Only others are mortified. Here, shame has turned into an atmosphere, where we only sense embarrassment. It has acquired a voyeuristic quality that is coupled with superiority. By no longer separating embarrassment from shame, such shame has a diminished effect, and it is an interesting cultural phenomenon in Germany. One reason for its occurrence might be that some people have lost the ability to feel their own shame. Emotional numbing may have occurred, partially because positive future perspectives are lacking. Pfaller (2022) remarked that some Germans can hardly imagine to be like they want to be. Psychotherapists could help them improve their self-esteem and live a more authentic life.

The Impact of History on Contemporary Socio-cultural and Political Shame

Several events are linked to shame in Poland (see Mikołajczuk, 2018; Kosowska *et al.*, 2008). Both the loss of nationhood during the 18th–20th centuries and the Nazi occupation resulted in victimhood, martyrdom, and shame, as well as intergenerational trauma (Gosk *et al.*, 2019).

Leder described how, in 1941, the Nazis' plan to systematically murder Polish Jews in the General Government, created a psychic inescapability from terror. However, Leder (cited in Gosk *et al.*, 2019, 36) also discussed instances where Poles were perpetrators. This knowledge was relegated to the social unconscious and shame was not openly discussed. But it has not been forgotten.

Zaleski (2014) did not use the phrase 'social unconscious' when referring to deliberately forgetting experiences, historical, and current events. He suggested that certain memories were silenced to shape the collective memory. It was the neurosis of the victim, who lives in fear of being identified as an oppressor, Zaleski wrote. The desire to avoid moral and social consequences was prevalent.

Nazism is also linked to shame in Germany. Analysing National Socialism, Marks (2007) differentiated between four sources of shame: violation of own values, of intimate boundaries, norms, and exclusion. He described defences against shame: projection, shaming others, cynicism, arrogance, aggressive behaviour, bullying, perfectionism, dependency, and emotional freezing.

Shaming is a common defence. Splitting, denial, and repression also occur. They can be observed historically in the blatant discrepancy between the different degree of sexual permissiveness granted to men and women. German soldiers formed liaisons with French and Russian women (Usborne, 2017), and cohabited with Polish females. Whilst not allowed to have such relationships, not all male soldiers were punished (Röger, 2014). However, when German women formed intimate relationships with soldiers, it had dire consequences.

Shaming became a gendered instrument of power (Köhler, 2017b). Women were individually and collectively shamed. When they entered into forbidden sexual relations, sentiments of disgrace and humiliation arose. To get rid of shame, women's hair was publicly shorn, and/or they had to carry cardboard posters announcing their crimes, and branding them as race defilers (Usborne, 2017).

Furthermore, the Nazis shamed menstruating women by giving them a powder, which caused abscesses on their bodies (Kondoyanidi, 2010).

Shame related to historical events had a profound and lasting effect on German and Polish psyches. But effects differed. In Poland, shame also contributed to the emergence of a unified nation, shared values, and identity. Thus, it arises when unity and patriotism are challenged (Kosowska *et al.*, 2008). Critical people have often been silenced by the government and patriotism is a very sensitive topic (Mikołajczuk, 2018).

Germans were also silenced. Once they had been identified as perpetrators of the Holocaust, they could not verbalise that some had also been victims.

Historically, many Poles identified with victimhood. Powerlessness arises when historical narratives portray one group solely as victims and ignore, or downplay, the perpetrator role. Then shame cannot be expressed. In contemporary Polish society, dissident voices are silenced, which maintains a status quo. It is shameful to speak about shame, possibly because the Polish collective memory has also been moulded by Catholicism. Pride, respect, and conformity to Catholic values and gender roles are crucial. Violating those values often leads to being shamed. Therefore, shame serves as a mechanism of social control and punishment, reinforcing adherence to societal expectations. Addressing socio-political shame in psychotherapy is, therefore, important in order to break shame-induced silence and to liberate clients from societal chains.

The Shame of Being German

Working with collective German shame in therapy groups seems crucial, because disclosing 'I am German' is often avoided in intercultural encounters due to feeling historical shame (Förster, 2014). Normally, people love the country they are born in. However, National Socialism has forced Germans to feel ashamed (Baumgärtner, 2007). At the concentration camp Bergen Belsen, the first Federal President of Germany, Theodor Heuss (1965), spoke of collective German shame: *"The worst that Hitler has done to us … he has forced us into shame … together with him and his followers … to be called German …"* (pp. 99-107). *"No one, no one, takes this shame from us."* (cited in Klatt, 2014, 1)

Several politicians have apologised for the Holocaust. In 1990, the parliament of the German Democratic Republic expressed their shame, asking all Jews to forgive them for the hypocrisy and hostility of East German policy (Herf, 2014). In 1995, Federal President Herzog spoke on the day when Jews commemorate the victims of Nazi crimes (i.e. Yom Ha Shoah). He felt shame and anger that Germans had committed these crimes in a country that had produced writers, such as, Lessing, Kant, and Goethe (Der Bundespräsident, 1995).

In 2003, the *Berliner Morgenpost* encouraged Germans to love Germany. No balance sheet of history exists, where Germans can put a minus next to Hitler, and a plus next to Goethe. Feelings of shame and pride cannot be summed up. They must be endured. But Germans should also realise that there is little to feel ashamed of since the Second World War. Despite this encouragement, historical shame has not found a place to be processed properly (Förster, 2014). Hence, it will be passed on transgenerationally

(Marks, 2014b), even though collective shame is being reversed by welcoming refugees, according to Tiedemann (2010).

Collective shame is experienced in both Germany and Poland. It is likely that collective shame will reveal itself, in some form or the other, in psychotherapy sessions when working with German and Polish clients, because shame is a taboo topic in both countries.

However, in Germany, loneliness appears to be particularly troublesome. According to the radio programme *Deutschlandfunk* (2019), ten percent of Germans feel lonely. Surprisingly, not only the elderly, but also young people, complain of loneliness. When someone feels lonely, s/he tends to feel ashamed. However, shame is the greatest taboo in Germany (Bohm, 2022). Hence, people do not talk about loneliness and other things, they are ashamed of. In this way, positive functions of shame are also discarded, and shame no longer protects their dignity (Wurmser, 1998).

Differences between Germany & Poland in Relation to Shame

In German history, 'Black Shame' and 'White Disgrace' form part of its matrix. After World War I, black French and Belgian soldiers were stationed in the Rhineland. Campaigning for them to leave, German propaganda emphasised that despair made women name the black shame (Roos, 2009). Sexual victimisation was, therefore, voiced. Disconcertingly, white disgrace was also noticed. A police commissioner expressed in 1920 that many wives had formed intimate relationships with colonial soldiers. Women should be ashamed of themselves, he stated (Roos, 2009).

Usborne (2017) described how women accused of immoral behaviour and illegal contact with prisoners of war were publicly shamed. They were arrested for flirting and writing letters, because sexual infidelity symbolised emasculation of male combatants. Not only did the dominant discourse blame women for being promiscuous while their husbands were confined to the trenches. But the unworthy war wife did not even have the decency to feel ashamed of her actions (Todd, 2011).

From a group analytic perspective, the workings of the social unconscious demanded feeling ashamed, because sexual impurity had been naturalised. When this demand was denied, the immoral wife wounded national pride and invited scorn, because she had broken the bourgeois code of sexual behaviour that was predicated on sobriety (Todd, 2011). Implicit in the notion of the social unconscious is that specific hidden motivations, myths, and narratives guide the behaviour of cultures and societies, and that shared defences exist (Weinberg, 2007). In Germany, sexual purity was emphasised. Whether women had actually committed adultery was a moot point. Even flirting challenged the image of their purity. Female sexual desire and its expression was, therefore, repressed. Otherwise, German honour would have been at risk. Throughout German history, we find this link between honour, shame, and female sexuality. Since Germany is both a shame and guilt culture (Dinzelbacher, 2015), honour plays an important role. Behaviour in World War I and II is associated with public shaming and attempts to restore German honour. In contemporary German society, shaming is still important. However, the German government does not resort to the same shaming strategy as the Polish government.

The Law and Justice Party (PiS) in Poland (Szczerbiak, 2019), which has been in power since 2015, positions itself as the defender of national identity and of traditional family and religious values. Portraying these as vital to social stability, the Party is particularly

appealing to conservative voters (Szczerbiak, 2019; Cienski, 2023). Over the past eight years, the PiS has publicly shamed and stigmatised Poles, who expressed views, or engaged in activities that are contrary to the Party's agenda. So, the Party attempts to silence opposition. Possibly, shaming has also become a means to avoid addressing humiliation, defeat and being perpetrators.

One group that was shamed in the media is the LGBTQ+ community. Personal information was published and accompanied by derogatory comments (Reid, 2021; Metcalfe, 2020; Jerne *et al*., 2022). Homosexuality was described as a threat to traditional Polish values. Having LGBT free zones was proposed in some municipalities. An environment was created where these people were discriminated, marginalized, and harassed (Picheta & Kottasová, 2020; Bucholc, 2022).

Women, who want to have or had an abortion, were also stigmatised. According to Polish abortion laws, termination due to severe foetal abnormalities, is illegal. Only the risk to the health of a pregnant woman and rape are legally recognised (Krajewska, 2022).

People, who facilitated abortions, were also shamed for violating societal/religious values, and for disregarding the sanctity of life and the role of Polish mothers (Furgalska & De Londras, 2022; Henley & Strek, 2020).

In the patriarchal Polish society (Imbierowicz, 2020), motherhood is linked to national identity. Polish mothers are idealised and regarded as selfless. While they are an emblematic representation of Polish virtues (Kuroczycka-Schultes, 2014; Suwada, 2022), it is noteworthy that 72.3% of Poles did not endorse current abortion laws in a recent poll (Drabik, 2023; Podgorska, 2021). At the same time, feminists were described "as deranged single women, who want to murder children" (Muszela & Piotrowski, 2022, 93). Such derogatory gender ideology (Koralewska & Zielińska, 2022) is also apparent in the German society.

Honour killings are an extreme form of gender ideologies. Even though some killings may also have religious origins, they seem to be more related to humiliation. To avert shame (Tiedemann, 2010), females are treated with contempt and are even killed. *Only a Woman* (Horman, 2019) describes how the German-Kurdish Hatun is killed by her brother to protect the family honour. Based on a true story, this film draws attention to murders committed in contemporary Germany that reflect a conservative gender ideology.

Honour killings may, however, also indicate that the collective experience of long-lasting Western humiliation in previously colonised countries has not been psychologically processed. Moîsi (2009) argued that terror attacks and killings are carried out to restore lost cultural honour. If viewed as an attempt to reverse introjected humiliation, individual killings of weaker females could signify identification with the aggressor.

Shame can result in violent acts when someone feels humiliated and disrespected. But shaming also creates conformity. In Poland, individuals are hesitant to express different political opinions or engage in activities that go against the PiS's agenda (Szczerbiak, 2019).

Zaleski (2016) pointed out that current debates centre around national identity. Ideas that "*... people, who call themselves Poles... are no longer Poles*" (p. 103). Antagonistic identities have developed, which are in stark contrast to each other, due to deep divisions in Polish society. Communication between conservative and liberal groups has become extremely difficult, if not impossible (Newerle-Wolska, 2020). Linked to being shamed, thinking whether to speak up or not, disapproval, fear of rejection, and loss of social bonds, function as deterrents

(Scheff, 2000). To deal with such experiences, psychotherapy sessions may be necessary.

Wurmser (1981) emphasised that shame is closely linked to the individual's sense of self. It is rooted in psychological and emotional development. He asserted that shame functions as a narcissistic mask to protect the individual from experiences of rejection and failure in the eyes of the world. The pressure to meet socio-cultural expectations often leads individuals to internalise a set of values and attitudes that define what is considered acceptable behaviour. This can result in the development of a false self (Winnicott, 1960). Deviations from cultural norms can trigger personal shame, reinforcing the notion of being inferior or lesser in comparison to others, who conform more closely to societal expectations (Wurmser, 1981).

Often shame is intertwined with honour, dignity, and morality. It stems from concerns about the judgment of others, loss of face, or the violation of social norms. All these seem to be embedded in German and Polish foundation matrices and form part of the social unconscious. In our opinion, psychodynamic groups are well-suited to make unconscious forces conscious, and to develop a more authentic self.

Socio-economic Inferiority & Shame

Pride is the opposite of shame (Landweer, 2020) and Germans regard their societal position as their own achievement (Landweer, 1999). Hence, they feel proud of being professionally successful and ashamed when they are made redundant. Social status often affects self-esteem and feelings of shame (Neckel, 1999). Due to a societal ideology that people are responsible for their happiness, Germans feel ashamed to be unemployed (Leusch, 2017) and poor. *"I've to overcome my shame to search through rubbish bins ..."* (Förster, 2014, 9).

In midst of prosperity, people are living on the dole and from charity. Shame is the price they pay for their existence (Moser, 2013). Their voices and a bad conscience echo through torturous levels of shame. Selke (2013) takes readers on a journey through poverty in the land of shame. Germans, who once lived like everybody else, are now desperately trying to experience some normality. They fear to be recognised by someone, who still has a good opinion of them. Hence, they withdraw and lose social opportunities.

1.5 million Germans would go hungry, if it were not for honorary workers, who distribute food amongst the hungry. Poverty makes them feel ashamed and excluded. Taking the train or sitting in a café are costly, so the poor are excluded from many aspects of cultural life. Trying to become familiar with their new identity, sufferers told Selke that they felt like 'a nothing'. They pay for being fed, they pay with their dignity, Selke (2013) writes. A mirror is being held up while they are sitting at the table. It forces them to ask themselves why they are there and what they have done wrong (Hildebrandt, 2013).

In Germany, the idea to distribute something that is no longer needed, has developed into a substitute for what is missing: inclusion. When others determine people's supply, they become third-class citizens (Selke, 2013), which has ethical implications. Hence, shame is relevant to ethics and the Christian dogma (Huizing, 2016).

While shame protects our secrets and vulnerable humanity, shaming is less benign when associated with punishment. Within medical contexts, fitness and well-being hysteria has led to obesity attracting embarrassment. Future illnesses are portrayed in the dominant discourse as punishment for wrong lifestyles that violate societal authority. Health norms

have also turned shame into guilt. As a result, the elderly may feel guilty and ashamed of age-related vulnerability and disease (Huizing, 2016).

Poland has not been referred to as a land of shame in the context of poverty. Nonetheless, the feminisation of poverty and associated shame is noteworthy. Women are disproportionately affected by poverty in many countries around the world, including Poland. Often, they bear the primary responsibility for managing limited resources and making ends meet. They tend to sacrifice their own needs (Tarkowska, 2002).

A complex mix of admiration, envy, and anger is found in Poland towards the West (Newerle-Wolska & Wolski, 2020). The period between the two world wars had fostered a belief in the country's cultural ties with the West. However, after World War II, feelings of envy, inferiority, and shame about the perceived shabbiness and restrictions imposed by the communist regime in Poland, developed alongside admiration. The inferiority complex, camouflaged by resentment, has been redirected towards the Western elite (Newerle-Wolska & Wolski, 2020). Hence, shame seems to fuel negative sentiments towards people in power. Addressing poverty cannot be confined to consulting rooms, we suggest. The psychotherapy profession could engage politician, clients, and the public in dialogues to break the vicious cycle of societal shame.

Conclusion

In Poland and Germany, shame and shaming seem to be related to sexuality, politics, gender, and poverty, as well as to disability, ageing, and hospital care. We have shown that linguistic origins and expressions of shame are gendered. Significant historical events (wars, loss of nationhood, Nazism), victimhood, forgetting, being perpetrators, and collective shame have shaped contemporary experiences in both countries.

Shame is embedded in foundation matrices and the social unconscious. Socio-economic inferiority and trauma are linked to humiliation, national pride and honour. While honour killings may have religious origins, they seem to have occurred in Germany due to humiliation and in defence of family honour.

Various socio-cultural shaming practices have been identified that were used to enforce adherence to norms and values. In Poland, shame seems closely linked to Catholicism and religious identity. Priests' gaze may convey shame and the PiS has humiliated people, who deviate from heterosexual norms and do not embrace patriotic values. However, socio-political shaming affected individuals in Poland and Germany. Poverty, unemployment, the body, loneliness, poor health, and internet exposure, as well as feeling ashamed of and for others, are socio-cultural and political aspects of the German culture.

Nietzsche (1885) wrote that we feel ashamed of so many things. To free ourselves from shame, breaking the seal of morals is necessary. This includes making the unconscious conscious. Then we may be able to free ourselves from conventions that produce shame. Even though our focus has been on Poland and Germany, we suggest that similar aspects of shame are also found in other cultures. Relegated to the social unconscious, shame has many dimensions, which must be made conscious. We have argued that psychotherapy is vital to addressing shame. In groups and in individual psychotherapy, shame can be analysed so that the taboo of not talking about shame can be broken. Ideally, psychotherapists have sufficient experiential and theoretical knowledge to do so. Fostering public discussions to alleviate societal shame is also important. Then people can live more authentic lives and become how they want to be.

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Contributions of Gestalt Therapy to the Practice of Integrative Psychotherapy [1]

Richard G. Erskine

Abstract: Five philosophical foundations of Gestalt Therapy are described; they lay the foundation for the concepts of internal, external, and interpersonal contact. Contact is the central organizing principle of both Gestalt Therapy and a relationally-focused Integrative Psychotherapy. Two definitions of Integrative Psychotherapy are provided: 1) the internal, experiential process of making whole; and 2) the amalgamation of affective, cognitive, behavioural, physiological, and systems approaches to psychotherapy. The article concludes with the premise that an interpersonally contactful therapeutic relationship provides clients with an opportunity for healing, integration, and wholeness.

Key Words: Gestalt Therapy, Integrative Psychotherapy, Relational Psychotherapy, contact, existential philosophy

The premier issue of the *Gestalt Review* featured an editorial by Joseph Melnik that outlined six "underlying assumptions and organizing principles" of Gestalt Therapy (1997, p. 4). Included in that editorial were the concepts of field theory, phenomenology, dialogue, figure/ground, resistance as creative adjustment, and the therapeutic use of the Gestalt experiment. I agree with Melnik's statement that it is a *"difficult and challenging task to try to convey the breadth and scope of Gestalt therapy in a brief editorial"* (1997, p. 7). Yet, I was surprised that he gave the theory of *internal* and *external contact* only a passing reference.

In my training with both Fritz and Laura Perls, as well as with Isidor From, they each em-

1. This article is based on a keynote address entitled, "Contact-in-Relationship: Clinical Applications of Gestalt Therapy" at *The Gestalt Therapy Journal Conference. New York, NY, April 24-25, 1998.* It has been updated recently, especially with reference to Integrative Psychotherapy.

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phasized "contact" as the central organizing principle of Gestalt Therapy. Metaphorically, the concept of contact is like the hub of a wagon wheel around which the other theoretical concepts radiate. Our psychotherapy methods, awareness-enhancing experiments, and therapeutic dialogue are represented by the wheel's outer rim, and similar to a wheel, the spokes support and connect the hub to the rim. Field theory, phenomenological experience, presence in the moment, figure/ground formation, interruptions to contact, or resistance as creative adjustment are the supportive spokes. These theoretical concepts and assumptions are the significant constructs of Gestalt Therapy. In a 1967 lecture in Chicago entitled "Gestalt Therapy: Now and How", Fritz Perls emphasized that *"Contact is the central organizing principal of Gestalt Therapy"*.

In Laura Perls's teaching of Gestalt therapy, she referred to both her theoretical foundation and practice of psychotherapy as *"applied existential philosophy"* (L. Perls, 1977). Laura's philosophical perspective was influenced by the work of several existential philosophers: Martin Heidegger's (1976) concept of presence; Soren Kierkegaard's (1936, 1941) emphasis on the centrality of subjectivity (Schacht,1973); the significance of Edmund Husserl's (1931) views on phenomenological experience; Paul Tillich's (1952) descriptions of the discovery of being; and Martin Buber's (1958) commitment to establishing an I-Though relationship. Each of these existential philosophers was describing some aspect of either personal or interpersonal contact. Laura Perls demonstrated these intricate philosophy concepts in her therapeutic work through her continual respect for the client's integrity and an invitation to meet in dialogue at the contact boundary between Self and Other. She focused on the therapist identifying and appreciating the client's various attempts at making creative adjustment to the demands and losses in their life. Her therapeutic work emphasized the client's experiencing both environmental support through an interpersonal therapeutic relationship, as well as gaining a visceral sense of self-support. To enhance self-support, Laura often drew attention to the restrictions in her client's breathing and posture as she stressed the importance of physical movement.

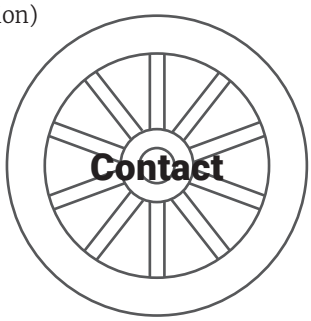
In watching Fritz Perls work, I was impressed by the variety of ways in which he used, what he called, the "Gestalt experiment" – the client's active discovery of both their self-imposed limitations and their exploration of new ways of being. Fritz's use of the "empty-chair" experiment and the creation of "top dog – under dog" dialogues are two examples of his dynamic "here-and-now" therapeutic encounter that revealed to the client their interruptions to internal and external contact. Fritz's use of Gestalt psychology concept of figure-ground formation was evident when he invited clients to enact each part of a dream in a "first-person" voice. Although Fritz often described individuals' reluctance to change as "creative adjustment", he was not patient with the amount of relational support and preparation time that some clients require. Fritz's therapeutic work was exciting and growth-producing for many of us, but his style of conducting psychotherapy was neither dialogical nor relational.

Isidor From, as the principal in the faculty of the New York Institute for Gestalt Therapy, focused his teaching on the significance of internal and external contact, the various interruptions to contact (retroflection, confluence, introjection, projection, and egotism) and the cycles of contact (fore-contact, contact, full-contact, post-contact). From's teaching about the practice of Gestalt therapy emphasized the use of a contactful interpersonal relationship that facilitated the client's full awareness and integration of three primary

Theory & Methods of Gestalt Therapy

Spokes = the theory

1. Field Theory (process orientation)
2. Phenomenology
3. Figure-Ground
4. Contact Boundaries
5. Cycles of Contact
6. Interruptions to Contact
7. Fixed Gestalten
8. Id, Ego, & Self Functions



Rim = the methods

1. Dialogue
2. Phenomenological Inquiry
3. Gestalt Experiment
4. Empty Chair/Two Chair
5. Identify with each part

Figure 1

functions of the self: id-function (physiological sensations); ego-function (identifying me & not me); and personality-function (social presentation). In his practice of Gestalt therapy, Isidor From emphasized the significance of the client's phenomenological experience and the growth producing aspects of interpersonal dialogue.

The Gestalt Therapy concepts of phenomenological experience, figure-ground formation, mutual influence (field theory), and functions of the self are all facets of contact-making. Both habitual interruptions to contact (such as retroflection, introjection, or projection), and fixed Gestalten (rigidly held patterns of behaviour and beliefs about self, others, and the quality of life) each represent a lack of full internal contact, and as a result, a disruption in external contact. These interruptions to contact impede awareness internally, externally, and interpersonally. These concepts provide the theoretical foundation for a contact-orientated Gestalt Therapy. They also provide some of the core concepts in a Relationally-focused Integrative Psychotherapy.

Contact: internal, external, interpersonal

In Gestalt Therapy, the concept of "contact" is defined as the means whereby a person's bodily and emotional sensations, physical and relational needs, and phenomenological experiences are integrated into a full sense of Self. Contact involves the full awareness of internal sensations, affect, needs, sensory-motor activity, thoughts, and memories with a rapid shift to full awareness of external events as registered by each of the sensory organs. With full contact, both internally and externally, there is a continual integration of sensations, experiences, and perception. It is through full contact that people have a sense of being alive, an awareness of both continuity and novelty of experience, and a clarity of self-in-relationship with others. The coalescing of internal, external, and interpersonal contact is the medium through which archaic self-stabilizing patterns and fixed Gestalten can be dissolved; whereby disallowed affect, previously unacknowledged needs, and emotionally disruptive

experiences can be integrated into a cohesive and lively sense of self-in-relationship.

Contact is the touchstone of relationship; it is what makes relationship possible. The essence of our being human is inextricably tied up in the ways we relate to others. We are conceived and born within a matrix of relationships, and we live our lives in the world that is inevitably and consequently populated by other humans, both externally and internally via fantasies, expectations, introjections, and memories.

The philosophical concept of "contact" is not only about awareness of internal sensations and external stimuli, the term "contact" also refers to the interpersonal meeting of people; it constitutes the building blocks of relationship. Although the term is not used in the book, *Gestalt Therapy: Excitement and Growth of the Human Personality* (Perls, Hefferline & Goodman, 1951), the colloquial use of the words "interpersonal contact" describe a quality of transaction between two individuals: the full awareness of both one's self and the others, as exemplified in an authentic and sensitive encounter – a meeting of the Other with both presence and an I-Thou perspective (Buber, 1958; Yontef, 1993; Hychner & Jacobs, 1995). Interpersonal contact is what Laura Peals meant when she described her practice of Gestalt Therapy as "applied existential philosophy" (1977).

The existential philosophical foundation of Gestalt Therapy also provides guiding principles for a relationally-focused Integrative Psychotherapy – a psychotherapy that fosters respect for the client's integrity through attending to and valuing the psychological function of the client's archaic patterns of self-support, attempts at creative adjustment, and the homeostatic functions of their fixated beliefs about Self, Others, and their quality of life. Each of these fixated beliefs, these interruptions to contact, was originally an attempt solve ruptures in relationships (disruptions at the contact boundary) and to gain self-support in situations where the relationship with others was devoid of interpersonal contact. (Erskine, 2021; Erskine *et al*., 2023).

Interpersonal dialogue between client and therapist provides the therapeutic context in which the client can explore his or her own feelings, needs, memories, and perceptions. Interpersonal contact between client and therapist begins to be possible when the therapist is fully present: when the therapist is continually aware of their own inner processes and external behaviours, is cognizant of the boundary between self and client, and his keenly observant of the client's psychodynamics (Erskine, 2024). Interpersonal contact is enhanced through respectful phenomenological inquiry about the client's thoughts, feelings, memories, behaviours, and physiological reactions; it fosters the client's sense of awareness of their moment-by-moment inner experience. The client's capacity for internal contact is increased through the therapist's responses that acknowledge and validate the client's phenomenological experience.

A Relationally-focused Integrative Psychotherapy

The *integrative* aspect of Integrative Psychotherapy has two distinct meanings. Primarily, it refers to the *process of making whole* through facilitating each client's capacity to re-own disavowed affects, identifying previously desensitized body sensations, relaxing archaic ways of self-stabilization and self-protection, relinquishing script-beliefs (fixed Gestalten), and re-engaging with the world and relationships with full contact. The therapeutic focus of Integrative Psychotherapy is on the internal integration of the client's personality: helping the client to assimilate and harmonize internal fragmentations of their sense of Self and to

establish meaningful relationships. Through internal integration, it becomes possible for people to have the capacity to face each moment openly and freshly, without the protection of preformed opinion position, attitude, or expectation.

The term *integrative* also refers to the integration of theory, the melding of affective, cognitive, behavioural, physiological, and systemic approaches to psychotherapy. Integrative Psychotherapy makes use of many theoretical perspectives: Gestalt Therapy, Client Centred Therapy, Transactional Analysis (particularly ego-state and script theory), breathing and body-oriented therapies, family systems therapy, as well as psychoanalytic self-psychology, and object relations theory. The concepts and various methods of these theoretical perspectives are utilized within the realm of human development, in which each phase of life presents heightened developmental tasks, need sensitivities, crises, and opportunities for new learnings (Erskine, 2019). The guiding principle as to whether a theoretical construct or therapeutic methods is "integratable" is that of *relationship*.

If a theory or method is integratable in a Relationally-focused Integrative Psychotherapy depends on whether or not it incorporates the concept that *interpersonal relationships are central to life* (Erskine & Moursund, 2022). Ronald Fairbairn (1952) instituted a significant change in the theory and practice of psychoanalysis when he declared that people are born relationship-seeking from the beginning of and throughout their lives. He described how the need for relationship (contact with another) constitutes the primary motivating experience of human behaviour. Relationships are the source of that which gives meaning and validation to the Self.

John Bowlby (1969, 1973, 1980) expanded this concept with the idea that the quality of relationship with significant others in early childhood forms unconscious patterns from which all experiences of Self-with-Others emerge. Bowlby proposed that healthy psychological development emerged from the mutuality of both the child's and caregiver's reciprocal enjoyment in their physical connection and affective relationship.

Relationships are established and maintained through contact. These concepts about the significance of interpersonal relationship are central to the practice of psychotherapy because *"an effective healing of psychological distress and relational neglect occurs through a contactful therapeutic relationship – a relationship in which the psychotherapist values and supports vulnerability, authenticity, and interpersonal contact."* (Erskine, 2021, p. 212)

Contact

A person cannot have full contact with internal sensations, feelings, needs, thoughts, and memories, while at the same time, pushing some of those internal events out of awareness. As a result, contact with the external world, with other people, becomes impaired because meeting another person authentically requires a full acknowledgement of one's own self. Since relationships between people are based on internal and external awareness, prolonged contact disturbance causes a disruption in the person's ability to form and maintain relationships. The result is an ever-increasing fragmentation and a growing inability to integrate new experiences.

Gestalt therapy has given us a useful way to understand how our needs shift and change in normal life. It uses the concept of "figure-ground" relationships: a vast complex of potential needs that lie in the background of our experiencing. And at any given moment, one of those needs is "figure" (Perls, 1947; Perls, Hefferline & Goodman, 1951). We move

ahead, not so much propelled by instinctive drives (as Freud believed), but by acting purposely to satisfy the shifting patterns of our own needs. Those needs include what will allow us to survive physically; but, they also include the psychological needs for stimulation, for contact with Self, and with Others, for creating meaning and predictability, and for relationship.

When working with the client's interruptions to contact the therapist's continual self-monitoring is essential. Drawing from the philosophical influence of Heidegger (1976), Tillich (1952), and Buber (1958), a question that I frequently ask myself is: *"What is the effect of my inner affect and behaviour on the client?"* When I take at least partial responsibility for my client's interruptions to contact, I create an atmosphere that enhances contact-in-relationship. My ongoing inquiry about the client's experience of the effect of my feelings, behaviour, value system, or orientation towards the psychotherapy, provides a relationship-oriented basis for both Gestalt Therapy and Relationally-focused Integrative Psychotherapy. When contact-in-relationship is the focus of our psychotherapy, the client can make ever-increasing internal contact with memories, needs, desires, feelings, fantasies, and the process of meaning-making. With full internal contact, the client can communicate their internal awareness to another who is involved and fully present. An interpersonally contactful therapeutic relationship provides an opportunity for healing, integration, and wholeness (Erskine *et al.*, 2023, p. ix).

Phenomenological Inquiry and Acknowledgement

The client's increasing awareness of the existence of their interruptions to contact is the initial focus of a contact-oriented psychotherapy. Some clients begin psychotherapy with a lack of awareness of their needs and desires, with disavowed affect, inconsistent memory of their history, a desensitization of physiological sensations, and/or an insensitivity to the effect of their behaviour on others. The psychotherapist's use of a respectful phenomenological inquiry is intended to enhance the client's awareness of their internal processing of affect, physical sensations, fantasy, meaning–making, and perceptions. The possibility of internal contact is enhanced through the therapist's use of phenomenological inquiry. Some examples are:

- "What's happening in your body at this moment?"
- "What are you remembering?"
- "How do you make sense of that experience?"
- "What are you imagining?"

In each of these phenomenological inquiries, the effectiveness of the inquiring is in the client's discovering and contacting an internal aspect of Self – such as, feelings, memory, fantasy, or relational-needs.

Phenomenological inquiry is not just about gathering facts of the client's life, but rather, inquiring about his or her subjective experience, and providing the opportunity to have that experience acknowledged and validated by an interested other. With such an effective inquiry, the client gains an ever-increasing awareness of their internal processes. Inquiry is usually 90% for the client's self-discovery and 10% as a guide to the psychotherapist.

When we genuinely listen and empathetically respond to what the client says, we provide a valuable form of acknowledgment. Acknowledgement may be a simple nod of the head that signals to the client, *"I am with you: I'm attentive to what you're saying"*. Acknowledgement is often in the form of our next inquiry, where we reflect back to the client what they have just said as we form the next phenome-

nological inquiry. Acknowledgement may also include respectful confrontations that bring to the client's awareness discrepancies between affect and behaviour: what is said now, and what was previously said (i.e., *"You say that you yearn to talk to your father, yet you describe avoiding each opportunity to talk to him"*). Such acknowledgement, if done in a non-shaming way, often leads to the client's increasing self-discovery. Acknowledgement is often followed by further phenomenological inquiry (*"Do you experience any discrepancy?"*). Or an inquiry regarding the client's perception of the therapist's involvement (*"What do you experience happening within you when I point out what appears to me to be a discrepancy?"*).

Historical Inquiry and Validation

Just as phenomenological inquiry reveals the existence of internal and external interruptions to contact, the origins of contact disturbances are often revealed through historical inquiry. Historical inquiry involves questions about: *what* happened to the client; the developmental age *when* a disturbance in relationship may have occurred; and *who* was involved. A sensitively constructed historical inquiry will often provide information about the nature of previous relationships, the client's vulnerability, and the relational-needs that were unmet. When we empathically respond to our client's discovering their psychological history, we provide validation of their internal experience. Historical inquiry often involves factual questions whereas phenomenological inquiry is about the client's internal, subjective experience. As we shuttle between phenomenological and historical inquiry, the client will often reveal the absence of need-fulfilling relationships, as well as the hope that *"someone will be responsive to my needs"*.

Although we cannot verify what we have not observed, the therapist can validate that the client's attempts at affect stabilization, fantasy, or "weird" behaviours have significant psychological functions, such as predictability, identity, continuity, and affect stabilization. These homeostatic functions are attempts at managing disruptions in relationship while also serving as an unconscious request for a reparative relationship.

Coping Inquiry and Normalization

An important dimension of inquiry is through the psychotherapist's respectful exploration into the client's style of coping and how they have managed stress, interpersonal conflict, loss, or abuse. The intent of inquiry into the client's style of coping is to facilitate the client's awareness of the physiological survival reactions, implicit conclusions, and explicit decisions that they may have made when living with stress, neglect, or in relational conflicts. In such an inquiry, the psychotherapist facilities the client in being cognizant of how these old patterns of coping may continue to affect their current life by inhibiting their spontaneity and limiting their flexibility in problem solving, health maintains, and in their relationships with people.

Normalization is composed of transactions that provide an alternative view to the client's childhood ways of understanding stressful situations. For example, a client continually berated himself with *"It's my fault that my parents were always fighting"*. Another client talked about how she never protested against her father's constant criticism and physical punishment of her brother. With the first client I responded with, *"It is common for a child to blame themself for conflicts between their parents in order to maintain a good image of their parents"*. With the second client I said, *"Of course you would remain quiet to avoid further criticism and possible punishment. That was a smart thing to do."* Both of these responses to the client help

to normalize their thoughts and behaviour and pave the way for them to discover what they needed in the relationship with their parents. Normalization of the client's old patterns of coping opens the possibility for the client to change behaviour.

Inquiry about the client's coping style illuminates – for both the client and therapist – the stabilizing, regulating, and reparative functions that the client has been managing alone. Our phenomenological inquiry and acknowledgement, historical inquiry and validation, as well as our inquiry into the client's patterns of copying and normalization all provide an interpersonally contactful relationship where the various relational-functions can be identified and explored within the therapeutic relationship. In a relationally-focused psychotherapy, we provide both the validation and normalization that fosters the client's full awareness of how they have managed the difficult situations in their life.

Therapeutic Involvement

Involvement is an essential component of an authentic, person-to-person therapeutic relationship. Therapeutic involvement is the expression of the philosophical principles reflected in Marin Heidegger's concept of presence, in Paul Tillich's focus on the continuous discovery of being, and in Martin Buber's compassionate perspective on the sacred uniqueness of the other. To paraphrase Laura Perls, *therapeutic involvement* is the manifestation of existential philosophy.

Therapeutic involvement emerges from the psychotherapist having a genuine interest in the client's intrapsychic and interpersonal worlds and then communicating that interest through attentiveness, patience, and respectful inquiry. Our involvement is reflected in our acknowledgment, validation, and normalization of what the client presents, as well our willingness to be known. When we are fully involved in the therapeutic process, we allow ourselves to be emotionally aroused and to share judiciously our internal experience with the client because therapeutic involvement has more to do with being than doing.

Therapeutic involvement begins with the psychotherapist's commitment to the client's well-being, an unwavering awareness that the client, and what they need in a therapeutic relationship, is most important. This commitment is the bedrock that makes an authentic involvement possible. The involved psychotherapist is with-and-for the client, fully contactful, honest and willing to put energy and effort into helping clients achieve their goals. When we are fully committed to the client's welfare, our involvement enriches the client's vitality and helps them form a secure sense of self. Involvement is what makes relationship vibrant: two people exchanging ideas and feelings, each challenging and enhancing the authenticity of the other.

Therapeutic involvement is also about the intersubjective interplay between us, the dance of interpersonal contact. The important aspects of psychotherapy are embedded in the distinctiveness of each interpersonal relationship, not in what we consciously do as a psychotherapist, but in the quality of how we are when in relationship with the other person. Our attitudes and demeanour, the qualities of our interpersonal relationship, and the authenticity of our intersubjective connections are central in creating an effective psychotherapy. A central premise of a relationally-focused integrative psychotherapy is that effective healing of our clients' psychological distress and relational neglect occurs through a contactful therapeutic relationship – a relationship in which the psychotherapist values and supports vulnerability, authenticity, and interpersonal contact (Erskine, 2015).

Conclusion

As we integrate the various therapeutic concepts of Integrative Psychotherapy, such as phenomenological inquiry, acknowledgement, validation, and therapeutic involvement, we rely on the philosophical principles expressed in the writings of several authors who have also influenced Gestalt Therapy. Martin Buber has provided a compassionate perspective on the sacred uniqueness of the other person. Martin Heidegger's concept of presence lays the foundation for full contact in our therapeutic involvement with clients. Paul Tillich and Soren Kierkegaard's focus on the continuous discovery of being emphasizes the importance of both subjectivity and intersubjective dialogue, while Edmund Husserl's views on the significance of subjective experience provide the impetus for engaging in phenomenological inquiry. These existential philosophical foundations of Gestalt Therapy provide the foundation on which relationally-focused Integrative Psychotherapy is based.

Author

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Towards a Cross-School Treatment Heuristic: Part 1: Feelings as a Central Therapy Compass with their Affects (Nature), Emotions (Nurture) and Expressions (Narratives)

Jeannette Meissner & Frank Jacobi

Abstract: Focusing feelings, moment to moment, is increasingly recognized as a central guiding system for effective psychotherapies. However, there is no common understanding in the different therapy schools about terms such as "feeling", "affect", "emotion" or "emotion-scheme" and what kind of change mechanisms they support. I feel, I think, therefore I am. Feelings as a conscious, subjective experience make us aware of our homeostatic state and how well we ensure our survival in a given moment. They interweave innate affective systems ("nature") with contextually constructed emotion schemes, which have been learned through myriads of interactions with significant others and the environment ("nurture") and find their expressions and symbolizations to co-create meaning ("narratives"). The successful processing of painful memories and conflicts is achieved when all three levels of feelings are dealt with in the therapeutic process to form new neurobiological structures and promote the further practice of new behaviours and experiences for a more resilient self in the world. In this article, we present an affect-based compass for feelings that clarifies commonly used terms as a starting point for a cross-school treatment heuristic.

Key Words: feeling, needs, affect, emotion, schema, cognitive representations of emotion, emotion theory, psychotherapy integration, self-organization, affect regulation

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Feelings in therapy as a guiding system for interventions

The psychotherapeutic landscape has become very diverse, with many, sometimes different concepts of what *feelings* are, how exactly they guide thought and action, and how they support therapeutic change.

We present an integrative transtheoretical compass of feelings that refers to three levels of an affect-based, emotionally wired, cognitively processed and expressed self-regulation (from "nature and nurture to narrative"), with which the many psychotherapeutic schools with their different emphases can be understood in a common language.

At the heart of our efforts to create such a framework is a simple observation. When patients come to our practice, they usually report symptoms that they confuse with feelings. They "feel" overwhelmed, irrationally anxious, down, depressed, sad for too long, or never sad, even disconnected or flooded with feelings, etc. Our patients do not know how they cause these symptomatic experiences. They have learned, painfully and based on experience, that they cannot trust their primary affects and their perception of reality, and they unintentionally and habitually organize themselves into dysfunctional self-regulation loops. In doing so, they unintentionally prevent helpful access to their primary feelings, their most important survival compass.

Consequently, psychotherapy is about helping our patients find a more helpful access to themselves, their basic needs and to the world, and thus to healthier emotion-scripts. Feelings guide all learning from experience (Solms, 2021) and are a central compass across all schools of therapy (Greenberg, Malberg & Tompkins, 2019).

Using feelings in therapy as a guiding system for action is not new. The central importance of specific affect-based interventions for sustainable therapeutic change has been emphasized since the beginnings of scientifically based psychotherapy (e.g., Breuer & Freud, 1895) and is confirmed by extensive findings in psychotherapy process research since then (e.g., Davanloo; 1995; Abbass, n.d.; Greenberg *et al.*, 2019) as well as from neuroscience (e.g., Grawe, 2004; Panksepp *et al.*, 2012; Lane *et al.*, 2020; Roth, 2019; Solms, 2021).

We now strive for the most precise differentiation possible along the currently largest areas of agreement in order to understand affect-based mechanisms of change for the derivation of a general "therapy compass" (Meissner & Jacobi, 2025, in prep.). We focus primarily on the results of emotion research, which is also supported by neuroscientific findings (Panksepp *et al.*, 2012; Damasio, 2021, 2021; Barrett, 2017; Solms, 2021; Roth *et al.*, 2019; Lane *et al.*, 2020; Russell *et al.*, 1999; Scherer, 2005).

Integrative Compass Model for the Spectrum of Feelings

The *compass model of feelings* illustrates human survival as a sequence of constant stimulus- response mechanisms with feelings as the central mediator. When it comes to feelings, three levels are involved: primary survival instincts and their affect systems, which we have in common with our animal ancestors ("nature"); a secondary neurobiological level, which includes emotion schemata constructed through experiential learning ("nurture"); and a third level of coping, which is the individual narrative, for a subjectively appropriate form of self-regulation in a given moment.

But first, there is incoming information. In its dark cranial chamber, the brain relies on its senses to ensure the survival of its organism.

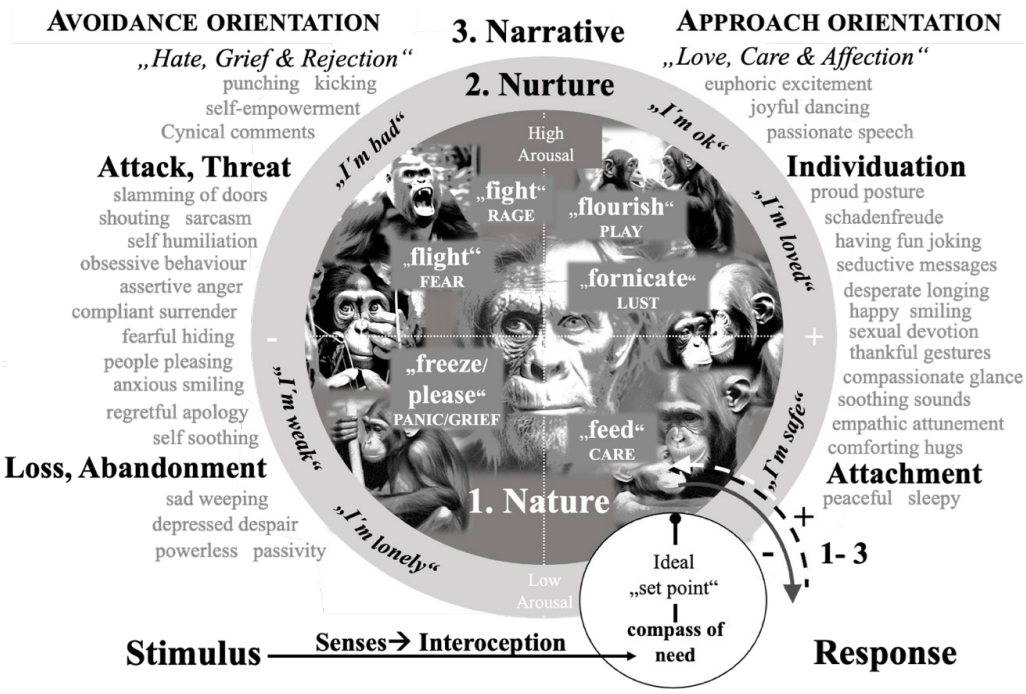

Figure 1. *Compass Model: Feelings between "love and hate" in the spectrum of psychological needs*

As soon as an internal or external stimulus is perceived by the organism via interoception, the "needle" of the need compass oscillates between approach or avoidance orientation with the aim of maintaining or regaining the individual and optimal set point (Solms, 2021). LeDoux (2019) emphasizes that even simple organisms follow a reflexive toward (nutrients, energy) and away-from (toxic danger). A "set point" means optimal homeostasis for a specific need of a specific person under specific circumstances (Solms, 2021). According to the "free energy" principle (Solms & Friston, 2018), the organism strives for the lowest possible energy loss and the best possible allostasis (i.e., a contextually best possible physical and mental balance).

If there is a mismatch between prediction and reality and the mental prediction model for maintaining its homeostasis is not correct, then a "prediction error" occurs (ibid.). Affects are evolutionarily designed to signal a deviation from the ideal "set point" and to drive the organism to act (Solms, 2021) mediated by learned emotion schemes. We feel when our needs are not fulfilled (Figure 1, arrow in the need compass to the right) or just striving for fulfilment (arrow to the left towards "set point"). As soon as our "set point" for a particular need is reached, these action-guiding affect dynamics fade into the background in favour of other needs.

Depending on the context and our previous experiences, we construct meaning from this, which serves as an emotion script (Second circle). These experience-based emotion schemes form an individual choir that recalls a certain piece of music as a "felt sense" (Gendlin, 1996) in any given moment. At the prefrontal level, cognitive processes create a

narrative thread, the lyrics, that subjectively explain and symbolize all our experiences and help to regulate our feelings and behaviours at a given moment. The term *feeling* is used for the more or less conscious accompanying melodies of our daily subjective experiences, which constantly provide the timbre for our perception, our thinking, our decisions and our actions on all neuronal levels.

Inner Circle: Primary Level of Affective Systems ("Nature") and "the animal within"

We are just a bunch of animals. At the very core we are "human animals" and instinctual in nature (Levine, 2010, p.225). Affects are to be understood as primary colours ("Mother Nature"), from which all other mixed colours (emotions) are drawn.

Definition: Jaak Panksepp, the founder of affective neuroscience and known for his animal research, distinguishes at this primary instinctive level between sensory (such as pain or disgust), homeostatic (hunger or thirst), and, of particular interest to psychotherapy, "core emotional affect systems" (SEEKING, RAGE, LUST, CARE, GRIEF/PANIC FEAR or PLAY) as unconditioned embodied response dispositions. They are neuroanatomically, physiologically and biochemically based psychomotor reaction patterns that can be mapped as overlapping networks in the brain as soon as they arise, starting mainly in the brainstem and lower limbic levels (1998). Affects are a direct measure of the extent to which our needs are satisfied or frustrated. They are "primary process powerhouses of the mind", necessary for survival (Panksepp, 2012, p. 2). Instincts provide the biological "templates" that guide behaviour necessary for survival, while affects represent psychological representations that can be modified. In case of a threat, our flight instinct sets us in motion involuntarily and becomes present through a fear affect.

To "affect something" means "to cause a change". We come into the world with the physiological disposition to experience our affects in a physically urgent way with a certain quality ("qualia", Solms, 2021) so that the organism "knows" what to do without time and energy consuming cognitive reflection. Hunger feels different than shortness of breath or rage or joy. Affective signals compete and the contextual most important wins the synaptic race in any given moment. Affects and their physical impulses are the first survival script between approach and avoidance orientation. We don't need to learn how to feel primary affects; evolution has passed these survival strategies on to us through our genes.

Aim and regulatory function of emotional affect systems is to satisfy basic needs in the realms of attachment and autonomy (safety, care, validation). Our social survival instincts guide us through the day, mainly unconsciously between Love, Care & Affection and Hate, Grief & Rejection. Is my need for individuation met (self-efficacy, -control, -growth), or has it been attacked (humiliation, assault, rejection)? Is my need for attachment satisfied (care, safety, acceptance) or is it threatened with loss (loneliness, abandonment)? Everything that does not correspond with my learned predictions about survival in my social niche requires my attention and is then experienced via bodily felt affects and impulses as a first rough and ready sketch of fulfilled or frustrated needs.

Example: The body language, within a certain context, sometimes gives therapists more information about the patient's inner emotional state than his consciously recalled "narrative truths". Repressed affects and impulses remain non-verbally visible, for example, when the patient clenches his fists or his breathing becomes shallow, but he consciously feels neither rage nor fear. These instinctive reactions should be made conscious in the context of the

current moment of therapy, for example, as a reaction to a specific intervention, or within transference or in response to a described problem situation. Affect-focused methods pay attention to these nonverbal mechanisms, since these not conscious precursors of feelings give access to the authentic, adaptive core of self-experience.

Integration of Concepts: Affects are often studied as "precursors of feelings" (Damasio, 2021), "innate affects" and "biological responses" (Tomkins, 1995), "motor patterns" (Bowlby, 1979), "affect motor programs" (Greenberg, 2015), "survival circuits" (LeDoux, 2012), or "primary emotions" (Damasio, 2021) on a "vegetative-affective level" (Roth, 2019). Russell and Barrett (1999) derive a much simpler version of affective states, as pleasant vs. unpleasant and more-or-less activating experiences from their research, as already discovered by Wilhelm Wundt. "Affect" as something that connects mind and body and is understood as a fundamental, psychologically irreducible property of the mind (Barrett *et al*., 2009).

According to Panksepp, the affect system of "seeking" is central. As a "basic emotional urge", all other affects primarily arise from it. Solms (2021) sees here a direct connection to Freud's drive concept and "the hidden spring" of consciousness. Grawe also assumed a basic ubiquitous need for exploration (1998; p. 384) in the realm of approach orientation. Bowlby examined in this context a central drive for "affectional bonding" as a necessary foundation for exploratory needs (1979) and Kernberg (2000) also considers affects to be the oldest motivational system and the basis of an attachment-oriented personality organization. Whatever future finding may show, primary affects are the embodied, unconditioned and not immutable ingredients of our feelings and serve as a universal and evolutionary bridge to others, our ancestors and even other mammals. The extent to which they are understood as neurobiologically and biochemically distinct entities at birth is currently still being discussed between more constructivist and biologistic researchers and will be answered by further interdisciplinary research findings in the future.

Second Circle: Emotion Schemes ("Nurture") as "memories for the future"

"We feel our way through the problems of life" (Solms, 2021). Affects as "rough & ready tools for survival" (Solms, 2021) are not yet sufficient to orient ourselves adaptively in our complex social world. As described before, we do not have to learn how joy or sadness feels or is activated in the body. What we feel about, i.e., laughing, crying, or raging, and how or whether we express these feelings, and in what ways, is genetically hardwired, epigenetically influenced and socially learned in the niche we were born into.

Definition: "Emotions" are increasingly understood as constructed dynamic processes and predictions about the world and the way we have learned to survive in it, in which various brain regions and networks play an important role (Barrett, 2017; Damasio, 2021; LeDoux, 2019; Solms, 2021). Emotions are *not* innate, universal biological entities, like core affects, but are mentalized by the brain based on our past experiences, the cultural, social context we were born in and our individual attachment history. As emotion *schemes*, they are mental predictions that serve as contextually guiding mediators between stimulus and response. The brain is not a passive receiver but actively predicts with previously learned concepts about what will happen next (cf. Process of "Predictive Coding", e.g., Barrett, 2017; Solms & Friston, 2018). Emotion schemes prepare for contextually and subjectively appropriate actions in the service of optimal ho-

meostatic self-regulation. Through constant experiential learning, we store numerous emotion scripts throughout our lives about how best to survive.

Aim and regulatory function: At best, we learn with "good enough" (Winnicott, 1953) authentic and empathic care how to regulate our primitive affective states in a contextually appropriate and empathic way for a "good-enough self in the world", e.g., not to act out anger by hitting others when they take something away from us, but also, in the positive spectrum, not to physically knock over someone out of sheer joyful exuberance. Caregivers help with love and compassion in order to regulate our primary affects with helpful emotion scripts, so that we can fit in well with our social community. We develop social and emotional intelligence by understanding, predicting and imitating the actions of others, based on our innate predispositions, such as our mirror neurons (Rizzolatti, 2004). A "secure, loved, and nurtured" self can mature in resonance with a good enough integrated, authentic, and loving caregiver. This is *"not the perfection of seamless empathy or flawless selflessness (of the caregiver), but rather something more akin to the willingness to engage authentically, compassionately, and responsibly"* (Fosha, 2000, p. 60). Flexible and adaptive empathy-based schemes emerge that integrate autonomy and attachment drives in a helpful way.

In this context, intrapsychic anxiety has a particularly protective function. Freud (1926) discovered that there are two forms of "anxiety". Primary fear (inner circle) is mobilized when someone attacks me, secondary "signal anxiety" (2nd circle) is a conditioned anxiety-based schema when affective impulses or inner conflicts become too intense or are misunderstood, and inhibition seems necessary. All emotion schemes (second circle) are associated with past experiences accompanied by signal anxiety and/ or empathy. As soon as the need for individuation and attachment of the growing child become frustrated too early, too violently or too frequently in their life, the self-regulation system can't develop properly. The affective system can then be persistently sensitized by these early attachment disruptions for certain stimuli. This therefore permanent epigenetically induced high stress reactivity can be accompanied by excessive negative maladaptive emotions and affective imbalances. The child experiences a phobia of its own affects and builds up habitual and increasingly automated avoidance mechanisms (McCullough, 1997). Painful experiences can become projections as "memories of the future", like *"I must never forget that I can't trust anyone: no one will help me."* (ten Have de Labije *et al.*, 2012).

Various concepts of emotional dysregulation help to objectify this concept in a more neurobiologically differentiated way (Siegel, 1999; Porges, 2019; Davanloo, 1995). Siegel (1999) conceptualised a "window of tolerance" as a state of optimal emotional arousal where the nervous system is in balance. A patient in therapy is neither overwhelmed nor underchallenged and supported in processing incoming information in helpful ways. In particular, productive emotional processing appears to be a key variable for effective therapies (Greenberg *et al.*, 2007). In the case of hypo- ("shut down" processes) or hyper-arousal (disorganized affective flooding), there is insufficient affect tolerance, the brain cannot function optimally and an affect focus could even intensify problems in this state (Abbass, 2015).

Example: A sexual impulse is experienced towards an attractor, emotional schemes regulate empathy-based *"my impulses are ok, but I'm not showing them because this person isn't showing interest in me, I'm protecting myself from being rejected"*, or they are anxiety-based *"my impulses are not ok, I don't show my vulnerability at all, because nobody really loves me"*.

Integration of Concepts: We acquire individually meaningful, attachment-oriented "working models" (Bowlby, 1969), "scripts" (Tomkins, 1995), "Representations of Interactions that have been Generalized" (Stern, 1985) or "predictive models" (Solms, 2021; Solms & Friston, 2018) in this way throughout our lives, especially in early childhood through rapid neural growth. These mental maps are, in a sense, our personal, highly individual "search engine" that is constantly updating itself based on experience but can never fully capture reality. Already Kant (1781) used the term schema (Greek for "shape, form") to describe a subjective sense-related representation of external objects. Explored in more detail by Piaget (1926) in the context of psychological studies of children, the concept entered psychology.

The categorisation of "emotion schemes" by Greenberg and colleagues (2015) offers a cross-school framework to understand these fear-conditioned," primary maladaptive emotions". Three themes seem to be causal at the core of many mental disorders. *"I'm bad"*, if there has been a history of assault and shame inducing events, or *"I am weak"* in case of experienced emotional, and/or physical assaults or an *"I am lonely, abandoned"* in the context of unprocessed attachment losses. In our *compass model* we integrate maladaptive and adaptive schemes to the realm of avoidance and approach orientation and add as empathy-based schemes *"I'm ok, loved & safe"*.

Third Circle: Constructions of Reality ("Narratives") and "the illusion of the self"

"We cannot not feel" goes hand-in-hand with *"We cannot not communicate"*, as Paul Watzlawick coined. All levels merge contextually into a subjectively coherent narrative, based on the dynamic interplay of different brain regions and biochemical processes.

Definition: On the third level, "nature & nurture" now find expression in the form of "narratives", their concrete behaviour and mode of self-regulation. We create meaning in the way we express our individual mental cognitive representations of our emotions (Barrett, 2017; Lane, 2020). The neocortex is significantly involved at this conscious cognitive-social-emotional level (Roth, 2019). In this context, 'focus' is a crucial aspect, evolutionary luxury and the "hidden driver for excellence" (Goleman, 2013). Emotional intelligence is the ability to perceive one's own feelings in a contextually appropriate way, to understand them and to use them for a helpful expression of innate needs. It takes a considerable amount of energy (see "body budget", Barrett, 2017) for the attention networks, which are the product of an interplay between different brain regions, such as the prefrontal and parietal cortex to "top-down" regulate the affective storms and emotion schemes. A large part of our day-to-day activities therefore involves less energy-consuming, not conscious self-regulation processes at the first two levels.

Aim and regulatory function: We constantly tell our "emotional truth" in order to literally understand ourselves and the world as we see it and for a necessary illusion of controlling our lives. Everyday experienced emotional states chain together within our prediction models along this inner mental landscape of symbolisations and offer more or less helpful narratives and expressions. The well-known emotion researcher, LeDoux (2019) also sees emotions as cognitively processed concepts, based on subjectively meaningful felt experiences since birth. It is of utmost importance to clearly distinguish two different circuits of physical-behavioural reactions (e.g., "fear" – program, inner circle) vs. consciously verbalizable mental states (*"I feel anxious"*, third level).

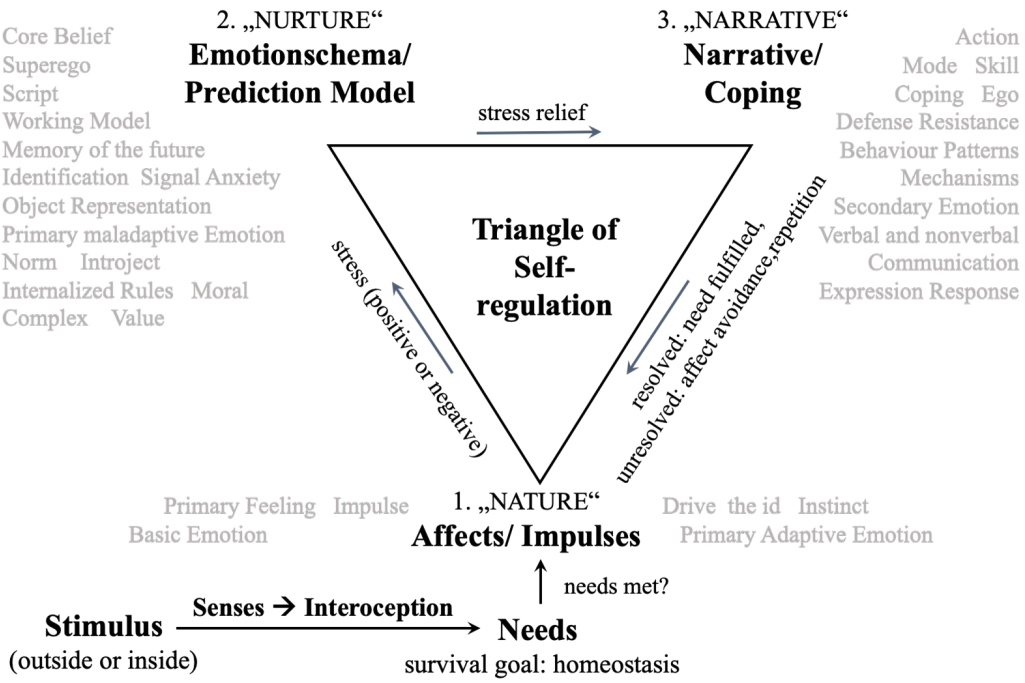

Figure 2. *Triangle of self-regulation as a cross-school therapy compass*

Our narratives contain highly automated coping mechanisms as the best possible way to express underlying affective-emotional-cognitive schemata at this moment. As soon as affective storms unite with learned emotional schemes in response to a certain stimulus, the verbal and non-verbal forms of expression reveal how we experience ourselves and others.

Example: Competing needs and their expressions permeate our daily lives. Just now, I was insulted by someone unknown in the bus, and besides, I am hungry and have to go to the toilet. Different needs compete for attention, by urgency, I feel driven to act: I go to the toilet, make myself something to eat, and ask a good friend to validate my anger about the insult – probably in that order. To resolve inconsistencies, affects act antagonistically; where there is physically intense rage, there cannot be fear and weakness, and sexual pleasure makes grief fade away for a moment.

Integration of Concepts: Even the infant begins to make itself understood in a primitive preverbal form. In an affectional bond (Bowlby, 1969), caregivers and new-borns co-create their very own emotional truth about themselves and how needs can be met. They are attuned to each other and resonate primarily in embodied form, through facial expressions, gestures and vocal tones. The infant has few opportunities to draw attention to itself. One form of affective communication is, for example, when he projects his own unbearable affects and longings onto his mother so that she identifies with them and genuinely fulfils his needs. This phenomenon was first studied by Melanie Klein as "projective identification" (Klein, 1946).

Depending on how we learned to express our emotions more and more differentiated as a child, we acquire at best a very precise vocabulary and symbolization about them (e.g., Greenberg, 2015; Barrett, 2017). We experience pride, joy, curiosity, anger, or sadness in a differentiated, congruent, and contextually appropriate way at this complex third level of processing. In the circles of Figure 1 above, we move from the inner circle of survival driven affect systems via subcortical and limbic structures (emotion schemes) into the outer circle for higher states of consciousness (largely neocortical). We become "change agents" (Greenberg, 2015), the decision makers of our experiences if we develop proper emotional competencies. Inhibiting emotion schemes lead to incongruent expressions, for example in the therapy situation. When feelings are focused, patients might begin to avoid intimacy and affects in several ways: they rationalize, (*"I'm not sad, death is part of life"*), or distract (*"and what else I wanted to tell"*), or speak vaguely (*"sort of, maybe not, sometimes"*), they remain silent or deny (*"there are no feelings"*) or show dysregulated affects, for example in the form of "galloping-speech", provocations, cynicism or self-accusations.

Feelings as a Central Therapy Compass

Feelings are more than the sum of their parts. They are the conscious experience of the self and are connected to each other on the three levels mentioned above in a triangle of self-regulation ("nature, nurture, narrative").

Integration of the three levels of feelings on the way to a Cross-School Treatment Heuristic

For a precise understanding across all schools of psychotherapy, it is important to know which specific level of self-regulation the therapeutic procedures address when, why and how. The different emphases in the various therapy orientations, which all relate in some way to affects, emotions, cognitions and behaviour, can be understood in a simplified way in this triangular form.

We have included some well-known concepts (in light grey) that are not sufficiently acknowledged here in this brief summary but these can be understood with the current neuroscientific findings at the respective poles. Let's go over the important components, causality and mechanisms of this triangle.

Stimulus: In the therapy session, the therapist as a helping relationship figure is a stimulus on the attachment level and the subjectively experienced problems, thoughts and conflicts described are the intrapsychic stimuli that are processed in the organism via the senses and interoception. Some approaches also use objects, such as chairs or other things, to symbolize inner conflicts.

Helpful and flexible self-regulatory mechanisms: If an affect is a simple impulsive reaction to incoming sensory and interoceptive signals as a first unconditioned adjustment to the degree of disruption of internal homeostasis, an emotion scheme, on the other hand, is already a complex process. Affects are thus the beginning and heart of any emotional episode that emerges. Our learned and constructed schemata then contain narratives about ourselves and the world around us and are the best possible 'truth' we tell ourselves for an illusion of control, meaning and manageability in any given moment, available as 'higher levels of reflective knowledge' (Panksepp *et al.*, 2012, p. 393). It is not cognitive processes but affects that determine which emotional schema comes to the fore at a particular moment and predominantly guides our actions not consciously in an energy-saving way (Solms & Friston, 2018; Barrett, 2017).

At best, all three levels are congruent and lead to a helpful fulfilment of needs. When self-regulation is integrated and emotionally competent, inner experiences (such as affects, predictive emotional schemes) and outer forms of communication and expression match and can resonate authentically and empathically with others and their needs in a particular context.

Unhelpful and Inflexible self-regulatory mechanisms: If patients have been repeatedly punished for their fundamentally healthy affects, maladaptive emotional schemes interwoven with fear can emerge (*"I must be afraid of my impulses, for example, lustful, euphoric, aggressive, sexual or sad ones"*), which can become a maintaining condition of pathogenic processes. Devaluations, dismissive or attacking caregivers (*"Don't cry or I'll give you a reason to cry"*) do not allow for appropriate processing of grief, rage, lust or other primary affects. *"I'd rather not cry when my beloved dad or someone else dies, no one can stand that"* can become a generalised vicious cycle (*"I'd better never cry when someone dies"*) outside of an emotionally avoidant or dysregulated family dynamic. Once painfully learned prediction models (schemes) that do not (or no longer) fit into the current context of life repeatedly produce unnecessarily "prediction errors" that need to be resolved each time. Inflexible and maladaptive coping patterns prevent resolution, which leads to a loss of "free energy", which in turn jeopardizes the energy-saving maintenance of our homeostasis (Solms & Friston, 2018). In social systems that habitually avoid or dysregulate feelings, affects with their archaic impulses must be inhibited by then automated emotion schemata. However, implicit schemata and affect dynamics speak their own emotional truth, which is expressed through non-verbal forms of communication and expression or symptoms.

Definition of Feelings: Feelings are our subjective and conscious experience of our inner state in alignment with the outer world, our living "I", expressing itself in a particular context. Feelings, affects, emotions, and cognitions involve different neural entities with different functions (Barrett, 2017; Solms, 2021). Feelings and especially their affects are the "hidden source of consciousness" and the self (Solms, 2021), which connect "below and above" (neuroanatomically speaking brain and body) and our evolutionary heritage of our ancestors in the present.

We help to clarify terminology when we take the *"If you don't feel, it's not a feeling"* literally (Solms, 2021). The extent to which feelings can be conscious or unconscious is controversial, but it can possibly be unified with our taxonomy. We can feel something without knowing why and what we are feeling about, even without cognitive reflection (Merker, 2007). A "feeling" is cognitively recognized as such via prefrontal processes. Affective-motor survival programs (for example the instinctive "fear" program) are precursors, but the subjective experience of "anxiety" is a feeling (LeDoux, 2019).

Towards a cross-school treatment heuristic with Feelings as a Central Therapy Compass

When patients are empathically supported in consciously experiencing and processing their feelings affectively, emotionally and cognitively, they can regulate them with compassion and act more helpful in a given context. Integrative treatment algorithms recognize affect exposure with response prevention as crucial intervention strategies for lasting change (e.g., Davanloo, 1995; McCullough, 1997; Abbass, n.d.; Fosha, 2000; Lane *et al.*, 2020).

Since the foundation of scientific psychotherapy, it has been clear that unprocessed pain-

ful feelings, their inhibited affects, repressed memories and unresolved conflicts can lead to psychological symptoms. Therefore "strangulated affects" were to be released through conscious remembering and reliving via a form of "cathartic" "working through", so that affectively dysregulated thinking and behaviour become unnecessary (Breuer & Freud, 1895). A specific form of cathartic release that addresses all primary affects is associated with sustained symptom relief once a fully embodied experience can be processed in the presence of a non-judgemental therapist (Abbass, e.d; Lane *et al.*, 2020).

Contextually appropriate affect regulation is at the heart of mental health. "*The more one can laugh when happy, cry when sad, use anger to set firm limits, make love passionately, and give and receive tenderness fully and openly, the further one is from suffering. And the fuller one is with the joy of existence, the more generous one can be toward others*" (McCullough, 1997, p. 1-2).

Siegel (2023) concludes in this sense his studies with "*energy and information flow that is not integrative leads to chaos and rigidity*" – it needs processing of feelings within an optimal "window of tolerance" (Siegel, 1999).

Cognitive behavioural therapy (CBT) is a form of therapy that focuses on changing ways of thinking and behaving (third level) in order to indirectly influence affect-based experiences (primary and secondary levels). The triad of thoughts, feelings, and behaviours is well-known. Newer "third wave" models (Hayes *et al.*, 2021; Foa *et al.*, 2006) focus more on emotional processes and integrate experience-based methods into the cognitive-behavioural concept to achieve mental flexibility. Humanistic and psychodynamic approaches, such as Emotion Focused Therapy (EFT) (Greenberg *et al.*, 2015) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) (Davanloo *et al.*, 1995) focus on feelings as the central component of self-regulation and help in overcoming avoidance patterns on the level of "nurture & narrative".

Ultimately, all modern, effective therapies are about supporting flexible and helpful affect regulation and thus healing the self at its core.

Conclusion

In order to work precisely with all levels of self-regulative processes in psychotherapy, it is helpful to have a transtheoretical compass of feelings that integrates interdisciplinary findings in a practical way. Integrative therapeutic work requires different interventions for different aspects of self-regulation. Corrective emotional experiences are important for lasting therapeutic changes and take place on three neuronally distinguishable levels of affective, emotional and cognitive processing and verbal and non-verbal expressions ("1. nature, 2. nurture, 3. narrative"). A central goal of psychotherapy is to overcome unhelpful avoidance patterns (3.) and fear-based emotional schemes (2.), mainly stored in the implicit memory system. This releases primary affects (1.) that lead to helpful coping when they can be experienced on the basis of self-compassion and empathy with others. Patients become aware of their feelings and can own, regulate and express them more adaptively. How psychotherapists can use these different levels of feelings for healing processes and how they can better understand concept and process-specific similarities and differences will be discussed in more detail in Meissner *et al.* (2025, in prep.). However, the subjectively experienced feelings on all levels of self-regulation in the therapy session should be the central compass for us therapists.

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Wild Bodies, Natural Mind: Holistic Ecological Art Psychotherapy

Beverley A'Court

Abstract: A descriptive essay introducing some core concepts, principles, features and illustrative examples of how a holistic, ecological paradigm functions in Art Psychotherapy to provide a more body-conscious and ecological basis for evolving theory and practice. I advocate for academic and clinical recognition of the creativity embedded in cultural arts, such as Indigenous shamanic-animist traditions, where we can find encoded ecological and embodied wisdom and practices. I highlight the support for health, well-being and psycho-spiritual growth that flows around and towards us from the natural world, from our more-than-human kin and from the cosmos, during what we call 'therapy'. I hope to encourage therapists to explore how they are held, with their clients, within this animated and responsive field of diverse intelligences, the 'communion of subjects' (Berry, 2006) that is a readily available source of sensitive, attuned inspiration and guidance, and to reflect on some implications for the therapist's role.

Key Words: Art Psychotherapy, Body, Nature, Holism, Spiritual

> *The human body 'is a planet' ... a walking ecosystem ... 90% of the cells within us are not ours but microbes.'*
>
> (Glausiusz, 2007)

Where does the art come from?

Art is born. It develops unseen, 'fertilised' by a myriad influences; from an initial sense impression, or the longing to capture a fleeting moment and express the associated mood-state or to mimic the beauty and numinosity of Nature or critique a state of affairs. It passes through the 'birth canal' of the entire body. It is structured by our anatomy, shaped by our musculature, coloured by culture, an-

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cestry and biography, patterned by breath, lymph and cranio-sacral rhythms … season and weather, to appear in gestural marks in dialogue with current conventions and disciplines. It emerges as *expression*, energy travelling outwards to take up its own life in the world and look back at its maker.

The works of Carlos Castaneda in the 1960s-70s vividly illustrate the social construction of cognitive, conceptual reality. The shaman-teacher Don Juan instructed his apprentice, Carlos, to make objects, because he could then see everything about his character in what he created. In Art Psychotherapy, we witness how the art works emerge, evolve and embody the energetic signature of their maker and they also act as a mirror, if not to the soul, to the deep states, the core attitudes that the person embodies. The word 'attitude' itself has a body-mind meaning.

Immediately after my psychoanalytically-oriented training in 1982, I began exploring how to more explicitly include the body in the process of art psychotherapy, to reflect the above processes as I perceived them. I also wanted to develop more holistic, body-mind awareness-raising theory and practice, since art therapists are often required to work with people experiencing major physical conditions and most if not all psychological disturbance and distress is accompanied by related bodily symptoms.

I used to say that art psychotherapy was "applied philosophy", for as soon as we make anything we stir up semantic, ontological, existential and spiritual questions.

> *Where does the image come from?*
> *Where does the drawing come from?*
> *Who is making this art?*
> *Who is forming the image?*
> *Does it 'mean' anything, and if so, what does it mean?*
> *How can my body, my organism, produce an image that expresses and depict thoughts and feelings of which my conscious mind was hitherto unaware?*

Freud described as 'reverie' the semi-dream state that his patients would enter while allowing their minds to freely associate, to roam and dream aloud, without interruption, from the couch. A state in which seemingly random coincidental events in the vicinity of the therapy might suddenly take on significance and play some role in the unfolding process.

Similarly, in art psychotherapy, clients enter a state of absorption during the stages of attuning to, choosing, handling, manipulating materials, and letting the media take on form and become symbolic expressions of inner life in forms and symbols. During sessions we observe the somatic shifts that occur when a client enters a state of creative absorption, simultaneously 'lost' in the flow of the creative process, and 'finding' themself, becoming aware of deeper aspects of their situation, as subconscious and conscious levels of experience, often kept separate in practical awareness, have an opportunity to mingle, as multiple senses and brain areas are activated and connecting. (Van der Linden, Bakker & Topps 2020; Hahm *et al.*, 2017) This absorption, often referred to a as a 'flow' state, can facilitate and share aspects of the 'transcendent function' Jung (1960) described as the catalyst for transformative healing shifts. In such moments, the state of harmonisation within the body-mind, and resonance within the contiguous field, appears in the form of synchronicities, co-occurring events, that carry symbolic personal significance for the client. These become especially vivid during outdoor eco art psychotherapy, where we attend to the entire field being co-created around the client and often mirroring their internal state.

In children, this activation of diverse brain areas during art-making enhances language development, rather than obstructs or replaces it, facilitating the ability to name and cognise feelings so important in therapy. (Zaidel, 2010)

The Ecology of Therapy: Holism

> *When we examine the deep layers of our neural selves, we come to glimpse not only the roots of our mental and social lives, but the essential reality of ourselves as part of an integrated whole across the span of life.*
>
> (Siegel, 2007)

The word 'subjective' reinforces a dualistic paradigm which places the human as the sole or dominant perceiver in any situation. It reinforces the sense of separation and isolation from the rest of nature, and the vast forces of the cosmos, denying recognition of our own nature and resources and can consequently strengthen a pervasive victim identity.

Local occurrences, seemingly 'external' to the therapist-client dynamic and state are still often marginalised, disregarded as irrelevant and peripheral to the main process of psychodynamic therapy, rather than an extension of it. In traditional therapeutic paradigms, projection and other psychological phenomena are still, to my knowledge, not included in clinical narratives or diagnostic reports and the deeper implications of their occurrence is thereby overlooked.

Holism includes inner, local and remote life

In holistic art psychotherapy, phenomena close to, or at distance from, the client during their embodied process are given attention as relevant. Like the art-work, the atmosphere and energetics arising around a human have substantial, measurable impacts and can elicit reactions from the 'field'.

As in a dream, a seemingly peripheral detail may carry significant information for the client once 'unfolded' like a paper puzzle looked at from different angles and played with. A brush stroke that slides off the edge of the paper and appears to be leaving the picture, a spilled water pot, a dog barking directly outside the therapy room, a sudden storm flinging debris at the window, a person accidentally arriving in the room … such events are attended to as reflecting aspects of the client's 'inner' unfolding process and the field around the therapist-client dynamic. Similarly, as when child screams loudly in the street outside a therapy session at exactly the moment when the client is most vividly recalling and feeling the bodily impact of a tragic childhood event, or when someone speaks words that are heard inside the therapy room that match the client's thought process. A client's irritation at a fly in the room, or their feelings about distant ecological damage or war, are all part of their ongoing self-narrative and emotional and physiological state. A ray of sunlight falling across an artwork may radically alter its appearance and significance to the client, evoking forgotten feelings and revealing new insights.

In the holistic paradigm, where human nature and 'outer' nature are one system, whatever the client and therapist-client dyad are embodying in any moment, and what is emerging during the art making, is bio-electrically and bio-chemically transmitted into the surrounding area. The elements of sunlight, air, water and trees, wildlife … are all potential agents in the therapy and are able to act as mirrors to the 'internal process being embodied in any moment. It is not then surprising that other life forms present receive these emissions, and we also receive their synchronous activities as responses, communications.

The World Speaks Back

During the absorption phase of art-making, in a state of reverie where our outwardly directed predatory instincts are relaxed, it appears that we become attuned to the wider field and thus other creatures or ethereal forms seem more confident to approach and participate in the therapy process. A client becoming activated about boundaries will often find themselves accompanied by the initially intrusive sound of a ringing telephone, a chainsaw or motorbike starting up, a person or dog arriving in the therapy space, all of which may intensify the inner experience of violation, but more often dispersing it as a new perception occurs. Any new presence arriving in the therapy zone from the animated field of diverse intelligences can become a catalyst for insight, or an opportunity for a shift of attention and direction. As the Dineh (Navaho) 'Beauty Way' wisdom tradition [1] and many other indigenous conceptual systems, and how the folk tales of many nations illustrate, 'the world speaks back' to us ... if we take care to listen and if we are open to learning the languages of animals and nature, as so many healing shamans, saints and other revered holy beings are traditionally said to have done. It will be clear from this description so far that the therapist role becomes one that includes acute sensitivity and awareness of not only the client's body-mind state and their own counter transferential experiences but diverse phenomena arising in the immediate field of the client, a sensory expansion to include what may have previously been ignored as irrelevant to the therapy. I have often noticed some seemingly minor occurrence on the periphery of the client's art-making area only to be surprised by the potent symbolism it carries for the client and how it led into a whole new direction of inquiry.

One woman 'client', struggling to express feelings of imminent change and emergence, trying to 'birth' some tender, vulnerable part of herself, looked up from her artwork to see a roe deer doe, dragging its newborn kid directly into her line of sight, licking the afterbirth and helping it take its first trembling stance. The client exclaimed aloud in recognition of exactly what she had been feeling so intensely that was manifesting in this scene just outside the window and then sat spellbound taking in this sensitive scene and its inner meaning for her. A feature of nature's participation is also that animals often exhibit atypical behaviours which nevertheless precisely depict the client's process. I have never witnessed a local doe bringing her newborn so close to the house before or since. Further similar examples can be found in my chapters referenced below.

Mice and voles will enter twiggy constructions and thoroughly explore these, some altering or adding to the construction and seeming to set up home or falling asleep. Birds and insects exhibit interesting behaviours in and around art works built among tree branches. When left in nature and returned to in subsequent sessions, often wildlife will have interacted with the art and altered it in ways that clients often feel has improved or made it an even more accurate reflection.

On a warm, windless afternoon, as a group shared artworks under a large tree, a single, slender branch curved down and stroked slowly, seemingly deliberately, across the speaker's cheek, which she experienced as a tender gesture of comfort and companionship. The whole group experienced this as the tree 'leaning down to touch her' with something akin to empathic intent. Other instances of trees participating in therapy include mo-

1. See Kahn-John & Koithan, 2015.

ments, when in a quiet, still woodland, the single tree beside the art-making client suddenly shivers as though a strong wind is passing through its leaves, when no wind has arisen, and no other tree or foliage is moving. The client is showered with leaves, seeds, single or multiple cones or, in one case, a whole, intact bird's nest, at a moment perfectly timed to synchronise with their specific inner question or emotional process, bringing a radical shift of focus, emotional state and catalysing clarity and insight. Like the Zen master's sudden tap on the meditator's shoulder, this serves to awaken the mind from any trance of separation and isolated, abandoned victimhood into which it may have drifted and become fixated.

I have often witnessed how such experiences of nature's apparent response, being seen, heard, or felt by nature and wildlife, bring an immediate emotional release, tears of relief or grief, in a flash of recognition at how the person has been isolating themselves in their personal myth of separation, exile, disconnection and unbeing. Like Biblical Job, we may feel abandoned, not only by family, friends and medical services, or other supports, but by the world, by God and life itself, leaving our physical and psychic survival in peril. Physiological changes accompanying anxiety and panic states amplify this contraction, as the body draws energy and resources into the central core organs.

As we gently facilitate the client's peripheral awareness, and as they notice life around them, they typically feel increasingly 'witnessed'. Their inner state is reflected, amplified or validated by the subtle or vivid behaviours that arise in nature around them in ways they had never anticipated. Such attuned surprise is felt as a precious personal gift, a blessing, a message of 'welcome' back into the world. Voluntary approaches from a free, wild, elemental being, or force of nature, can loosen the grip of traumatic isolation and negative self-image. The sense of deficit, of personal unworthiness, often dissolves in such moments, just as when we glance up at a sunset and gasp in awe and pleasure, momentarily forgetting ourselves and all our everyday worries.

Working outdoors – mindfully taking only those natural materials that fall across our path, as 'given' or those that 'call' to our senses and intuition, (and within the holistic paradigm of respect for co-presences of the air, light, water, trees insects, birds … and in my home area, rabbit, pine marten, deer, fox, badger …), we are likely to be met by the surrounding community and treated as a member of the 'communion of subjects', as Thomas Berry (2006) called it and receive immediate attuned responses.

Healing Attachment Trauma

In my previously published chapters and articles, I describe a number of such synchronicities. The precision in timing, placement and intensity of these responses, made a deep impression on me early on in developing more embodied, holistic and ecological ways of working in art psychotherapy. This accuracy of intervention resembles the attuned parenting that supports the development of secure attachment (Bowlby, 2005; Ainsworth, 1963) in infancy and communicates a strong message of *"I see, hear and feel you and appreciate how you are feeling"*, just as a pet dog, cat or horse will often approach to comfortingly nuzzle a sad or grieving owner in an act of empathic co-regulation, thereby simultaneously restoring its own sense of security. Such experiences often form the basis for further therapeutic undoing of deeply conditioned negative core beliefs and implicit memories held in the body.

There is often a playful humour in these responses to a clients' embodied state and the artwork they are engaged and absorbed in cre-

ating. Like the trickster animal characters of traditional teaching stories, a bird or dog may escape with a crucial part of a construction, or an insect will swing on a garland of leaves. A heartfelt question posed to a mature pine tree is often likely to elicit a forceful thump from a pine-cone dropped on the crown of the client's head or skimming closely past the tip of their nose.

The Animate Field

These aspects of holistic art psychotherapy resemble indigenous shamanic healing methods, and it is my opinion that art-therapeutic healing is rooted in these holistic, 'eco-somatic' traditions where all of nature can be 'magnetised' to participate in the restoration of well-being, if we attend to and respect its presence and ways.

Our bodies and our minds, through the bio-electrical field, broadcast our state. We are in direct conversation with all the other living beings' bodies around us, whether we are consciously aware of this or not, while our Vagus nerve serves both as receptor and as an antenna, transmitting information from our surface and inner organs to our brain, to let us know if surrounding conditions are safe or not. Any of these beings around us are kin, part of us, biologically, and some would also say, karmically, rather than as inanimate, inert backdrops to our emotional dramas. They are not the 'objects' of our super-selective, limited perception. We are not the only 'subjects', despite how the structure of our cognition and language reinforces this delusion.

The beings within and around us are their own 'people', the rock people, water people, sky beings, nature spirits, etc. of indigenous lore, healing traditions, myths and teaching stories. An employee at the Arecibo telescope in Arizona, which was scanning for, and decoding, signals from extra-terrestrial sources, in search of messages from space, kept a parrot for many years. The parrot seemed to learn a lot of English language and keeper and parrot would converse. Its last words before it died were, "You take care. I love you", answering the question that still lingered in the researcher's mind as to whether the parrot really 'meant' it, or was just 'parroting' her words as the behaviourists of the 1970s used to assert.

The Rights and Sacredness of Nature

If we recognise that any place in nature is already inhabited by many beings, it is important that we acknowledge our respect for their presence and territorial 'rights' when we enter their space. Again, our own religions, stories and folk traditions and those of Indigenous peoples can remind us of many ways within our own ancestry of how to do this with words, sung or spoken, announcing our good motivation and intentions, and making a small ritual gestures or symbolic offerings to the place. I use local Scottish oats and water, while salt, bread and honey are traditional foods of welcome in some Northern and Eastern societies and are simple to carry and disperse. In my work, I have come to regard reciprocity as a fundamental aspect of eco-therapies, the gratitude for all the support we receive from nature.

I often invite clients to begin the session by walking together in silence to a place they feel safe enough to pause to do some work and I describe elsewhere (A'Court, 2016, 2017, 2022) in more detail how we do this – the different ways of walking I teach in 'Pathworking' (A'Court, B. 2016, 2017) to attune to the environment and prepare to receive guidance from nature, both within and without.

Art as Labour

Art is physical labour. The great master artists of Florence, the Caravaggios, and the Parisian masters were renowned for their physical lifestyles, accompanied by the distinctive aromas of turpentine, oils, earth, plant and mineral pigments, sawdust, hessian and alcohol … that permeated their clothes and hair. Their income and social status often reflected this as did the locations of their homes and workplaces. Art often involved vigorous physical labour, as well as intensely concentrated and fine motor control. Sculptors and creators of monumental scale works still inhabit decrepit industrial or agricultural buildings in marginal zones. The notion of art as an abstract, disembodied process, prioritising mental imagery, and the stereotype of the artist as ethereal, whimsical and impractical, ignores the physical engagement and struggles with materials and the embodied somatic and physiological aspects of art-making that we witness so vividly during art psychotherapy.

As Virginia Woolf and many other artists (Le Guin, 2004) have observed, the actual art is often preceded, or heralded, by interesting somatic and multi-sensory phenomena:

- a sense of inner rhythm, a pulse, a beat that precedes the image, the meter of the poem or song or any concepts and words, a 'wave in the mind'. (Le Guin, 2004)
- an anticipatory sensation of something arriving from within or from outside and then rising up through the body
- a subtle inner heat
- a physical urge to move, walk, sing, dance …

Art emerges from our bodies, our bones. It carries the imprint of our DNA and thereby our deepest ancestry. When self-avowed 'non-artists', unschooled in fine art or draughtsmanship skills, who claim "I'm not creative" (despite skills in creating aesthetically pleasing home interiors, meals, flower arrangements, gardens, carpentry, knitting etc.) make art outdoors, responding spontaneously to their encounters in nature, they typically create forms, objects and structures vividly akin to those we can find in hunter-gatherer societies, past and present.

Clients of all ages, abilities and health become absorbed in scanning for the 'right' location and materials, selecting, gathering, sorting, grouping into categories found items of all kinds – fallen leaves, flowers and stems, sticks and twigs, bones, stones, rusted pieces of iron into bundles, fascicles, etc. – can be seen throughout history as emblems of identity and authority. Boys and young men especially will intuitively orient towards tall sticks and carve and decorate them as wands, staffs and spears to carry and pose holding them upright as insignia of personal authority. They report positive feelings of strength and autonomy, as their posture typically lengthens and straightens.

Forms identical to ancient building, hunting, fishing and weaving tools often appear, such as prehistoric fish-trap and weaving loom designs, amulets and talismans, as protective symbols for body, house, animals, food stores and land, decorated with patterns and archetypal colours that carry deep resonances, and resemble those still seen today in many cultures. This implicit knowledge is something we all have access to, and culture is a rich resource in holistic art psychotherapy. Our vast ancestry, with its images and practices, and roots in our relationship to the Earth, is alive in us and access to it is empowering. One of cultures' medicinal powers in holistic therapy is the power of connection and belonging that is the basis for becoming, moving beyond the known with a secure ground behind and beneath us.

Embodying Art Works

Art not only comes from the body, but it is also read by the body: somatically, physiologically, emotionally, cognitively, spiritually. The colours, light frequencies, lines and angles, archetypal and disruptive forms all act on our nervous system at speeds faster than conscious or verbal cognition. We can then 'reverse engineer' the art, by inviting the client to embody their artwork; to adopt the posture, gestures and inner attitude suggested to them by their art and to fully feel how this position influences their experience of themselves, others and the world at large. They can then let this flow naturally into Authentic Movement to experience where their artwork is leading them, and often, within just a few minutes, to complete the 'gestalt' of an uncompleted action, unexpressed impulse, unresolved issue, or allow a haunting traumatic memory to unravel into a new form or closure. There is then the opportunity to re-form their embodied memory and imagination into grounding a more wholesome outcome.

Similarly, in the Pathworking activities I developed and adapt for many therapeutic and educational purposes (A'Court, 2016, 2017, 2022), the integrative, bilateral movement of walking into, through and beyond a created image or installation, reveals the geography of the self and can approach, enter and complete a path previously avoided, abandoned or blocked. As one walks, old perceptions are transformed and new more integrated perceptions formed.

The disciplines of, among others, Authentic Movement, Sensory-Motor Psychotherapy, Experiential Anatomy and Movement Shiatsu, have been especially relevant and helpful in the development of my style of working. Importantly the combination of body-aware methods with artistic creation in nature is a powerful approach to the body-mind injuries we work with in trauma-informed care.

Since Gestalt Therapy and Focusing (Gendlin, 1978) highlighted the crucial importance of the 'felt sense' and completed actions, actual or symbolic, to effect embodied change, rather than simply the aspiration or notion of change, body-oriented and mindfulness practices have become ever more relevant to and integrated into different styles of art psychotherapy. This has been developed further in the embodied methods of Sensory-Motor Psychotherapy, (Ogden, 2002; Fisher, 2003) which recognises and utilises the many ways in which psychological experience manifests outwardly in subtle gesture and actions, such as we witness during expressive, creative activity.

Research-base for Holistic Therapies

To my knowledge, no conventional scientific research has been done on some of the specific composite creative activities I have mentioned here, but they are all grounded in a number of recognised disciplines and therapeutic sources. For example:

My Pathworking methods were developed from, and informed by, traditional healing modalities which combine experiential presence and mythic narrative, such as in rituals of 'passage', where we walk our way, often slowly or ceremonially, clothed in or carrying symbolic accessories, from one state to a preferred or longed for improved state. This has the major benefit of making explicit the stages and minute transitions along the way between two states, revealing how we move, moment-by-moment, step-by-step from content to depressed, sad to angry... and what somatic changes we are unconsciously creating in our bodies, information that is crucially helpful in subsequently doing differently. Recent developments in the physiology and neu-

rology of stress and trauma and the knowledge and techniques of Somatic Psychotherapy and Sensory-Motor Psychotherapeutic approaches to both have been especially helpful in this work.

All outdoor art psychotherapy takes place in a location, with its own life story and inhabitants. This can have a profound impact, especially on environmentally attuned, sensitive and traumatised clients. Also, I have been inspired by innovative research in Psycho-Geography (Coverley, 2006; Self & Steadman, 2007) and related disciplines, which explore our bodies' direct relationships to land and land-based phenomena. This can include historical trauma and how it may be directly, intuitively or subliminally sensed and acted out, sometimes by people with ancestral connections to the land or people involved, and which can easily be confused if we consider only through a lens of individual pathology. This has implications for how we identify people's psychological conditions and needs as well as the locations of clinics and child-care and medical facilities etc. and the level of awareness we could potentially bring to our work for the benefit of all.

There is far more that is not included here about our relationship to the Earth and the 'matters' that we work with in art-making, and to the transformed role of the therapist when working in partnership* with nature, but I hope that this essay provides an introduction to this evolving holistic paradigm in art psychotherapy that embraces body, mind, art and place, and that is beginning to acknowledge our interdependence with the hitherto marginalised forces of nature and of spirit.

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* Additional credit: Sara West, Canadian Environmental Art Therapist, for the term 'in partnership with nature' to describe the ethical and philosophical essence of this approach (unpublished 'Triple Spiral' model, 2023).

** Introductory Resource for Sensory-Motor Psychotherapy: www.bacp.co.uk/media/6179/an-introduction-to-sensorimotor-psychotherapy-tony-buckley.pdf

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Art Therapy and Use of Mediator/ Expressive Technique in Family Therapy: A systematic review

Sandie Meillerais, Antoine Derobertmasure, Anthony Mauroy, Logan Hansotte & Jennifer Denis

Abstract: The use of objects in family therapy has been a widespread phenomenon for years. Nevertheless, despite the popularity of these techniques, there is little consensus on the therapeutic processes engaged. The purpose of this review is to identify the literature exploring the use of objects, labelled artistic or expressive, in therapeutic settings with families. English and French studies from 1982 to 2022 were considered. The final review included 92 articles. These articles were divided according to the epistemological belonging of the authors.

This literature review shows the variety of techniques used, difficulties encountered by the patients and populations studied. The review provides a critical view on the methodologies used to write the papers, and, therefore, calls for scientific rigor in future research. Despite these methodological issues, the results underline the positive effects of using mediating tools (better communication, improved therapeutic alliance). To further investigate therapeutic processes, the authors propose a second study focusing on French-language systemic studies. In addition, the authors call caution in the use of these media and suggest research into more pedagogical and formative aspects.

Key Words: Mediating Object, Systematic Review, Cochrane, Expressive technic, Family Art Therapy, Family Therapy

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1 Introduction

The family, in its conceptual idea, plays a major role in today's society. Each family has the competencies to overcome by itself any challenges they encounter (Ausloos, 1995). The concept of family has evolved over time. Today's families can take many different forms – heterosexual, homosexual, single-parent, stepfamily, adoptive, etc. – and be organized in many different ways (alternating custody, majority custody, etc.). Longer life spans allow us to witness the evolution of several generations, siblings, and couples. Borders open up, generation lines fade, mentalities evolve and relationships become more complex.

The family is defined as *"a dynamic group that evolves and changes as it is developing. Each stage in its life cycle implies relationships and rules of shared life's reorganization"* (Dupont & Hefez, 2022, p. 13). The concept of the family thus involves complex relationships between its members. Each transition from one cycle to the next can be a source of minor or major crisis, that the family must resolve, either alone or with the help of professionals.

When mental health professionals are needed, they have to be creative in order to best support the families, according to their particularities and the vital cycles of each of its members. Professionals, particularly those with a systemic orientation or with training focusing on intra-family relationships, consider that each symptom has a function within the family itself. Professionals therefore work with the notion of the "designated patient". They don't aim to "extinguish the symptom" at all costs, but rather activate the resources and skills specific to each family in order to make sense of the crisis encountered by the family system.

Mediating tools enable professionals to adjust and be flexible in dealing with many types of problems brought into family therapy. They support the therapeutic process or clinical interventions (Brun, 2013; Chouvier, 2006; de Freitas Girardi *et al.*, 2019). These tools are called "objets flottants" in French by the systemic therapist (Caillé & Rey, 1994). For several years, there has been a growing body of literature focusing on the use of mediating tools of all kinds in the context of mental health (Allouch, 2010; Ansorge, 2011; Brun, 2013; de Freitas Girardi *et al.*, 2019; Diaz, 2019; Mousnier *et al.*, 2017; Quélin-Souligoux, 2003). The names of these creative techniques are also diverse. This multiplicity creates a confusion and proliferation of terminology (Colignon, 2017; Quélin-Souligoux, 2003).

Because of this conceptual ambiguity, multiple systematic reviews investigate the use of mediating tools specifically and independently in family therapy. They show a greater use of writing or painting with adolescents and children (Abbing *et al.*, 2018; Boulay *et al.*, 2020; Driessen *et al.*, 2010; Malik, 2021; Villeneuve & LaRoche, 1993). These papers also highlight the important use of the "art therapy" technique with families (Arrington, 2003; Coulter, 2004; Shafer, 2011; Sullivan, 2013). Nevertheless, the term "art therapy" involves a multitude of practices: music, dance, theater, plastic arts, animal, etc. Moreover, there is no systematic review on the French term "objets flottants" or its English equivalent (Caillé & Rey, 1994). In this review, we searched the literature about techniques conceptually close to the practice of "objets flottants". This review will allow any systemic therapist or practitioner working with families to have a clearer, more general vision of the existing practices.

The aim of this paper is to systematically identify, review and synthesize the available evidence of the art therapy and/or mediator/expressive technique's use in family therapy. Therefore, the review identifies and describes the type of techniques, and the addressed problematic.

2 Material and Methods

2.1 *Protocol*

"Systematic scoping reviews are used as an efficient way to view the literature currently available to support a research area of interest. As with systematic reviews, they are a way to 'collect, evaluate and present the available research evidence" (Arksey & O'Malley, 2005: cited by Beals *et al.*, 2022). This review focuses on the available knowledge regarding the use of expressive and artistic objects rather than using words in family therapy. This systematic review was conducted in accordance with the Cochrane Handbook for Systematic Review and the PRISMA Statement for reporting on systematic reviews. Methods were pre-specified and documented in advance in an IOS-OF protocol.

A systematic literature search strategy was completed in the databases ProQuest, Cairn, ScienceDirect and Scopus with the following key-words:

In English: [("genogram") OR ("sculpting") OR ("metaphor")] OR [("art therapy") OR ("art psychotherapy") OR ("creative psychotherapy") OR ("expressive therapy") AND ("family") OR ("systemic")] OR [("medium") AND ("family") AND ("psychotherapy")] OR [("play therapy") AND ("family")].

In French: «[("objet flottant")] OR [("objet systémique") OR (outil systémique") OR ("objet métaphorique")] OR [("objet médiateur") OR ("psychothérapie à médiation artistique") OR ("médiation artistique") OR ("atelier d'expression thérapeutique") OR ("art-thérapie") OR ("créati.") AND ("systémique") OR ("famille")] OR [("créati.") AND ("psychologie") AND ("systémique") OR ("famille")]

The research included relevant keywords, search terms, acronyms, synonyms, abbreviations, older terms or terms that might be use in different countries. For this, we relied on the results of the previous study (Meillerais *et al.*, 2023). This previous study analyzed and critiqued the workings of networked publications and determined the specific keywords according to the orientation of the authors writing the articles.

The research included journal, books, theses. The studies were restricted to published papers in English or in French between 1982 and September 2022 (period of data collection). The scoping review included quantitative, qualitative, and mixed studies. Unpublished research was not included (such as dissertations, or graduate work). Research eligible for inclusion had to meet the following criteria: **(i)** be conducted in a family therapy setting, (all other types (individual, marital) were excluded); **(ii)** be published in English or French; **(iii)** using an object in a therapeutic setting, in an artistic and expressive way, in addition to or instead of the spoken word; **(iv)** be accessible. The following research was excluded from the review: **(1)** research focusing on music's use as a mediating tool (studies on music therapy do not present the same vagueness or the same therapeutic processes at work. What's more, music is not listed among the "objets flottants" known in the French-speaking world.); **(2)** research using play; **(3)** research using tools without therapeutic objectives; **(4)** research whose impact on families was not direct; for example, *"enabling family caregivers to use painting with their sick loved ones"*.

2.2 *Study selection*

The search resulted in 4005 citations from the 4 databases. These 4005 data were imported into the Zotero software. Duplicates were eliminated. Two reviewers then performed a first screening by reading the titles and abstracts to verify the papers eligibility (percentage of agreement: 92%). The two reviewers had to discuss about their disagreements in order to reach a consensus.

Afterwards, they went through the 600 data (texts) and considered them for inclusion. In case of disagreement, the two reviewers had to discuss, and if the disagreement persisted, the opinion of the third author of this paper was required. Justification for any exclusion during the full text review was recorded.

A total of 92 data (text) ere included in the final review. 4 groups can be determined according to the epistemological orientation stated by the authors in the text: Psychoanalytical group (*n* = 8); Systemic group (*n* = 43); Psychoanalytical and Systemic group (*n* = 3); Group with no clear designation of the epistemological orientation (*n* = 38).

As formal quality assessment is not routinely performed when using a systematic scoping method (Pham *et al.*, 2014) and the articles selected being predominantly clinical cases, quality assessment grids were not used (MMAT or COREQ).

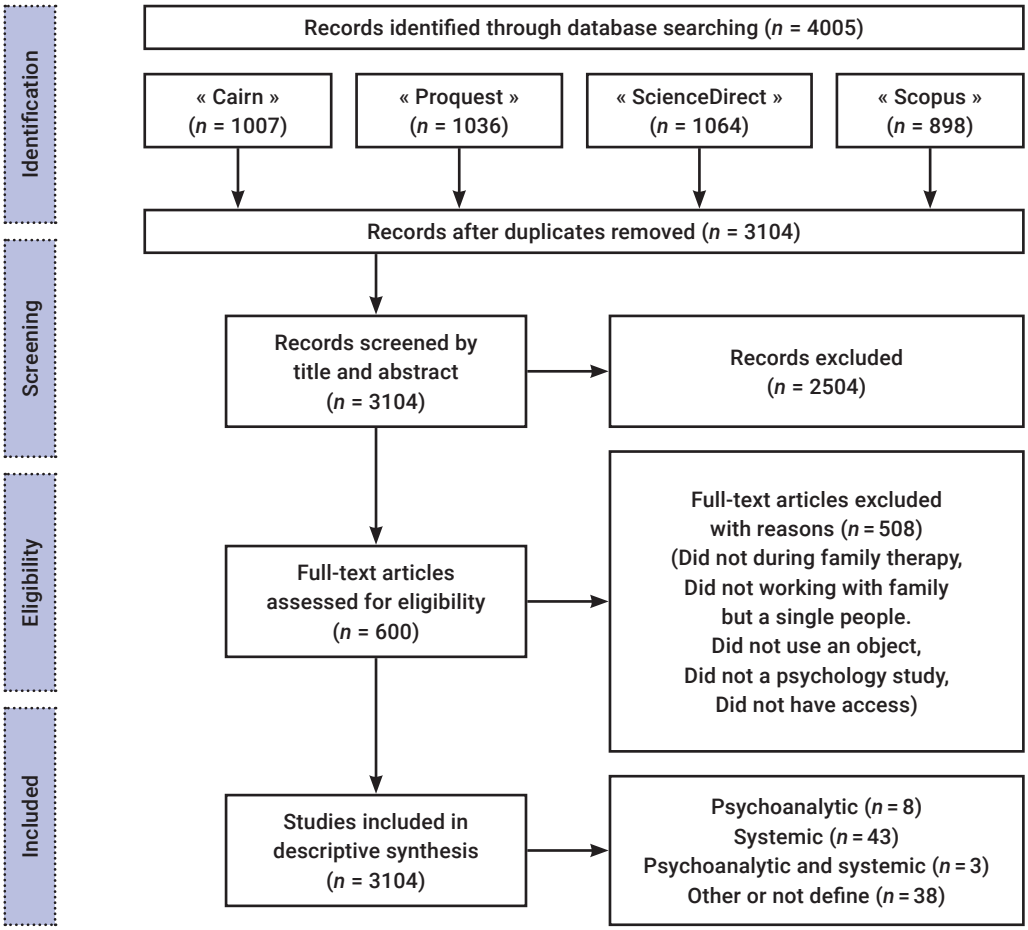

Figure 1. *Flow chart*

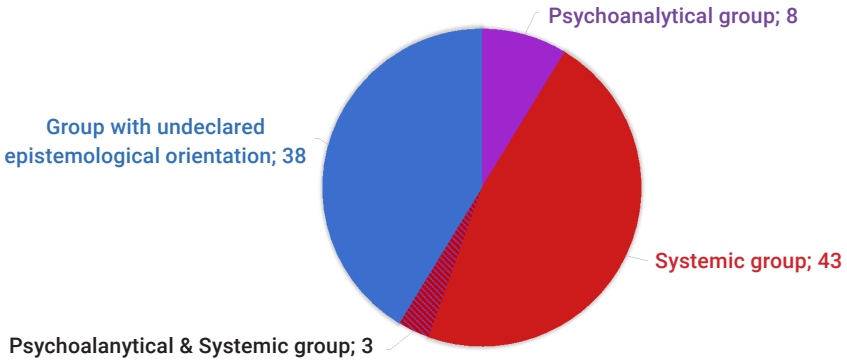

Figure 2. *Epistemological distribution of the 92 papers selected for the systematic review*

3 Results

As the number of reviews included is quite high, the results will be presented according to the 4 epistemological groups mentioned above.

Descriptive Presentation (n = 92) the 92 data (texts) were distinguished according to the epistemological orientation clearly identified in the texts. 8 texts present psychoanalytical data (violet), 43 texts have a systemic orientation (red), 3 have a dual orientation (psychoanalytical and systemic – red and violet) and 38 do not clearly express their epistemological affiliation (in blue).

3.1 *Publications from 1982 to 2022*

Since 1982, publications in art therapy show a growing and constant interest by researchers. Publications' distribution is relatively higher for systemic publications since the 2000s, i.e., twenty years after "objets flottants" were labelled by the authors, Rey and Caillé (Caillé & Rey, 1994).

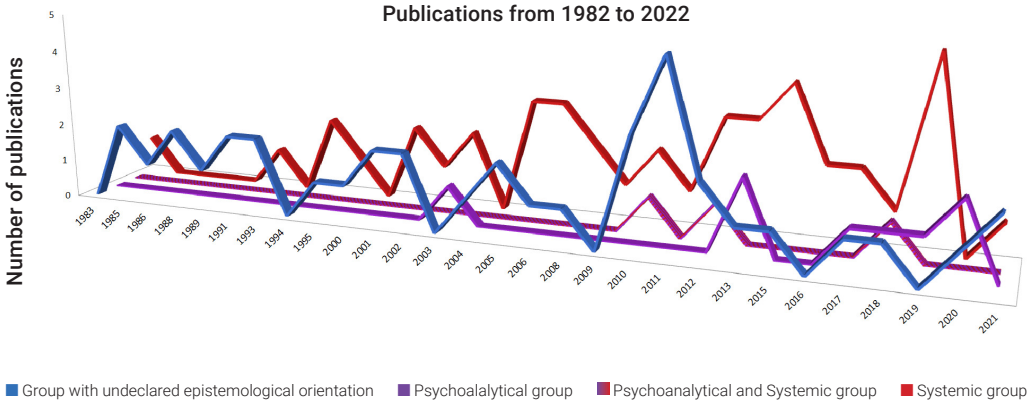

Figure 3. *Number of publications per year by epistemological orientation* (continued on the next page)

(continued from the prevous page)

	1983	1985	1986	1988	1989	1991	1993	1994	1995	2000	2001	2002	2003	2004	2005	2006	2008	2009	2010	2011	2012	2013	2015	2016	2017	2018	2019	2020	2021	Total
Group with undeclared epistemological orientation		2	1	2	1	2	2		1	1	2	2		1	2	1	1		3	5	2	1	1		1	1		1	2	38
Psychoalalytical group													1									2			1	1	1	2		8
Psychoanalytical and Systemic group																			1		1					1				3
Systemic group	1					1		2	1		2	1	2		3	3	2	1	2	1	3	3	4	2	2	1	5		1	43
	1	2	1	2	1	3	2	2	2	1	4	3	3	1	5	4	3	1	6	6	6	6	5	2	4	4	6	3	3	92

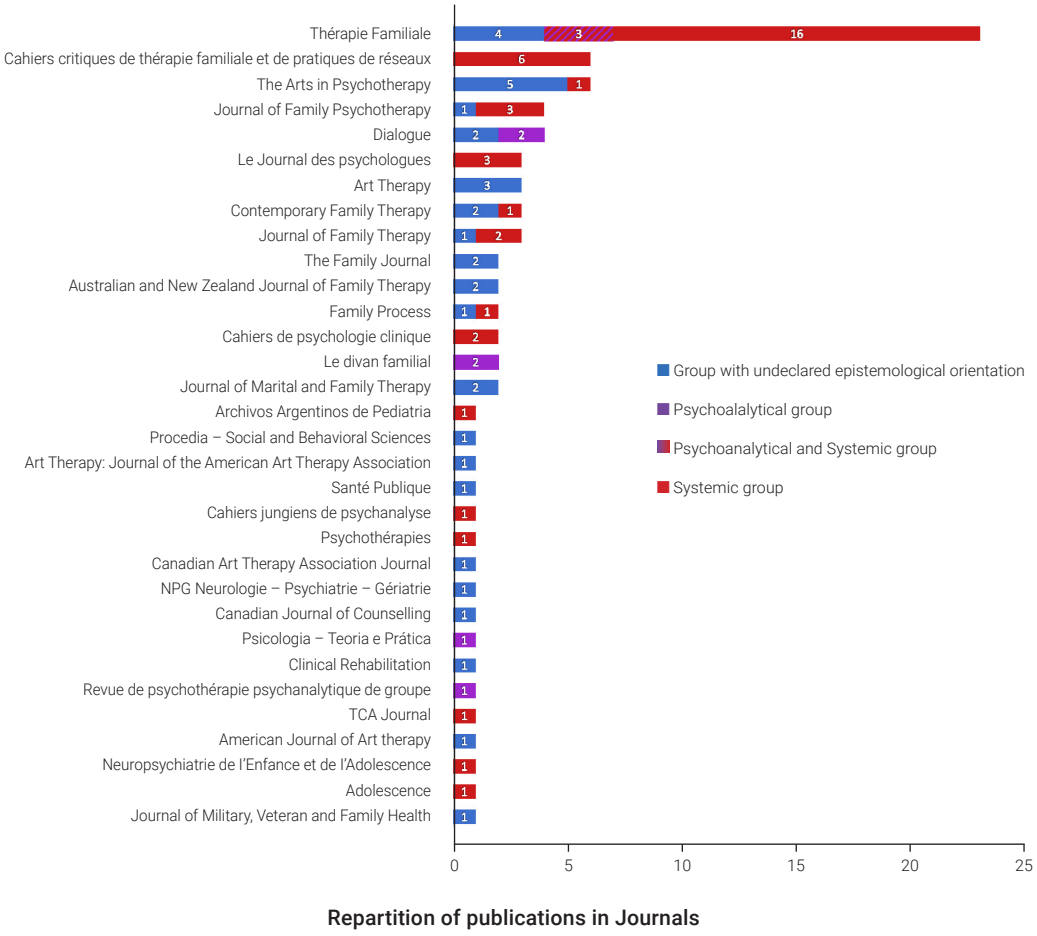

Figure 4. *Publications' repartition by Journals*

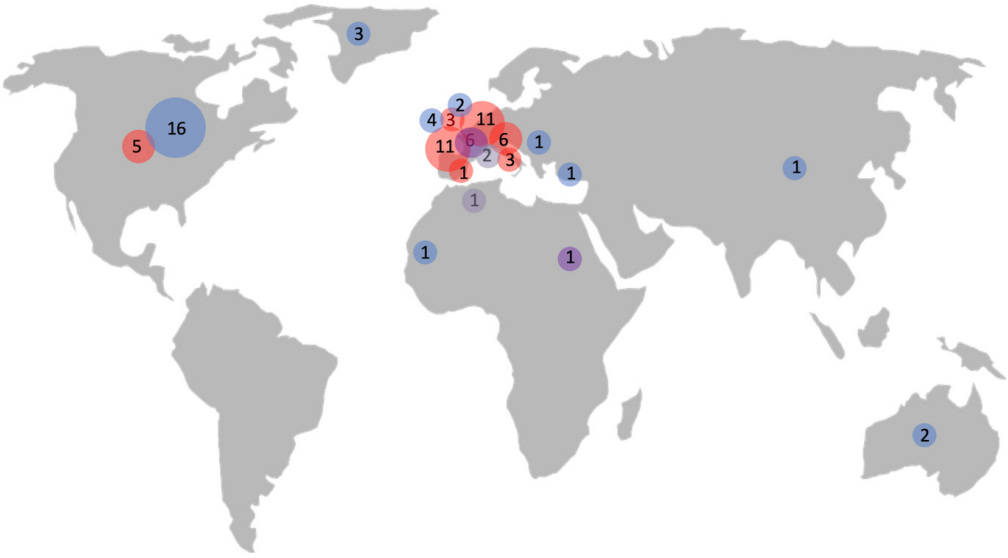

Figure 5. *Location of authors' publications worldwide*

3.1.2 *Publication reviews*

French papers selected for our systematic review come mostly from "Thérapie familiale", a French-speaking journal. Epistemological roots of most papers in this journal are systemic. English papers selected for our systematic review come mostly from "The Artis in Psychotherapy", a English-speaking journal. Most articles published in this journal do not clearly name their epistemological orientation. "Cahiers critiques de thérapies familiales et de pratiques de réseaux" and "Le journal des Psychologues" are two journals that are publishing exclusively systemic articles on our subject.

3.1.3 *Location of authors' publications*

Papers that do not name their epistemological orientation are highly concentrated in the USA. The highest concentration of papers selected for our systematic review is in Europe. Zoom for greater clarity is available in Figure 6. Generally speaking, authors writing in French are more likely than those writing in English to specify their epistemological affiliation.

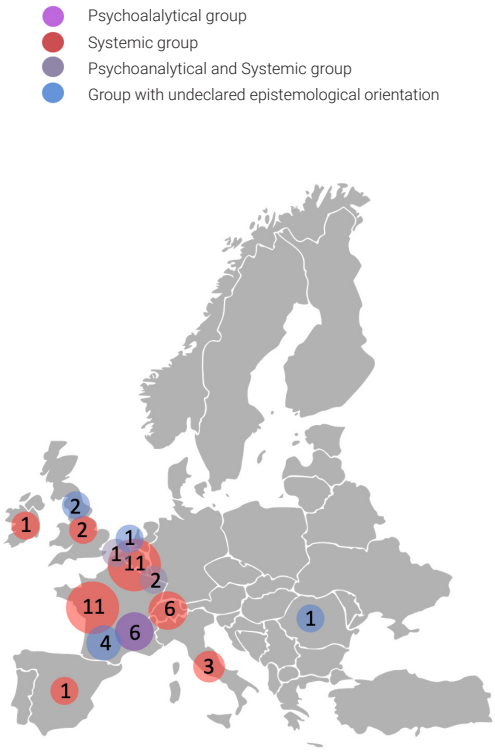

Figure 6. *Location of authors' publications in Europe and England*

In Figure 6, Belgium and France are the two European countries publishing the most articles of systemic epistemological origin ($n = 11$ / $n = 11$). France is the only country to publish articles of psychoanalytic epistemological origin.

3.1.4 *Collaborations and authors' network*

The VOSviewer model shows the few author networks present in the English and French publishing landscape. The model shows several networks, but they don't always work together. The major authors (those who publish the most show a larger dot, the size of the dot being proportional to the number of publications) are Duret, Onnis, Traub, Hoshino, Rosenfeld.

3.2 *Narrative and Illustrative Presentation*

Data from each article was extracted for analysis and listing. In an effort to better under-

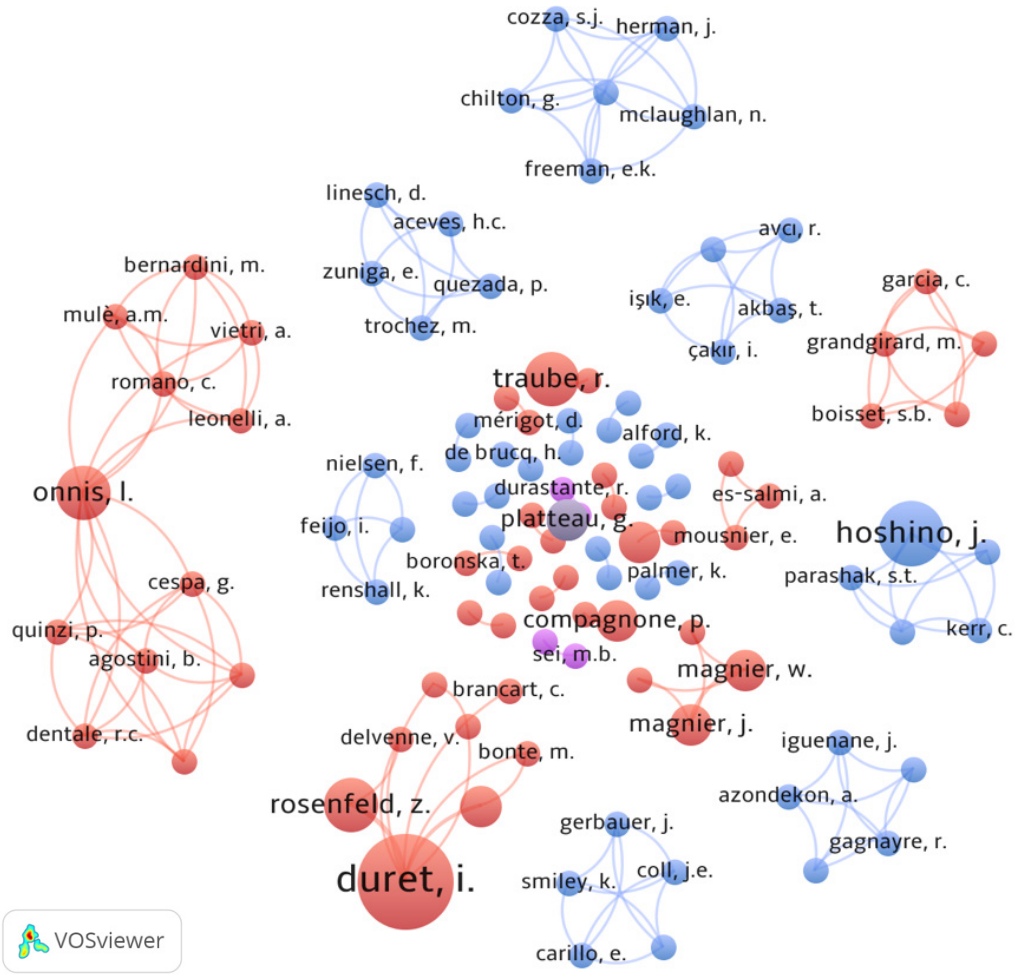

Figure 7. *VOSviewer modeling of author networks*

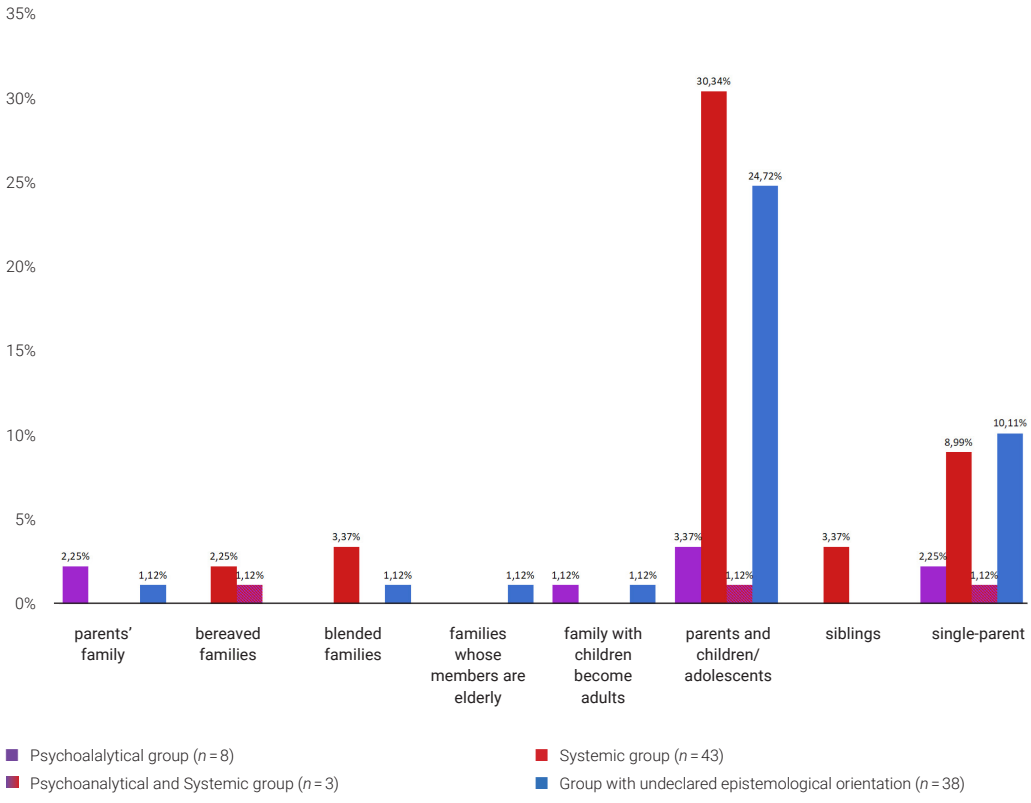

Figure 8. *Distribution of populations within the systematic review literature*

stand the full potential and uses of the techniques, the authors focused on the population, therapeutic issues and techniques used.

Each sub-section graphically and narratively presents results for each epistemological group. All articles generally present clinical cases of families. One study presents an experimental methodology (10) [1], and two studies present a conceptual method in the context of a clinical case (12; 25). Only the techniques were identified for these writings. 4 studies belong to the gray literature (a group with no clearly defined epistemological orientation). These writings are the subject of a separate analysis.

3.2.1 *Population*

As working with families was one of the selection criteria for this review, the population only includes families. The results thus present different types of families and different generations or family situations.

1. For ease of use, each of the 92 texts has been given a number. These cross-reference numbers are presented in Appendix 1.

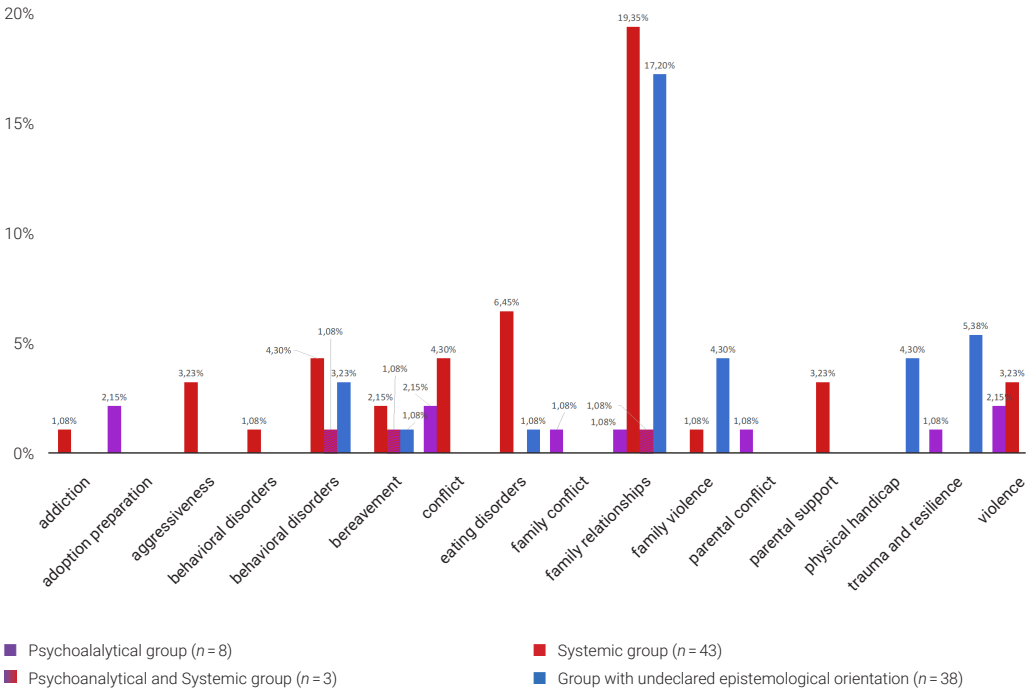

Figure 9. *Distribution of problem, pathology, and therapeutic goal within the systematic review*

Psychoanalytical group (*n* = 8): The 8 psychoanalytically oriented studies all present clinical cases of families. 2 studies present parental couples preparing to adopt (7; 8), one family includes parents and children who have all become adults (5), 2 families are single parent (mother and child/father and child) (1; 2), 3 families include parents and children/adolescents (3; 4; 6).

Systemic group (*n* = 43): Most articles present families with parents and children or adolescents [2] (9; 11; 13; 15; 16; 17; 18; 19; 21; 22; 23; 29; 30; 31; 34; 35; 36; 40; 41; 42; 44; 46; 47; 48; 49; 50; 51). 8 studies present single-parent families (mother and child/father and child) (10; 27; 32; 37; 38; 39; 46; 51), 3 studies present siblings undergoing therapy without their parents (14; 20; 26), 3 studies present stepfamilies (24; 30; 33), and 2 studies present grieving families, a parent having died (28, 43).

Psychoanalytical and Systemic group (*n* = 3): The 3 psychoanalytical and systemic oriented studies all present clinical cases of families. 1 study presents a family with parents and children/adolescents (52), 1 study presents a single-parent family (mother/child) (53) and 1 study presents a family grieving the death of a child (54).

2. Several clinical cases and therefore several family typologies can be included in a study.

Group with undeclared epistemological orientation (*n* = 38): Most articles present families with parents and children or adolescents (55; 56; 58; 60; 61; 62; 65; 66; 68; 71; 72; 73; 75; 76; 78; 79; 80; 81; 82; 83; 91; 92). 9 studies present single-parent families (mother/child) (59; 67; 74; 77; 85; 86; 87; 89; 90), 1 study presents stepfamilies (60), 1 study presents children who have become adults (57), 1 study presents only parents' family (84) and 1 study presents families whose members are elderly people (88). 4 studies focus on general considerations by illustrating many clinical situations, without. specifying any population (63; 64; 69; 70).

3.2.2 *Context / Pathology*

Psychological problems, pathologies and therapeutic objectives were listed according to the explanation provided by the authors. Some psychological problems, pathologies, or therapeutic objectives may have not been mentioned, even though they were listed as comorbidities or related to specific problems, pathologies, or therapeutic objectives. For example, some authors posit their work as focusing on the issue of violence within the family without mentioning relational or communication problems within this same family. We choose to remain as close as possible to the terms used by the authors, to ensure the authenticity of the data collected.

Psychoanalytical group (*n* = 8): The psychoanalytical group's publications include 5 studies on relational issues: parental conflict, violence and conflict within the family, etc. (1; 3; 4; 5; 6). 2 studies focus on adoption preparation (7; 8) and 1 on trauma (2).

Systemic group (*n* = 43): The systemic group's publications mainly present studies discussing family relationships (*n* = 17) (9; 13; 14; 15; 17; 18; 19; 22; 23; 24; 26; 29; 32; 36; 37; 39; 45; 46; 47). The studies also address relational issues such as eating disorders (21; 40; 41; 42; 44; 51), behavioral disorders (27; 30; 31; 48; 50), violence/conflict (9; 16; 33; 34), aggressiveness (10; 11; 30), parental support (35; 38; 49), grief (14; 28; 43), and addiction (20). The problems or therapeutic objectives may be very multiple, but always have interpersonal considerations.

Psychoanalytical and Systemic group (*n* = 3): In the psychoanalytic and systemic group, 1 publication refers to adolescent behavioral disorders (52), 1 publication refers to family relationships (53), and 1 publication refers to family grieving for their child (54).

Group with undeclared epistemological orientation (*n* = 38): The publications in this group mainly present studies discussing family relationships (*n* = 16) (55; 58; 59; 61; 72; 73; 75; 76; 79; 84; 85; 86; 87; 90; 91). 5 publications focus on trauma and resilience (56; 60; 82; 88; 92), 3 on behavioral disorders (65; 66; 71), 4 on physical handicap (57; 62; 68; 83), 4 on family violence (74; 77; 80; 89), 1 on eating disorders (78), and 1 on grief (67).

3.2.3 *Techniques used*

Several "plastic arts" techniques are listed in the papers. When precise translation is complicated or becomes a risk of misunderstanding, names of used techniques are put in quotes. Each technique in quotes is defined below.

Psychoanalytical group (*n* = 8): In this group, the most used technique is "photolangage" (3; 4; 7; 8). "Photolangage" is a technique that uses existing photographs. These photographs serve as a medium for expression. They must be sufficiently explicit to be understandable, but sufficiently implicit to let the participant free to project. Another technique used is the "scénodrame" (1). It is a technique providing a structured therapeutic framework for a very small group, to contain children's anxieties. The process involves construction, storytelling, and play (www.scenodrame.org). Other

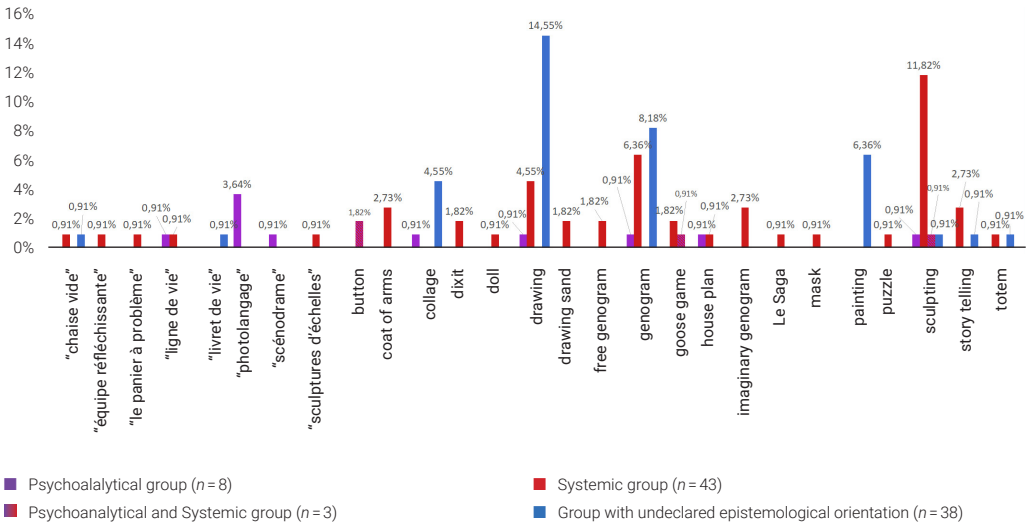

Figure 10. *Distribution of techniques used within the systematic review literature*

publications focus on the technique of drawing (2), "la ligne de vie" which is a technique of temporal representation with life chronology resuming significant personal events (4), collage, genogram (4), house plan which is a technique to draw a floor plan of the house and place the most important locations according to family situations (5). 1 publication also presents the use of a technique known as sculpting (6).

Systemic group (*n* = 43): In this group, the most frequently used technique is sculpting (*n* = 14) (9; 12; 16; 18; 22; 24; 30; 31; 39; 40; 41; 42; 46; 49; 50). This technique uses either the patient's body or objects to dynamically shape and stage relationships and interactions in relation to certain stages of life. There are several ways of doing this: sculptures of the past, present, future, etc. The most important information providing by this technique reside in the observation of distances between family members, exchanged gazes and mimed attitudes of each member. There are several variations of these sculptures. For example, "sculptures d'échelles" (18) reuse the sculpture exercise and insert scale questions to elicit the patient's opinion (progress, hope, etc.) in regards to therapeutic objectives. In this way, the patient scores different dimensions on a 0 to 10 scale. This exercise would improve the patient's sense of commitment and being seen. "L'équipe réfléchissante" and the empty chair (39) are two techniques similar to sculpting. The former is used in supervision, while the latter is mostly used to materialize an absent person or the couple in couples' therapy. Other publications use the genogram (13; 15; 21; 29; 30; 33; 36; 43; 45; 47). This technique also includes imaginary genograms and freer genograms where the basic rules no longer apply. Other publications use drawing (10; 11; 27; 30; 34; 35; 46), storytelling (14; 32; 38), coat of arms (19; 20; 26), the goose game (14; 28) (note that the version is revised to become therapeutic), Dixit (37; 43), drawing sand (10; 11), dolls (15), "la ligne de vie" (15),

the Saga (17), puzzles (23), house plans (32), masks (44) and totem (48). "Le panier à problème" (51) is a technique used to materialize the problems encountered by each person at the start of therapy. A basket is passed around, and people are asked how heavy the basket is, what they're putting in it, whether it has a double bottom, etc. This technique enables a less frontal approach to the problems, allows to consider the importance of each problem in each person's life, and to open up to the importance of secrets in families or couples.

Psychoanalytical and Systemic group (*n* = 3): Two publications (53; 54) in the group of both psychoanalytic and systemic publications refer to the button technique. Sewing buttons are derived for use as sculpting tools. The goose game and sculpting are also used (52).

Group with undeclared epistemological orientation (*n* = 38): In this group, the most used technique most used is drawing (n= 16) (56; 59; 62; 66; 67; 71; 72; 74; 75; 79; 82; 83; 84; 86; 87; 91). Other publications use genogram (57; 58; 65; 68; 78; 80; 81; 88; 90; 92), painting (56; 59; 62; 76; 82; 83; 84; 86), collage (56; 59; 62; 84; 87), sculpting (61; 91), sand play (55), storybook (60), story tell (73), totem (77), empty chair (85) and "livret de famille" (89). The storybook is a therapeutic narrative technique in which the patient creates an illustrated story of his or her life. The storybook, story tell and "livret de famille" techniques can be gathered according to their narrative, illustrative and symbolic qualities.

3.3 *Grey literature (8; 17; 21; 63; 64; 69; 70)*

These chapters do not present experimental methodology or clinical cases specific to the use of a particular tool for a particular problem. Nevertheless, many chapters are written in English by native English speakers, allowing us to demonstrate that the techniques are similar, even if they do not bear the same names are the photographs of these techniques. These chapters present techniques that can be compared with those used in French-speaking therapy. For example, these chapters present the use of the game Monopoly™ (15; 16). This game can be compared with the goose game used as a "objet flotant" in French-language systematic therapy. Various chapters in the books present theories similar to systemic theoretical ground, demonstrating a similar basis. These links and similarities confirm the absence of any literal translation of the concept of "objet flottant" in English-language papers, and confirm the English-language systemic name "Family Art Therapy", as well as the presence of multiple sub-concepts such as "Structural Family Art Therapy"; "Experiential Family Therapy and Art Therapy"; "Alderian Family Art Therapy"; "Filial Art Therapy" and "Narrative Art Therapy". All these notions are listed in the grey literature.

4 Discussion

The aim of this systematic review was to provide an overview of the use of tools and mediating object with family therapy. A total of 92 articles were selected by two researchers. These 92 articles were classified according to the epistemological orientation stated by their authors, leading to the distinction of four different groups. The core characteristics of these publications were described: publication dates, author networks, journals and locations (countries) of publication. This information enabled us to identify the strong evolution of publications over the last 15 years, the high concentration of publications in Europe, and to target the main journals publishing on this subject. The data from the 92 publications, divided into 4 groups, were then described in narrative form in 3 areas: the population, the pathology or psychological context and the technique used.

The studies presented in each of the 4 groups greatly vary. Mediating objects are used by therapists from different therapeutic orientations, with many populations and context as a tool in therapy. It highlights the shared interest in the use of art as a multipurpose tool within psychology and in work with families.

4.1 *Population: traditional family (2 parents + children) is the most common*

The results of the systematic analysis show that mediating objects re used with population with different backgrounds. Mediating objects are not only child oriented but also suitable for adults.

Nevertheless, most articles use mediating tools with minors (children or adolescents) and their families. First, it could reflect what therapists meet in their clinical work. Second, non-verbal tools such as mediating object are commonly used by therapists with children and adolescents. The use of such tools with adults could be perceived by the adult patients as infantilizing. This risk could be avoided with the presence of children in the therapy, which could explain why mediating object in this review are main used in family setting with minors.

Few studies also showed setting where the patients were only adults. However, grandparents are almost totally absent from studies of family therapies. Indeed, family therapies exclusively focus on two generations and more rarely on three, except when the family is grieving and the researchers try to study the effect on future generations.

4.2 *Context / pathology: art is used to help family relationships*

The results reveal that mediating tools are used to address a wide range of psychological disorders. First, mediating objects are used to address "family relationships" issues, which is the term used mostly by systemic authors to focus on the general problematic of the family rather than a specific symptom. In systemic theory, the symptom is not necessarily the most important topic and does not define the psychological problem. Indeed, systemic therapists do not aim to make the symptoms disappear. They rather try to understand their function and usefulness within the system to which the symptomatic individual belongs. Thus, not all systemic authors necessarily identify the symptom-bearer as the disorder's issue.

Moreover, given the numerous ways of using such tools, it could adapt to the large panel of therapeutic aims and processes pursued by the therapist. It could therefore explain why mediating object in the review are used for more general context such as family relationship issues.

4.3 *Technic: art presents a wide range of creative techniques*

The results show a wide variety of mediating tools' techniques. Mediating tools request creativity of professionals, in line with Rey and Caillé's written invitation (Caillé & Rey, 1994). However, this creativity generate ambiguity. Authors sometimes use the same word to describe techniques with diverses conditions or rules of application (for example, Dixit cards are used in some cases as an indicator of today's mood or, in other cases as a projective tool). Likewise, authors use different words to designate two techniques that are actually similar. We therefore invite professionals to better describe the specificities of the techniques themselves; their benefits for the patients.

4.4 *Is family art therapy magic?*

The papers screened in this systematic review highlight the positive points of using these

tools with families for a variety of problems. The authors can explain that the tools enable better communication between the various protagonists, avoid rushing patients, facilitate the therapeutic alliance, or better represent family relationships. Nevertheless, the therapeutic processes involved are not further or deeper explained. This lack of transparency contributes to reinforce the miraculous, almost magical aspect of mediating object already denoted in the literature (Grignoli, 2016; Katz Gilbert, 2019). More precise study of the therapeutic processes aims to clarify the skills needed to work with these tools. Therefore, the challenge is to uncover the "mysterious" use of these techniques, while recognizing their complexity and subtle variations, which must be acquired through learning. On one hand, this lack of transparency could have a beneficial aspect: if the reader also wants to become a "competent magician", then s/he must turn to experts for training. However, on the other hand, this imprecision could also be harmful. Some professionals could be tempted to use these tools without any knowledge or practice, which is against ethical standards in the clinical and psychotherapeutic fields. We promote all teaching or training studies to be addressed.

4.5 *This study provides useful findings for clinical professionals*

Since this review systematically identified the use of mediating object in families, professionals can discover new techniques, that fit their therapeutic goals. Future authors should be transparent about the therapeutic processes pursued by their use of mediating object. This review highlights different ways of using mediating object according to different clinical context, which all required specific skills that clinician could enhance by training.

We encourage researchers to multiply their scientific studies and focus more on the therapeutic processes at work, by varying the populations with more inclusive families. In addition, we encourage collaboration between clinicians and researchers to provide : a common vocabulary, needs-based training, scientifically sound case studies, etc. (Fortin & Gagnon, 2016).

4.6 *Limitations*

This systematic review has several limitations. The first one is the absence of any assessment of the reviewed literature's quality (with MMAT or COREQ). However, this limitation was imposed to the authors by the papers' clinical case studies form. The authors therefore focused on describing the clinical meaning of each article, without addressing the methodological prerequisites of more scientific research (quantitative studies or experimental protocols). Moreover, although the case studies presented are rich in information from a clinical view, there is still a lack of relevance regarding the tools used. The results show a wide diversity of clinical practices in the use of mediation tools within family therapy. However, these results also highlight the unclear circumstances of the mediation tools' use. Indeed, professional researchers/clinicians are more likely to relate their practice, but not to conceptualize the therapeutic properties and processes involved. Even more, some clinical cases contradict others, underlining the flexibility of the tools and their capacity to be adapted, but also the impossibility of outlining clear rules regarding the conditions of these tools' use. The impossibility of enunciating clear rules contributes to reinforce the imprecision mentioned in the literature (Colignon, 2017; Quélin-Souligoux, 2003), particularly in the naming process of these tools.

Another limit lies in the large sample of papers, the presence of two different languages and the epistemological diversity. Therefore, the authors were limited in their in-depth

analysis of the therapeutic processes' characteristics. Moreover, being a native speaker of the analyzed papers and belonging to their epistemological orientation is needed to ensure a more rigorous and reliable analysis. Inter-departmental partnerships between faculties and countries could be a solution to deepen this systematic review. The authors decided to deepen their research in line with these criteria; language spoken and epistemological current of belonging. Indeed, they continued to analyze systemic French-speaking data. This will be the subject of a future study. Therefore, they incite any native English researcher belonging to the psychoanalytical field to pursue the same systematic analysis.

5 Conclusion

An analysis of the literature published over the past 20 years clearly demonstrates the growing interest of clinical researchers in mediating tools with families. Nonetheless, the literature is methodologically flawed, preventing a qualitative assessment of the therapeutic processes involved. These aspects limit the understanding of any reader. This systematic review could serve as a basis for future French- and English-language research, such as:

- Conditions of use and prerequisites, a kind of guide to the use of the art
- Evaluation of therapeutic process issues (therapeutic alliance, communication, commitment, etc.)
- Assessing the relevance of using these mediation tools: "How do clinicians assess the benefit of their therapeutic choice?

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Appendix 1: (4 tables)

N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
1	Baron Préter, B.	2013	Le scénodrame familial : De la narration individuelle à l'histoire collective jouée en famille	Le divan familial	single-parent	parental conflict	"scénodrame"
2	Boudarse, K.	2020	Dessin d'enfant en consultation familiale, traumatisme et narrativité. Éléments de méthode	Dialogue	singe-parent	trauma	drawing
3	Durastante, R.; Joubert, C.	2013	Le photolangage© en séance de thérapie familiale psychanalytique	Le divan familial	parents and children/ adolescents	violence and conflict	"photolangage"
4	Franco, R. S.; Sei, M. B.	2019	Family secret and artistic-expressive resources in family psychotherapy: A theoretical-clinical study	Psicologia – Teoria e Prática	parents and children/ adolescents	violence and conflict	"ligne de vie"; genogram; "photolangage"; collage
5	Jaïtin, R.	2003	Médiations en thérapie familiale psychanalytique : le plan de la maison, Approche de a métapsychologie des liens famliaux	Revue de psychothérapie psychanalytique de groupe	family with children who have become aduts	family conflict	house plan
6	Nguyen, P.	2020	La sculpture familiale, une médiation corporelle groupale en thérapie familiale psychanaytque	Le divan familial	parents and children/ adolescents	family relation	sculpting
7	Veuillet-Combier, C.	2018	Préparation à l'adoption et groupe Photolangage© : perspectives pratiques et théorico-cliniques	Dialogue	parental couples	adoption preparation	"photolangage"
8	Veuillet-Combier, C.	2017	Photolangage®, parentalité adoptive et imaginaire du lien	/	parental couples	adoption preparation	"photolangage"

Psychoanalytical group (n = 8)

Nº	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
9	Antoine, B.	2017	La métaphore au cœur même du langage dans la psychothérapie familiale systémique	Thérapie Familiale	parents and children/ adolescents	family relationships viotence/ conflbt	sculpting
10	Armstrong, S. A.; Simpson, C. S.	2002	Expressive arts in family therapy: Including young children in the process	TCA Journal	single-parent	aggres-siveness	drawing sand
11	Arrington, D. R	1991	Thinking systems – Seeing systems: An integrative model for systemically oriented art therapy	The Arts in Psychotherapy	parents and children/ adolescents	aggres-siveness	drawing sand
12	Banker, J. E.	2008	Family clay sculpting	Journal of Family Psychotherapy	/	/	sculpting
13	Berbinau, D.; Compagnone, P.	2019	Concilier protection de l'enfant et implication des parents. L'utilisation du génogramme en Mecs	Le Journal des psychologues	parents and children/ adolescents	family relationships	genogram
14	Calicis, F.	2006	Intérêt de l'utilisation des objets flottants dans l'approche des pans les plus douloureux de l'histoire des patients et de leur famille	Thérapie Familiale	siblings	family relationships bereavement	story telling; goose game
15	Carr, A.	1994	Involving children in family therapy and systemic consultation	Journal of Family Psychotherapy	parents and children/ adolescents	family relationships	doll; genogram; "ligne de vie"
16	Cassanas, J.; Girolet, M. H.	2013	Histoire de famille et transgression des thérapeutes	Cahiers critiques de thérapie familiale et de pratiques de réseaux	parents and children/ adolescents	violence/ conflict	sculpting
17	Compagnone, P.	2009	Presentation d'un outil systémique : le Saga	Le Journal des psychologues	parents and children/ adolescents	family relationships	Le Saga (Sys-temic Anal-ysis of Group Affiliation)
18	Crottet, B.	2011	Les sculptures d'echelles : Un nouvel objet flottant face au sentiment d'impuissance	Thérapie Familiale	parents and children/ adolescents	family relationships	"sculptures d'échelles"

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N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
19	Dachet, A.; Bonte, M.; Duret, I.	2019	Le blason familial : Un voyage dans le temps des familles pour transformer la « mémoire traumatique » en « mémoire thérapeutique »	Cahiers de psychobgie clinique	parents and children/ adolescents	family relationships	coat of arms
20	Dachet, A.; Duret, I.	2015	De l'intérêt du blason fraternel pour mieux exploiter les ressources de la fratrie dans les thérapies familiales avec des adolescents	Thérapie Familiale	siblings	addiction	coat of arms
21	Daure, Ivy	2010	Le génogramme avec les familles	Le Journal des psychologues	parents and children/ adolescents	eating disorders	genogram
22	de Becker, E.	2006	L'approche systémique et la thérapie familiale des mineurs d'âge auteurs d'agression sexuelle intrafamiliale	Psychothérapies	parents and children/ adolescents	family relationships	sculpting
23	De Petre, E. E.	2013	Family intervention as a diagnostic complement in expanded pediatrics. The puzzle model	Archivos Argentinos de Pediatria	parents and children/ adolescents	family relationships	puzzle
24	Delage, M.	2005	Échec à l'autonomisation et solitude : Place d'une approche thérapeutique familiale	Adolescence	blended family	family relationships	sculpting
25	Diaz, M.	2019	Chapitre V. Quelques objets flottants, outils de la systémie et supports pour la médiation et la communication	/	/	/	/
26	Duret, I.; Brancart, C.	2012	Le blason fraternel : un outil pour découvrir et explorer le lien de fratrie et son évolution dans l'histoire de la famille	Cahiers critiques de thérapie familiale et de pratiques de réseaux	siblings	family relationships	coat of arms
27	Ford Sori, C.	1995	The "art" of restructuring: Integrating art with structural family therapy	Journal of Family Psychotherapy	single-parent	behavioral disorders	drawing
28	Gaillard, J. P.; Rey, Y.	2001	Deuil et thérapie familiale : quels objets flottants ?	Thérapie Familiale	bereaved families	bereavement	goose game
29	Hoshino, J.	2015	Getting the Picture: Family Art Therapy	/	parents and children/ adolescents	family relationships	genogram

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Nº	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
30	Jenkins, H.; Donnelly, M.	1983	The therapist's responsibility: a systemic approach to mobilizing family creativity	Journal of Family Therapy	blended families	behavioral disorders, aggres-siveness	sculpting; genogram; drawing
31	Le Bihan, A. S.	2019	Sculpter la famille et le couple. Un objet flottant dans l'aire de jeu de la thérapie	Cahiers jungiens de psychanalyse	parents and children/ adolescents	behavioral disorders	sculpting
32	Magnier, W.; Cocquyt, J. Y.; Magnier, J.	2019	Comment sculpter l'espace thérapeutique dans l'intimite de la maison 1	Thérapie Familiale	single-parent	family relationships	story telling, house plan
33	Magnier, W.; Presse, F.; Magnier, J.	2017	The genogram 3D as a floating object in the frame of therapies of families with violent transactbns	Cahiers critiques de thérapie familiale et de pratiques de réseaux	blended family	viotence/ conflict	genogram
34	Manicom, H.; Boronska, T.	2003	Co-creating change within a child protection system: Integrating art therapy with family therapy practice	Journal of Family Therapy	parents and children/ adolescents	viotence/ conflict	drawing
35	Mcnamee, C. M.	2005	Bilateral art: An integration of marriage and family therapy, art therapy, and neuroscience	Contemporary Family Therapy	parents and children/ adolescents	parental support	drawing
36	Merigot, D.; Ollié-Dressayre, J.	2005	Du génogramme filiatif au génogramme imaginaire	Thérapie Familiale	parents and children/ adolescents	family relationships	imaginary genogram
37	Mousnier, E.; Knaff, L.; Es-Salmi, A.	2016	Les cartes Dixit comme support aux représentations métaphoriques : un media d'intervention systémique sous mandat	Thérapie Familiale	parents and children/ adolescents ,single-parent	family relationships	Dixit
38	Muselle, A.; Bamabe, S.	2015	Un enfant en salle d'attente	Thérapie Familiale	single-parent	parental support	story telling
39	Nussbaumer, N. L. M.	2016	Thérapie individuelle systémique EMDR en prémisse d'une thérapie familiale « épique » : La famille d'Antigone revisite le jeu de l'oie dans le miroir d'une équipe réfléchissante	Thérapie Familiale	single-parent	family relationships	"equipe refle-chissante", empty chair

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N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
40	Onnis, L.; Bernardini, M.; Leonelli, A.; Mulè, A. M.; Vietri, A.; Romano, C.	2012	Les sculptures du temps familial. Une méthode de « narration analogique »	Cahiers critiques de thérapie familiale et de pratiques de réseaux	parents and children/ adolescents	eating disorders	sculpting
41	Onnis, L.; Gennaro, A. D.; Cespa. G.; Agostini, B.; Chouy, A; Dentale, R. C.; Quinzi, P.	1994	Sculpting Present and Future: A Systemic Intervention Model Applied to Psychosomatic Families	Family Process	parents and children/ adolescents	eating disorders	sculpting
42	Onnis, L	2015	Appartenance et identité à la lumière des mythes familiaux	Thérapie Familiale	parents and children/ adolescents	eating disorders	sculpting
43	Pericbon, L; Cisterne, C; Duret, I.	2021	Relations entre vivants et morts au sein d'une famille endeuillée : quelles transformations le système opère-t-il après la mort ?	Thérapie Familiale	bereaved families	bereavement	genogram; Dixit
44	Rey, Y.	2018	Invitation à la creativité	Cahiers critiques de thérapie familiale et de pratiques de réseaux	parents and children/ adolescents	eating disorders	mask
45	Rosenfeld, Z.; Duret, I.	2013	Étude du lien dans les familles adoptives à l'adolescence	Thérapie Familiale	parents and children/ adolescents	family relationships	imaginary and free genograms
46	Rosenfeld, Z.; Delvenne, V.; Duret, I.	2008	« Je vous appelle car ma fille de 6 ans n'arrive pas à se separer de moi... »	Cahiers de psychobgie clinique	single-parent	family relationships	sculpting; drawing
47	Rosenfeld, Z.; Duret, I.	2010	Représentation de la famille et de la filiation chez l'adolescent adopté et ses parents	Thérapie Familiale	parents and children/ adolescents	family relationships	imaginary and free genograms

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Nº	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
48	Traube, R	2006	Le totem familial : évaluation thérapeutique des caractères dans la famille par des représentations d'animaux	Neuropsychiatrie de l'Enfance et de l'Adolescence	parents and children/ adolescents	behavioral disorders	totem
49	Traube, R	2003	« modele-moi un parent»: guidance de la parentalite en therapie familiale avec l'enfant d'age scolaire	Therapie Familiale	parents and children/ adolescents	parental support	sculpting
50	Traube, R.; Progin, C.	2001	Les dimensions interactive, symbolique et educative de la thérapie familiale pour l'enfant	Cahiers critiques de therapie familiale et de pratiques dereseaux	parents and children/ adolescents	behavioral disorders	sculpting
51	Vacher, C.	2012	« Le panier à problèmes » : La rencontre avec les familles dans un service de médecine pour adolescents autour d'un « objet flottant »	Thérapie Familiale	parents and children/ adolescents, single-parent	eating disor-ders	"le panier à probleme"

Systemic group (n = 43)

N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
52	Platteau, G.	2012	Le langage analogique, une articulation entre l'interactionnel et l'intrapsychique	Thérapie Familiale	parents and children/ adolescents	adolescent behavioral disorders	goose game; sculpting
53	Schon, M. J.	2010	L'histoire du bouton n'est pas cousue de fil blanc : L'utifisation des boutons de couture dans les sculptures familiales constructivistes	Therapie Familiale	singe-parent	family relationships	button
54	Schon, M. J.	2018	Lorsque la mort d'un enfant laisse sa famille sans voix : Sur l'utilisation des objets flottants dans l'accompagnement des familles endeuillées	Thérapie Familiale	bereaved families	bereavement	button

Psychoanalytical and Systemic group (n = 3)

Nº	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
55	Carey, L	1991	Family sandplay therapy	The Arts in Psychotherapy	parents and children/ adolescents	family relationships	sandplay
56	Chilton, G.; Vaudreuil, R.; Freeman, E. K.; McLaughlan, N.; Herman, J.; Cozza. S. J.	2021	Creative Forces programming with military families: Art therapy, dance/movement therapy, and music therapy brief vignettes	Journal of Military, Veteran and Family Health	parents and children/ adolescents	trauma and resilience	drawing, painting, collage
57	Engelman, S. R.	1988	Use of the family genogram technique with spinal cord injured patients	Clinical Rehabilitation	parents and children become adults	physical handicap	genogram
58	Frame, M. W.	2000	The spiritual genogram in family therapy	Journal of Marital and Family Therapy	parents and children/ adolescents	family relationships	genogram
59	Greenspoon, D. B.	1986	Multiple-family group art therapy	Art Therapy: Journal of the American Art Therapy Association	single-parent	family relationships	drawing, painting, collage
60	Hanney, L ; Kozlowska, K.	2002	Healing traumatized children: Creating illustrated storybooks in family therapy	Family Process	blended families	trauma and resilience	story-book
61	Hearn, J.; Lawrence, M.	1985	Family sculpting: II. Some practical examples	Journal of Family Therapy	parents and children/ adolescents	family relationships	sculpting
62	Horovitz, E. G.	1991	Family art therapy within a deaf system	The Arts in Psychotherapy	parents and children/ adolescents	physical handicap	drawing, painting, collage
63	Hoshino, J.	2011	Structural family art therapy	/	/	/	/
64	Hoshino, J.	2011	The development of family therapy and family art therapy	/	/	/	/
65	Işık, E.; Akbaş, T.; Kırdök, O.; Avcı, R.; Çakır, I.	2012	Use of the genogram technique in counseling with Turkish families	Journal of Family Psychotherapy	parents and children/ adolescents	behavioral disorders	genogram

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N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
66	Jordan, K.	2001	Family Art Therapy: The Joint Family Holiday Drawing	The Family Journal	parents and children/ adolescents	behavioral disorders	drawing
67	Junge, M.	1985	"The book about Daddy dying": A preventive art therapy technique to help families deal with the death of a family member	Art Therapy	single-parent	bereavement	drawing
68	Juré, E.; Iguenane, J.; Toudonou, A.; Azondekon, A.; Gagnayre, R.	2010	Utilité du génogramme dans l'éducation thérapeutique : Une étude exploratoire auprès de parents d'enfants vivant avec le VIH/sida au Bénin	Santé Publique	parents and children/ adolescents	physical handicap	genogram
69	Kerr, C.	2011	Bowen family systems theory (BFST) and family art therapy	/	/	/	/
70	Kerr, C.; Hoshino, J.	2011	Family art therapy: Foundations of theory and practice	/	/	/	/
71	Klop, S.	2017	Sometimes Words Just Ain't Enough – Enhancing the Contribution of Children in Therapy through Creative Expression	Australian and New Zealand Journal of Family Therapy	parents and children/ adolescents	behavioral disorders	drawing
72	Kwiatkowska, H. Y.	2001	Family art therapy: Experiments with a new technique	American Journal of Art therapy	parents and children/ adolescents	family relationships	drawing
73	Labaki, C.	2002	Ce que l'on en pense	Thérapie Familiale	parents and children/ adolescents	family relationships	story tell
74	Lai, N. H.	2011	Expressive Arts Therapy for Mother-Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture	The Arts in Psychotherapy	single-parent	family violence	drawing
75	Lantz, J.; Alford, K.	1995	Art in existential psychotherapy with couples and families	Contemporary Family Therapy	parents and children/ adolescents	family relationships	drawing
76	Lavey Khan, S.; Reddick, D.	2020	Painting together: A parent-child dyadic art therapy group	The Arts in Psychotherapy	parents and children/ adolescents	family relationships	painting
77	LeGoff, J. F.	2006	Construction d'un totem en thérapie familiale : Exemple de la famille monoparentale	Thérapie Familiale	single-parent	family violence	totem

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Nº	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
78	Lewis, K. G.	1989	The use of color-coded genograms in family therapy	Journal of Marital and Family Therapy	parents and children/ adolescents	eating disorders	genogram
79	Linesch, D.; Aceves, H. C.; Quezada, P.; Trochez, M.; Zuniga, E.	2012	An art therapy exploration of immigration with Latino families	Art Therapy	parents and children/ adolescents	family relationships	drawing
80	Menneron, C.; Luzès, M.P.	2010	L'atelier « L'Air de famille » : un espace, un temps, une mise en œuvre de la représentation des liens pour un génogramme en mouvement	Dialogue	parents and children/ adolescents	family violence	genogram
81	Mitrofan, I.; Petre, L.	2013	Art-genogram Effects on Dyadic Relationship Dynamic as a Unifying Transgenerational Psychotherapy Technique	Procedia – Social and Behavioral Sciences	parents and children/ adolescents	family relationships	genogram
82	Nielsen, F.; Feijo, I.; Renshall, K.; Starling, J.	2021	Family art therapy: A contribution to mental health treatment in an adolescent inpatient setting	Australian end New Zealand Journal of Family Therapy	parents and children/ adolescents	trauma and resilience	drawing, painting
83	Palmer, K.; Shepard, B.	2008	An Art lnquiry into the Experiences of a Family of a Child Living with a Chronic Pain Condition: A Case Study	Canadian Journal of Counselling	parents and children/ adolescents	physical handicap	drawing, painting
84	Plante, P.	2005	Élaboration et évaluation par l'approche phénoménologique d'un groupe d'art- thérapie s'adressant à des dyades et ayant pour objectif le renforcement du lien parent-enfant	Canadian Art Therapy Association Journal	parents' family	family relationships	drawing, painting, collage
85	Platteau.G.	2018	Reconstruction de l'image du père absent chez l'enfant migrant, une danse entre présence et absence, entre réel et symbolique	Thérapie Familiale	single-parent	family relationships	empty chair
86	Riley, S.	1988	Adolescence and family art therapy: Treating the "Adolescent family" with family art therapy	Art Therapy	parents and children/ adolescents, single-parent	family relationships	drawing
87	Riley, S.	1993	Illustrating the family story: Art therapy, a lens for viewing the family's reality	The Arts in Psychotherapy	single-parent	family relationships	drawing, collage

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N°	Authors	Date	Title	Journal	Population	Problem / Pathology	Technique(s) used
88	Rochard-Bouthier, M. F.; De Brucq, H.	2004	Répétitions transgénérationnelles dans les scénarios de vie en pratique psychogériatrique	NPG Neurologie – Psychiatrie – Gériatrie	families whose members are elderly	trauma and resilience	genogram
89	Traoré, M.	2015	Le livret de vie, un outil thérapeutique narratif pour l'enfant victime de maltraitance intrafamiliale	Thérapie Familiale	single-parent	family violence	"livret de vie"
90	Tuil, S.	2005	De l'emploi du génogramme libre en entretiens familiaux à visée thérapeutique	Dialogue	single-parent	family relationships	genogram
91	Villeneuve, C.; LaRoche, C.	1993	The child's participation in family therapy: A review and a model | SpringerLink	Contemporary Family Therapy	parents and children/ adolescents	family relationships	sculpting, drawing
92	Weiss, E. L.; Jose, E.; Gerbauer, J.; Smiley, K.	2010	The Military Genogram: A Solution-Focused Approach for Resiliency Building in Service Members and Their Families	The Family Journal	parents and children/ adolescents	trauma and resilience	genogram

Group with undeclared epistemological orientation (n = 38)

Persistent Physical Symptoms (PPS) as Functional Signals in Children's Disclosures of Child Abuse

Stefaan Boel, Florien Meulewaeter, Kasia Uzieblo, Marc Cools & Wouter Vanderplasschen

Abstract: Regarding child abuse, the frequent lack of early disclosure by children is a notable phenomenon. Despite the fact that early disclosure of child abuse is associated with better outcomes for the child, research indicates that many children wait until a later age to disclose. Research points to the negative impact on mental health when there is no space for disclosure or when professionals do not respond adequately. The diagnosis of child abuse involves assessing threatening factors and recognizing symptoms and signals, both physically and behaviorally.

There is a wide variety of terms to describe symptoms related to "Persistent Physical Symptoms (PPS)" such as psychosomatic complaints. Often reported symptoms of PPS in children and adolescents include abdominal pain, headaches, back pain, chest pain, and (chronic) fatigue.

We present a case study of a child that is referred for psychotherapy due to PPS and in which disclosures about child abuse come to light during psychotherapy sessions. The study uses a single case study research design: an in-depth empirical investigation of a phenomenon in its real-life context. This case study provides useful insights essential for anyone professionally in contact with children and adolescents: how PPS can be related to being stuck in negative, stressful life circumstances as a child. Our hypothesis is that PPS can be a 'functional signal' in disclosures of children about child abuse.

Key Words: Childhood abuse – persistent physical symptoms – case history (case study)

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Introduction

In recent years, awareness has been growing around the prevention of persistent physical complaints (PPC) in children and adolescents (Jungmann *et al.*, 2022). Although exact figures on the prevalence of PPC in children and adolescents are difficult to obtain due to the lack of clear clusters of possible symptoms, the large heterogeneity between studies (e.g., different study populations and/or outcome measures), and underreporting of complaints or symptoms, international data indicate an upward trend, with prevalence rates ranging from 16.9% to 54.7% (Högberg *et al.*, 2022; Ottová-Jordan *et al.*, 2015; Potrebny *et al.*, 2017).

According to Appleyard and colleagues (2005) the early disclosure of child abuse is important for a child's mental health and well-being. Delayed disclosure of child abuse can lead to negative physical and mental health outcomes, such as the development of persistent physical symptoms (PPS). The attitude of the psychotherapist plays a critical role in creating a safe environment that facilitates disclosure of underlying issues. It is essential to take physical symptoms seriously and recognize them as potential signs of stress, anxiety, or other psychological factors. Furthermore, we emphasize the importance of creating a child-friendly environment and building rapport with the child, even before discussing the experience of abuse or other difficult life circumstances.

The various elements in this contribution illustrate the connection between early exposure to context-related risk factors, including parental divorce conflicts and abuse, and the chance of developing psychosomatic complaints or persistent physical symptoms (PPS) in a child. Although there is a growing awareness in clinical practice about the number of children and adolescents presenting with PPS, their physical symptoms are not always taken seriously or seen as possible somatic consequences of child abuse or early trauma. However, current studies indicate that PPS should be taken seriously in psychotherapeutic practice, where PPS can be seen as an additional piece of the puzzle in the whole of possible signals that may be present in child disclosures regarding child abuse (Kitselaar *et al.*, 2021). Therefore, we prefer to refer to PPS as a 'functional signal'.

Persistent physical symptoms (PPS)

There is a wide variety of terms to describe symptoms related to "Persistent Physical Symptoms (PPS)" such as psychosomatic complaints. Often reported symptoms of PPS in children and adolescents include abdominal pain, headaches, back pain, chest pain, and (chronic) fatigue. Although these symptoms can vary in duration, severity, and co-occurrence, they all cause persistent pain or discomfort. This can sometimes lead to decreased academic performance, school absence, or dropout, possibly resulting in isolation and feelings of depression. Moreover, persistent physical symptoms (PPS) and the associated reduced daily functioning are predictors for the development of health problems and healthcare usage (Saunders *et al.*, 2020; Van Dyk *et al.*, 2022).

We use the term "Persistent Physical Symptoms" (PPS), which according to the most recent definition (Netwerk Aanhoudende Lichamelijke Klachten [NALK] [Network Persistent Physical Complaints], 2022) is described as: "physical complaints or symptoms that limit functioning or cause significant distress and persist for at least several weeks". This can refer to symptoms in the context of an adequately treated disease or symptoms in the absence of disease.

Although PPS is common among school-aged children (Genizi *et al.*, 2013), this group is considered difficult to treat and often faces so-

called "mismanagement". Because a medical diagnosis for PPS is often lacking, children and adolescents typically go through a prolonged journey within the healthcare system. The absence of a clear diagnosis and adequate treatment options often leads to frustrations, both among doctors and among children and adolescents.

Furthermore, it appears that doctors often feel uncomfortable introducing potential psychological explanations and referring to mental health care. This creates barriers and reduced access to effective psychosocial interventions for children and adolescents.

Nevertheless, the scientific community increasingly advocates for a biopsychosocial model in the assessment and treatment of persistent physical symptoms (PPS). Already in 1988, researchers, including pediatric endocrinologist Chrousos (Chrousos *et al.*, 1988), utilized the stress system as a framework for analyzing neurobiological mechanisms involved in the body's response to physical and emotional stress (Kuhlman *et al.*, 2018; Wade *et al.*, 2022).

Research is increasingly referring to the role of stress and environmental influences, including contextual and family factors, as underlying mechanisms in the development of PPS (Gauntlett-Gilbert *et al.*, 2021). For instance, PPS in children and adolescents can be linked to negative, stressful events in childhood, including early exposure to stress in the parent-child relationship, parental conflict, physical, psychological abuse and neglect, and sexual abuse (Boel *et al.*, 2023a; Bonvanie *et al.*, 2015; Rijksoverheid, 2022; Van Gils *et al.*, 2014).

Methodology

The current study uses a single case research design. The case study method is a frequently used research approach in the social sciences. Yin (2014) defines a case study as an in-depth empirical investigation of a contemporary phenomenon within its real-life context. Single case studies, typically illustrating one specific case, provide empirically rich, unique, context-specific, and holistic descriptions and can therefore contribute to theory development.

This study draws on a case file compiled during therapy sessions between a ten-year-old girl and her mother and a psychotherapist. During and after each session, the psychotherapist wrote a report summarizing key information at the level of symptomatology, personal functioning, client explanations, and (verbal) disclosures regarding negative life events and child abuse. Both the girl and her mother gave verbal and written informed consent to publish the material and approved both interim and final versions. All potentially identifiable or recognizable information has been altered to protect confidentiality.

Case Study

In a contribution in a professional journal (Boel *et al.*, 2023b), we presented a case of a child that was referred for psychotherapy due to PPS and in which disclosures about child abuse came to light during several psychotherapy sessions. Nicole (pseudonym) is a ten-year-old girl who, together with her mother, was referred for psychotherapy by a pediatrician after presenting with PPS. Nicole revealed that she no longer wants to go to her father. She was afraid of him. He initiated legal proceedings a year later. In the meantime, Nicole's PPS continued to worsen. The situation escalated the following year when the family court ordered Nicole to stay with her father and imposed a six-week ban on contact between Nicole and her mother. We observed an expansion of PPS in Nicole. In the following period, the father disappeared complete-

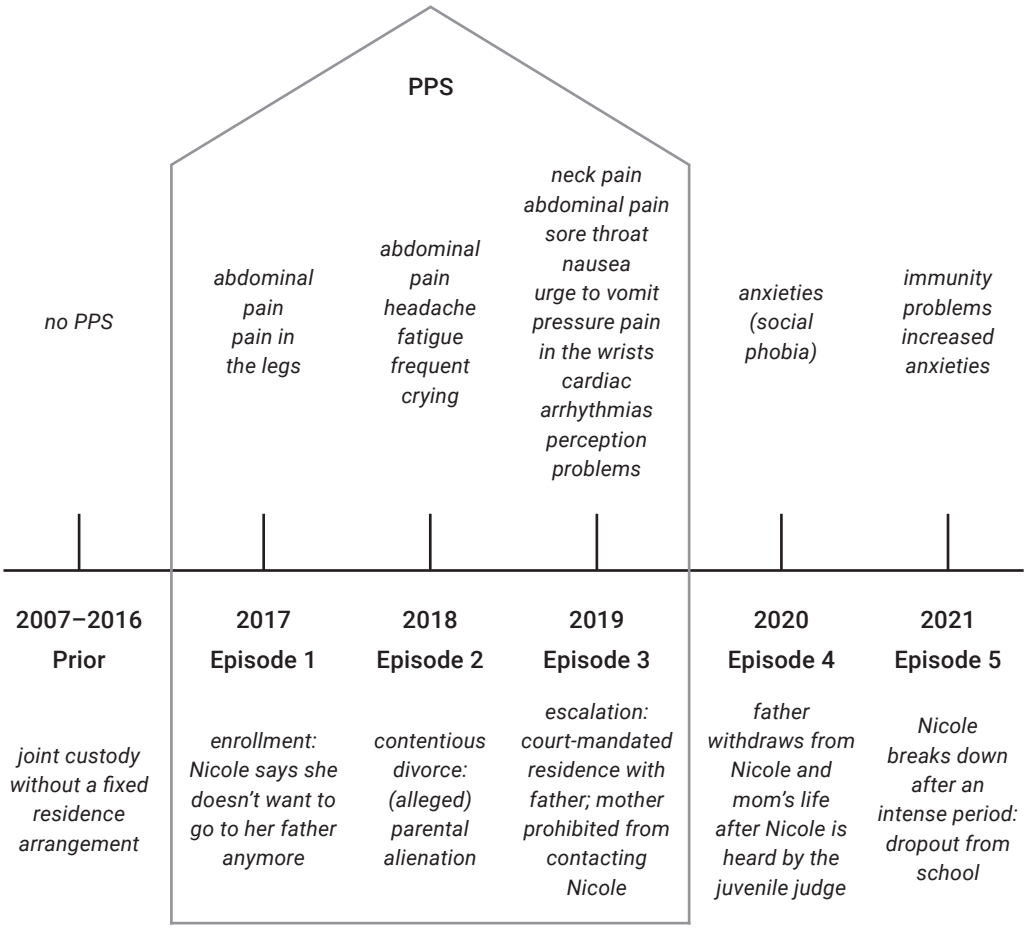

Figure 1. *Nicole's Timeline: PPS during various episodes.*

ly from Nicole's life. Her PPS disappeared and was replaced by fears, after which Nicole physically collapsed (immunity problems).

Figure 1 contains a segment of Nicole's timeline and the occurrence of PPS during various episodes. This is followed by a detailed description of the PPS episodes and the interrelation in the dynamics of PPS with explanations concerning negative life events and child abuse in Nicole's life.

Episode 1: Enrollment –

Nicole discloses she doesn't want to visit her father anymore.

PPS: abdominal pain and leg pain

During this initial phase, Nicole indicates she no longer wants to go to her father. The parents divorced when she was young, and the mother was solely responsible for raising her ever since. Nicole occasionally visited her fa-

ther without any set custody arrangement. These visits occurred primarily when it was convenient for the father and when Nicole felt like going.

However, she indicated that her father never really took good care of her. For example, she had to provide her own food. Additionally, Nicole complained about poor hygiene and lack of privacy at her father's place; a very small bathroom without a fully enclosed wall or door – 'just like a construction site.' She said that her father's mood fluctuated significantly. He mostly gave her negative attention and disapproving criticism. When Nicole told her father that she had a crush on a boy, he responded, "I'll decide if he stays alive". After discovering that her father had firearms in the house, she constantly felt endangered, and her aversion to visiting him increased. Ultimately, she stopped her visits.

Episode 2: Contentious divorce –

Psychodiagnostics assessment: 'parental alienation'.

PPS: abdominal pain, headaches, fatigue, frequent crying

After Nicole stopped visiting her father (following the enrollment period in 2017), he brought up the issue of joint custody at the family court. Based on the family court's directive, multiple police interrogations of Nicole, the father, and the mother ensued. Additionally, a psycho-diagnostics assessment was conducted at a center designated by the judiciary. Based on this examination, the center concluded that both the mother and Nicole were displaying signs of 'parental alienation' (with the father being the alienated parent). Subsequently, the family court judge mandated that Nicole regularly meet her father in a neutral visitation room under supervision, even though Nicole expressed her unwillingness to do so. Nicole stated she felt afraid in the visitation room, was scared of her father, and seemed to suffer during these encounters.

Nicole's well-being deteriorated: she frequently experienced abdominal pain, cried often, and was consistently tired. Along with frequent crying, she claimed that she was nearly completely drained.

Episode 3: Escalation –

Family court mandates Nicole to stay with her father; a six-week contact ban is imposed on the mother with Nicole.

PPS: pain in the abdomen, throat, and neck, nausea, sensations of vomiting, pressure pain in wrists, arrhythmia, perception issues (decreased visual acuity)

The pediatrician raised the alarm. During a consultation, due to bruises on Nicole, she had displayed increased nervousness as a result of the situation, and the pediatrician observed a severe escalation of PPS. As this episode continued, the pediatrician submitted multiple medical certificates to the psychotherapist, documenting physical injuries to Nicole. It turned out that the father had threatened the pediatrician several times, suggesting he would report her to the Medical Association. The psychotherapist provided multiple written reports to the court, detailing suspicions of traumatization in the child, the incidents as reported by Nicole during therapy, and the medical findings. However, these reports were not included in the interim judgments of the family court.

One day, the police arrived at Nicole's school. All students were gathered in the cafeteria – except for Nicole – and the doors were locked. By order of the appellate family court, Nicole was forced to go with her father. Shortly before this, the mother had been notified through a legal document that Nicole was mandated to stay with her father for six weeks, and she was

issued a contact ban. This was an absolute low point for Nicole. She recounted that she had candidly told her father that she didn't like being with him and didn't love him. She hoped that he would, as he himself had stated, leave by boat to Australia and remain there forever.

Episode 4:

Father disappears from Nicole's life.

PPS disappears – fears emerge as remnants of the traumatic period (social phobia)

Following the six-week stay with her father, the family court prescribed an alternating weekly custody schedule, much to the dismay of both Nicole and her mother. The psychotherapist continued to provide reports to the prosecutor until the case came to the attention of a juvenile judge, who took it over due to concerns about Nicole's well-being. After a conversation with Nicole, this judge overturned the decisions of the family court, suspending the father's visitation rights, especially given his refusal to pay child support. After this verdict, the father immediately and completely withdrew from the lives of both Nicole and her mother and has not sought contact since. A period of peace ensued, during which Nicole increasingly retreated from social life and human interaction.

Episode 5:

Nicole physically deteriorates and drops out of school

No PPS – immunity problems and (social) anxiety increase

The entire previous period was very taxing for Nicole. She had been physically incapacitated for several months, and now she could no longer attend school. Her medical diagnosis by this point was: burn-out and cytomegalovirus (CMV), a condition similar to mononucleosis (or glandular fever). Nicole had kept herself extremely strong during the past period. Physically, however, she had become completely exhausted.

This case study provides useful insights that are essential for anyone who professionally deals with children and young people. This case illustrates how PPS can be related to being trapped in negative, stressful life circumstances as a child. Although the described case involves abuse, PPS can also be "functional signals" of other situations in which a child is stuck, such as bullying situations, or situations of intense grief that cannot be expressed. Furthermore, the attitude of the psychotherapist plays an important role in the disclosure of these underlying conditions. In the above case, these disclosures were facilitated by establishing safety and trust, making room for the child's experience, and taking the child's physical complaints and needs seriously. In addition, transparent communication about possible steps and interventions can support this process. Strategies for professionals to capture children's stories involve creating a child-friendly environment, building rapport with the child even before discussing the experience of child abuse, and listening with engagement.

Conclusion

The case study demonstrates that PPS can be an important 'functional signal' in children's disclosures about child abuse. Increasingly, research suggests that PPS can be significant 'signals' indicating that a child is trapped in a stressful situation (Polese *et al.*, 2022). While the studies described involve abuse, PPS can equally be 'signals' of other situations a child is stuck in: for instance, bullying situations, situations of intense grief that cannot/may not be expressed, etc. (de Oliveira *et al.*, 2021; Malhi & Bharti, 2021). PPS in children and adolescents can thus be important 'functional'

signals in disclosures regarding child abuse, which should be taken seriously. The etiology of PPS should be seen as multifactorial and is a complex interplay of psychological, biological, and social factors.

Considering psychological or contextual factors is extremely important in both the diagnostic process and the treatment of PPS in children and adolescents. Therefore, children and adolescents presenting with PPS should systematically be assessed for a possible association with negative life events, such as child abuse – albeit not as the only possible explanation for PPS. In the etiology of functional abdominal pain, for example, there are indeed many social and emotional factors that can play a role. A holistic, comprehensive approach – mind, body, and context – is imperative. The psychotherapeutic practice can thus play a crucial role in the prevention and early detection of abuse, neglect, or mistreatment in children and adolescents.

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A Proposal to Establish a Set of Ethical Principles & Guidelines for EAP Organisations

Ethical Guidelines Committee: Working Group for Organisational Ethics
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Preamble

We currently have quite a good **"EAP Statement of Ethical Principles"** for individual psychotherapists that has acted as model for the ethical codes of all organisations within the European Association for Psychotherapy (EAP) for about 20 years now. However, it was designed primarily for adoption by those organisations who have individual psychotherapist practitioners as members. **All the categories of the EAP's Statement of Ethical Principles relate only to individual psychotherapists practising professionally.**

The EAP's Professional Core Competences of a European Psychotherapist (2013) has one set of competences (Domain 10) that relates to: Working within an ethical framework' (§10.1); 'Working with social and cultural differences' (§10.2); and 'Working within the social, cultural and political context of psychotherapy' (§10.3). Within these, there are several sub-domains outlining the knowledge, awareness and skill-base needed to demonstrate these competences. **Again, these competences relate only to individual psychotherapists.**

All EAP Organisational Members **are required to have** their own Codes of Ethics and Complaints Procedures that apply to their individual members.[1] The EAP's Statement of Ethical Principles was designed to help them to align their own Ethical Codes to this Statement of Ethical Principles as a common denominator: this is increasingly now the case.

1. **EAP Statutes:** Ordinary Organisations: §4.1.1.1; National Umbrella Organisations: §4.1.2.1; European Wide Organisations: §4.1.3.1.

However, it has recently become apparent that there should be a similar set (or Framework) **Ethical Principles & Guidelines for EAP Organisations**. The EAP has a number of different "stakeholders" or organisations and people involved with the EAP. There are EAP "member organisations" in three main categories:

(a) About **41 National Umbrella Organisations** (NUOs), which can become National Awarding Organisations (NAOs) that hold the "register" for those psychotherapy organisations and the individual psychotherapist members in their country; and

(b) About **30 European-Wide Organisations** (EWOs), representing different scientifically-valid modalities or methods of psychotherapy training across Europe, can/or have become European-Wide Accrediting Organisations (EWAOs), if the training in that modality is at the level of the European Certificate of Psychotherapy (ECP); there are also:

(c) A number of **Ordinary Organisations**, which include about 80 **European Accredited Psychotherapy Training Institutes** (EAPTIs) training people in various modalities. These are now being represented in a Chamber of Organisational Members or in a Chamber of EAPTI Organisations, with a Chairperson who is also a member of the Governing Board (EAP Statutes: §4.1.1.2 & 4.1.1.4.)

As mentioned, all EAP Organisations are already required (by the EAP Statutes) to have a **Code of Ethics** and a Complaints Procedure that apply to the members of that organisation and that are in line with the EAP's **Statement of Ethical Principles**.

In addition to these 'EAP Organisations', there are:

(d) About 150 people have also become **Individual Members** of EAP; and there are also a few Honorary Members; theoretically, these people are represented in a Chamber of Individual Members, with a Chairperson who is a Governing Board member. (EAP Statutes: §4.2.4)

(e) The 5,000-6,000 professional psychotherapists on the **EAP's European Register of Psychotherapy** (ERP), which lists all those individuals who have been awarded the European Certificate of Psychotherapy (ECP). These ECP holders work independently of the EAP, though most of them are members of an EAP Organisation (NAO or EWAO).

(f) In addition, there are all the other organisations – and the individuals in them – within the NUOs and NAOs, and within the EWOs and EWAOs, and all those within all the other Ordinary Organisations and EAPTIs, who do **not** have a direct relationship with the EAP.

The total of all these can be numbered to about 120,000 or more psychotherapists (and trainees) across Europe.

(g) One implication of all this is that EAP itself, as an organisation, should have its own Code of Ethics and Complaints Procedures that apply to its Officers, to people working in its committees, to its volunteers and its staff.

(h) Other "stakeholders" might include (individuals) in national Ministries of Health, or in the European Commission, or in various 'bodies' in Europe (e.g., The European Council of the Liberal Professions (CEPLIS); the classification of European Skills, Competencies, Qualifications and Occupations (ESCO); the European Federation of Psychologists' Associations (EFPA), etc.) all of whom may have a direct – or indirect (but interested) – relationship with the EAP.

It is now felt to be important that the EAP establishes an Ethical Framework as a guidance for organisations, people within them and people who deal with them, which all such organisations and individuals can relate to.

Question 1:

Do you agree that the EAP might need a set of "Ethical Guidelines for Organisations"?

Please add in a comment if you wish:

Agree:	**Disagree:**
Comment:	

Question 2:

Having read the information in the pages below, do you think that a set of "Ethical Principles & Guidelines for EAP Organisations" should be written along these lines?

Please be aware that these 'EAP Organisational Principles would apply to **all** EAP organisations **and** to **all** people working in EAP organisations, who may or may not be psychotherapists.

Agree:	**Disagree:**
Comment:	

"An Organisation Can Only Be Ethical if All the People in the Organisation Behave Ethically."

What follows is information generally relating to Ethical Behaviour of People (such as mostly professional psychotherapists) in EAP Organisations and thus to the behaviour between people in organisations and towards members of the public.

More information can be found: www.cipd.org/uk/knowledge/factsheets/ethics-role-hr-factsheet/

Proposed Ethical Principles for people working in EAP-related Organisations

There follows a list of seven ethical principles for people working in EAP Organisations. These need to be broadly expressed – and agreed to – as part of an ethical framework for EAP Organisations. They should be (a) aspirational, and (b) rooted in the core purposes and essential values of the particular organisation. These Principles also need to be easy to communicate in order to be understood. The **"Ethical Principles & Guidelines for EAP Organisations"** are written so as to fulfil this purpose. The Ethical Guidelines Committee (EGC) welcomes feedback from EAP delegates and organisations.

These Ethical Principles would apply to anyone who works in an EAP organisation, or who is a representative of another organisation being part of an EAP Organisation, or who works as an employee in an EAP organisation. This includes all those who are elected or appointed to any office, be it in a National, European-Wide, EAPTI, or local professional organisation, and to all others appointed, volunteering, or employed to work for the organisation.

EAP Organisations are already obliged to agree to and promote psychotherapy as an independent profession according to the 1990 Strasbourg Declaration. They are also required to follow the EAP Statutes, the conditions of the ECP Document, and other EAP policies and decisions.

Seven Ethical Principles

1. ***Selflessness:*** Holders of any position within an EAP organisation act solely in terms of the interest of the profession, and the public, and the organisation they are involved with. They have a high degree of respect for other people – their differences, positions, views, origins, backgrounds and issues. They are aware of any possible conflicts of interest. They respect and recognise the work and practice of other EAP organisations.

Agree:	**Disagree:**
Comment:	

2. ***Integrity:*** Holders of any position within an EAP organisation avoid placing themselves under any obligation to other people or organisations that might try – inappropriately – to influence them in their work. They also do not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They are aware of any possible conflicts of interest and they declare, or resolve, any potential conflicts of interests or problematic relationships.

Agree:	**Disagree:**
Comment:	

3. ***Objectivity:*** Holders of any position within an EAP organisation act and take decisions impartially, fairly and on merit, using the best evidence, and without discrimination or bias.

Agree:	**Disagree:**
Comment:	

4. ***Accountability:*** Holders of any position within an EAP organisation are accountable to the public – or to their electorate, employers, or colleagues – for their decisions and actions and therefore submit to all necessary scrutiny in order to ensure this accountability.

Agree:	**Disagree:**
Comment:	

5. ***Openness:*** Holders of any position within an EAP organisation act and take decisions in an open and transparent manner. Information is not withheld from the public or others involved, unless there are clear and lawful reasons for so doing.

Agree:	**Disagree:**
Comment:	

6. ***Honesty:*** Holders of any position within an EAP organisation always are truthful and open. They need to be frank and honest about any processes or conflicts within the organisation and about the statutes or rules that operate within the organisation. People within the organisation need to be honest about their training and accreditation and memberships. They represent themselves to the public honestly.

Agree:	**Disagree:**
Comment:	

7. ***Leadership:*** Holders of any position within an EAP organisation exhibit these principles in their own behaviour. They actively promote and robustly support these principles and be willing to challenge all incidences of (suspected) poor behaviour, wherever and whenever these occur.

Agree:	**Disagree:**
Comment:	

In addition, there are a number of other specific areas which can be included when considering ethical behaviours for EAP organisations and people in EAP organisations:

8. Each EAP organization should have its own set of **Ethical Principles** or a **Code of Behaviour** for the people in their organization.
9. There should be a proper set of **Health & Safety policies**, based on comprehensive risk assessments for each of all the different activities that might affect staff, customers and members of the public.
10. There also should be a set of **Environmental policies**, based on assessments of the environmental impact of all the organisation's activities – and of their staff, when at work.
11. There also has – according to EU rules – to be Data Protection policies.
12. There should be actively pursued policies about various forms of **Discrimination** against people from different: ... races; ethnic groupings; disability groups; genders; sexual orientations; pay-groups; religions; ages; backgrounds; countries; educations; cultures; languages; etc.

Agree:	**Disagree:**
Comment:	

APPENDIX

The following descriptions support the **7 Ethical Principles** above. This Appendix is thus a way of covering the complexity of the various points and issues involved in applying these Ethical Principles.

1 *Implications:*

- The above Principles are designed to protect any organisations, members, employees and staff, as well as clients, volunteers, customers and members of the public, from unethical behaviours of individuals. These principles apply to all those people who are involved in any way with any EAP Organisation: and especially to elected officers. managers, tutors / trainers, and other senior staff.
- Each EAP organisation has to choose how to apply these Principles: usually in the form of Rules, Codes of Conduct, or Requirements. As such, these would apply mostly to employees and/or members and these people have to be involved in all decision-making processes. Imposing a new set of rules from above usually doesn't work. People agreeing to adopt a new Code of Behaviour and/or Complaints Procedure within the organisation usually works better.
- These Principles are what matters in determining what people *"should do"* or *"must do"*, as opposed to what they *"might be able to get away with"*. They are either aspirational *["should"]* or they are mandatory *["must"]*, or they are just *'guidelines'*. The more ambiguous the phraseology, the less these principles might seem to apply in any individual circumstances.
- These Principles therefore have to be clearly translated into 'codes' of behaviour. They need to be incorporated in all job descriptions and contracts and thus form the basis for clear guidance about ethical behaviour for officers and individuals working in the EAP organisation. These Principles also apply to those working for the public good in charitable and voluntary organisations.
- Principles alone are often not enough as a guide to behaviour in everyday life, as there can be genuine disagreement about what they imply in specific circumstances. Organisations usually need their ethical principles to be elaborated into more specific guidelines and codes of behaviour, which contextualise and expand on any practical implications. Codes of behaviour should never over-ride ethical principles and values. Strict adherence to a code of behaviour may not provide an adequate defence of poor or unethical behaviour: nor should it – ever! Principles and codes should therefore be considered as complementary, rather than as alternatives, to each other: the right balance is essential, and this can change over time.
- Office holders, staff and employees also have private lives that can be affected by a whole range of behaviours, emotions, circumstances, and other factors, in which these seven ethical principles are not particularly relevant. Whilst the privacy of the per-

sonal lives of office holders, staff and employees should [must] be respected, the legal protections of the rights to privacy also apply to office holders, etc., therefore the separation between the public lives and private lives of office holders can never be absolute. There are therefore some circumstances in which private behaviour can legitimately affect an individual's engagement in their office or their employment because of its impact on the reputation, or the integrity of the organisation concerned. Some of these circumstances are recognised in law; others are incorporated in specific codes of practice for that profession, occupation or office holder's position: a conviction for a serious criminal offence is just one example. Such restrictions or guidelines clearly apply both to private, as well as to public lives. Serious breaches of these restrictions or guidelines – even if the breaches occur in their private lives – can impact on their "fitness" to hold office or to have employment in a EAP organisation. There may therefore be a response, or possibly even sanctions, from the organisation or institution involved, but there needs to be a clear 'public interest' component to justify these, and they should be appropriate and proportionate.

- Conflicts of interest can occur, like having one's position in an organisation potentially provide an opportunity for personal gain or being in a way that undermines the integrity of the organisation, or to the detriment of the organisation, or where actions of an individual jeopardise the integrity of relationships with other organisations. All conflicts of interest should be clearly announced as soon as they arise, and the person or people involved need to absent themselves from any decision-making process related to those circumstances.
- Codes of ethical behaviour or conduct can be powerful, as they give guidance in clarifying the 'right' thing to do for those who are unsure. However, to be effective, such codes need to be:
  - **Relevant** to everyday practice
  - **Proportionate** – giving enough detail to guide actions without being so elaborate that people lose sight of the underlying ethical principle
  - **Straightforward** – they need to be easily read and understood
  - **Contemporary** – they should be reviewed regularly (say every 5–10 years);
  - **Specific** – to the needs and values of the organisation
  - **Clear** – about the consequences of not complying, or breaching, a code for both individuals and member organisations
  - **Positive** – outlining good behaviour is more effective than telling people what not to do
  - **Personalised** – active personal commitment can have a big impact on encouraging people to behave rightly: e.g. "I commit to ..."
  - **Reinforced** – by positive leadership, monitored regularly at all levels, and embedded in the day-to-day culture of the organisation.

2 *Implementing and Embedding Principles*

- Principles and rules or codes are necessary – **but not sufficient** – to ensure an organisation maintains a high ethical standard of practice. People's awareness of rules does not necessarily mean that they always follow them. High standards of behaviour need to become a part of the everyday culture within the organisation, with any potential breaches being questioned, and actual breaches being robustly followed up on. People should know – and internalise – the principles behind any codes or rules, what acceptable behaviour looks like, and the reasons behind why certain behaviours are unacceptable. Promotion and reinforcement of ethical standards needs to go beyond just formal training: organisations need to reflect their principles, both in their policies and in day-to-day practice at all levels of operation.

- **Recruitment:** A good place to start is when employing people at every level, including in management and leadership roles. 'Value-based' interviewing is as important in assessing an applicant's experience and skills and this has been shown to be effective at predicting an applicant's behaviour at work after recruitment.

- **Induction:** Induction training is the next obvious place from which to start helping to improve the organisation's ethical culture and providing new employees with an understanding of expectations about their behaviour. If the organisation is a membership one, there may be an initial reluctance for new members to attend such an induction: they may believe that good conduct is intuitive, rather than something to be learned by conscious instruction, and may also feel that attending such an induction is an admission that their behaviour may need improving. Representatives of member organisations may feel that they are accountable only to their organisation and not to the larger representative body; or, if in post for a while, they may feel that a new level of ethical induction would not apply to them. Individuals, properly aware of the standards and behaviour expected, are less likely to behave inadvertently and inappropriately in ways that might lead to damaging publicity and loss of reputation or respect. Ethical conduct is not just "common sense", nor a matter for individual integrity, nor something that cannot be learned in a formal manner. It needs to be discussed, and applied, and picked up on whenever it becomes unethical.

- **Training:** The impact of induction can wear off over time, so it important that ethical issues are kept in people's awareness regularly. This can be done through training, seminars, continuing professional development (CPD), inductions at different levels of promotion, and other appropriate means. This is especially important if there is a large turn-over (of staff, or members). Good training strategies involve individuals imagining making decisions in realistic situations, rather than being lectured on the "right thing to do". Discussions can be had around previous case studies, or identified grey areas, or simulated situations. It is impossible to instruct peo-

ple on what to do in every conceivable situation, but appropriate training can help people know how to exercise their own judgement and stimulate awareness about how easy it is to drift into inappropriate behaviour. Contemporaneous prompts about ethical behaviour can help, as can designing questions and requiring declarations of honesty which would force someone to lie rather than simply by omission. There should be regular 'checks' that there are no conflicts of interest. Self- and peer-assessment can also be useful, as long as safeguards are taken.

- **Incentives and Sanctions:** Regular appraisals and incentive systems need to be aligned with the organisation's values and ethics, and people need to see poor or inappropriate behaviour being sanctioned, as well as good behaviour rewarded. Sanctions need to be timely, fair, readily available, and appropriate. Low-level inappropriate behaviour (such as bullying or harassment) needs clear, prompt and proper procedures and processes, as much as the more dramatic transgressions: particularly as the total effect of a number of these can amount to being more destructive or expensive than just one or two major transgressions.
- **Identifying problems:** Organisations need an open and transparent culture in which individuals can discuss potential or actual issues and play an effective part in identifying problems early enough without needing to escalate them to formal procedures. If individuals feel that they have exhausted any informal means of raising concerns and have not been successful in resolving them, organisations need clearer routes for these concerns. Effective 'whistle-blowing' or anonymous 'reporting procedures' can have a significant positive effect on the perceived integrity of the organisation, however those who raise such concerns are often stigmatised, rather than rewarded. Within any organisation, there should be a culture whereby inappropriate behaviour is picked up on immediately.
- **Monitoring:** It can be all too easy for the management of organisations to assume that, because they have done that or this, this will be sufficient. Periodic checks need to be made. These can be done by:
  - Self-assessment methods.
  - Surveys, testing awareness of organisational values, an assessment of management's role, and instances needing attention. Such surveys should be anonymised, the results held confidentially, and should be followed up consistently.
  - Recording instances of complaints that have not been completed, or that have been ignored or dropped.
  - Commissioning some form of external audit.
- **Governance:** A crack at the top of an organisation can widen into a chasm at the bottom. Ethical standards issues need to be included at regular times on agendas at every level; there need to be periodic reviews by audit and/or risk committees, with these being referred back to the Board or senior management. Risks from poor

standards should be included in risk assessments; mitigating strategies should be developed and monitored; all the various parts of the organisation should be challenged, not only by a performance review, but also from a qualitative perspective (which includes ethics, probity, integrity, satisfaction, transparency, trust, fairness, reputation, etc.) from both inside and outside the organisation. Setting a good example – means that others can see good behaviour being practiced, rather than just being talked about. Having independent (or lay) Board members or external moderators is also a useful way to help to maintain good governance.

■ ■ ■

3 *Examples of Ethical and Unethical Behaviours in Organisations*

A) Examples of **ethical behaviour** of individuals and employees in the workplace include:

- **Obeying** the organisation's rules, by-laws, statutes, working practices, and contractual obligations, etc. – to the best of one's ability and in the spirit that they were created. Interventions that encourage ethical behaviour are often based on misperceptions of how transgressions can occur and are thus not as effective as they might be.

  'Compliance' programs increasingly take a quasi-legalistic approach to ethics that focuses on individual accountability. Such programmes – if used – are designed to: educate employees; inform customers and members of the public; support 'good' behaviour; take actions to eliminate unethical behaviour and forms of discrimination; deal with all forms of complaint promptly; provide protection and support for affected employees and customers; and appropriately punish any wrongdoers who have misbehaved.

- **Communication** can be both 'persuasive' (which aims at promoting change) and 'effective' (which aims to be clear, unambiguous, and prompt). The importance of good communication is recognising that it is a two-way process – both listening, encouraging dialogue, and also responding empathically and appropriately. The "seven characteristics of effective communication" [2] include:

  (i) **completeness** (where the recipient receives all the information they need);

  (ii) **conciseness** (which is about keeping any message to the point);

2. Effective Communication Skills: see www.coursera.org/articles/communication-effectiveness.

(iii) **consideration** (which considers the recipient's perspective and sensibilities; which is not disrespectful and that helps their comprehension);

(iv) **concreteness** (which implies that the communication is specific, tangible, visible, credible, gives an overview and mitigates any risk of misunderstanding);

(v) **courtesy** (courtesy and consideration complement each other; respecting the recipient's culture, values and beliefs);

(vi) **clarity** (embodies clear communication goals and accurate thoughts, with a reduction of ambiguities and confusions);

(vii) **correctness** (especially with respect to grammar and syntax, as formal errors may affect clarity, trigger ambiguity and raise doubts – and which are not sloppy or negligent).

- **Responsibility** – taking proper 'Responsibility', not only for one's own work, one's 'team' or colleagues' work, but also for the work of the organisation as a whole, is considered as 'ethical'; this form of responsibility includes completing any tasks at hand, ensuring that relevant tasks are not ignored, to the best of one's ability, and being aware of the effect of one's work (including one's organisation's work) on others;
- **Accountability** – whereas 'Responsibility' is an ongoing duty, 'Accountability' is what happens after a particular situation has occurred: it is how any person responds and takes ownership of the results of that particular situation and their part in it – e.g. admitting to an error (on their part), having a difficult conversation with colleagues, addressing poor performance, considering others' feelings, setting SMART goals [3], reporting issues with others to seniors, following through and following up, etc;
- **Professionalism** – is the level of conduct, behaviour, and attitude of someone in a professional work or business environment; this conduct leads towards success, a strong reputation, a 'professional' performance aiming for excellence, and a high level of work ethics. The six 'traits' of professionalism include: **(i)** doing as best as one can; **(ii)** being properly informed and dependable; **(iii)** working as a team-player with other professionals; **(iv)** being respectful; **(v)** being precise and ethical; and **(vi)** being positive and supportive to one's client. Professionalism implies the use of: knowledge, skill, good judgement, polite behaviour, adherence to an ethical

3. SMART goals are Specific, Measurable, Achievable, Relevant, and Time-Bound

and professional set of standards, and/or a code of conduct and/or a collection of qualities that characterise normal accepted professional practice; etc. There may or may not be a relevant professional body, but adherence to professional standards – that have been, are, or may be set by such – is considered as proper professional behaviour.

- **Developing Professional Relationships** – Good professional relationships foster teamwork among employees but can also help with individual career development for employees and staff. Developing professional relationships with others outside of the person's workplace also directly, or indirectly benefits, the organisation, the individual and any 'clients'. Professional relationships within the organisation can help the sharing of ideas, but also need to remain ethical and appropriate: personal relationships between people from different professional 'grades' are often 'frowned' upon and can be dysfunctional. Representatives of the organisation (inc. salespeople and others) need to be able to build external professional relationships, especially with those with whom they may have a potential relationship, so as to facilitate future contacts.
- **Trust** – is an incredibly important and 'tender' aspect of all professional relationships because it requires us to choose to be vulnerable and courageous, relying on and being informed by others. Building trust implies – always telling the truth, admitting that one doesn't know something, admitting when we are wrong, keeping to one's word or promise, doing what we are supposed to do, explaining our thought processes, extending trust to others, general levels of respect and including others in decision-making, where appropriate. When, or if, we have learned to **distrust** someone, it's usually because we have come to understand that what we share with them, or what's important to us, is not safe with that person; or that they have misled us, or mis-informed us, or have not acted as one would normally expect of a professional.
- **Initiative** – Using one's personal initiative for the benefit of the organisation is usually ethical. One has to assume that a professional's initiative does not have their own interests to the fore. However, some initiatives can have "unintended consequences" as, however well-intended, initiatives occasionally have adverse, unforeseen effects. It is hoped that businesses will add to their knowledge of both costs and benefits of initiatives. Voluntary initiatives in the area of corporate responsibility are among the major trends in international business in recent years. These initiatives include: the issuance of codes of conduct; the implementation of associated management systems; and, more infrequently, the adoption of special reporting practices. Protections include:

improved legal compliance, management of litigation risks, brand and reputation enhancement and smoother relations with shareholders and with society.

- **Feedback** – It is also very important that organisations find ways to encourage and consider all inputs from staff, customers, suppliers and other 'stakeholders' and take steps to ensure that these are considered properly.
- **Research** – Any research project must apply for Ethical Approval from an informed, and independent body. Where relevant, EAP Organisations (EWO, NAO, EAPTI, etc.) should set up processes for potential researchers to receive Ethical Approval for their research projects.

Being aware of such examples as these of ethical behaviours can help to ensure maximum productivity output and effectiveness for people at work in an organisation, as well as benefitting all those people affected by the activities of the organisation.

B) **Examples of Unethical Behaviours** of individuals and employees in organisations:

Unethical behaviours in organisations can include: ■ theft or embezzlement; ■ dishonesty, withholding information, distorting facts; ■ lying and misrepresentation of one's own skills and experience; ■ deception, trickery, rule-bending, fooling people; ■ exploitation of weakness and vulnerability; ■ making excessive profits or gains; ■ having different scales of fees that are exploitative; ■ greed; ■ doing anything liable to harm or endanger other people; making misleading or confusing communications, positioning or advertising; ■ the manipulation of people's feelings; ■ taking credit for others' work; ■ verbal harassment or abuse; physical and emotional violence; ■ doing non-office related work in office times; ■ taking extended breaks; ■ sexual harassment (inc. rape, coercion, indecent dress, sexual pictures or favours, inappropriate touching & quid-pro-quo behaviour, selfishness); abuse of one's power position (i.e., over subordinates); ■ corrupt practices; ■ requiring sex or favours for jobs/promotions; ■ verbal sexual harassment; ■ providing undue pressure on subordinates; ■ nepotism; ■ creating an unfriendly work environment; ■ having unrealistic expectations of others; ■ breaking codes of conduct: ■ bending or breaking rules; ■ not accepting feedback / complaints; ■ breaking the "psychological contract"; ■ avoidance of blame, or penalty, or payment of compensation; ■ inertia-based 'approvals' and 'agreements'; ■ failure to consult and notify people affected by change; ■ secrecy and lack of transparency; ■ resistance to reasonable investigation; ■ coercion or inducement; ■ allowing the work environment to be harmful; ■ harming the environment or polluting the planet; ■ unnecessary waste or consumption; ■ invasion of privacy or causing privacy to be compromised; ■ recklessness or irresponsible use of authority, power or reputation; ■ favouritism or decision-making based on ulterior motives; ■ alienation or marginalisation of people or groups;

■ conflicts of interests; ■ betrayal of trust; ■ neglect of a duty of care; ■ breaking confidentiality; ■ causing suffering to others (inc. animals); ■ unfairness or unkindness; ■ lack of compassion and humanity; etc.

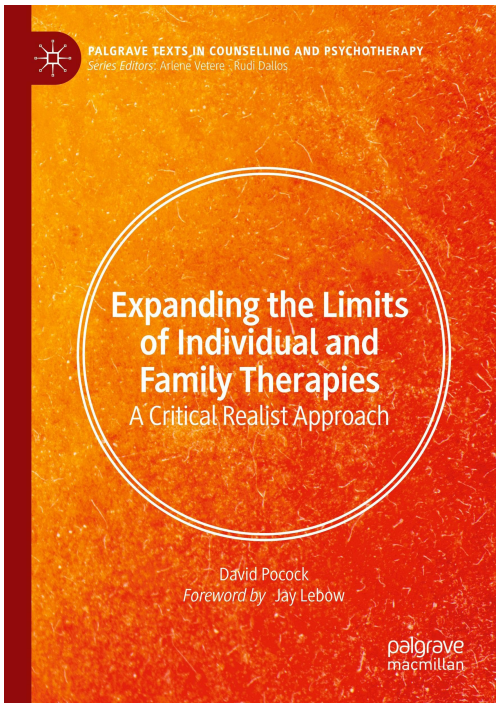
It is important that all employees, staff, and members remain aware of subtle forms of these transgressions, reporting any of these immediately, paying attention to the responses of others, and encouraging more support for those being affected. There should be clear methods of reporting such transgressions and people clearly identified to report t. Employees particularly should obtain and become familiar with the organization's policy on harassment.

Most of the above are subject to the extent or to the degree of the offence, whereby serious examples are more likely to be considered as unethical than minor transgressions with negligible effects. There may well be other examples of behaviours or activities, which are not necessarily unlawful, but which a reasonable majority of people (especially those directly affected by the activities) would consider as unfair, unjust, inappropriate, or simply wrong and therefore effectively unethical.

Ethical considerations are not wholly determined by the majority view, just as they are not wholly defined by any law or rules. For instance, ethical issues are not usually a matter for a referendum or vote, though if a member of an organisation has been found to have behaved unethically – by some means, in some way, or to some degree – their membership may have to be decided by a vote at a proper meeting of the other members.

Ideally each EAP Organisation needs to make a definitive list of consequences for unethical behaviours; be it dismissal, a swift form of appropriate justice, appropriative disciplinary action; ethical re-education, or other identified penalties.

BOOK REVIEW



Expanding the Limits of Individual and Family Therapies: A Critical Realist Approach

David Pocock

Springer Nature
P/back, eBook

ISBN: 978-3-031-76309-0

In this book, David Pocock offers a thought-provoking exploration of how critical realism can inform and transform both individual and family therapeutic practices. Drawing on his extensive background as a family and psychoanalytic psychotherapist, Pocock constructs a compelling narrative that challenges traditional paradigms and invites clinicians to reconsider the assumptions underpinning their work. Aimed primarily at family therapists, psychoanalytic and humanistic practitioners, the book is equally valuable for integrative therapists, psychologists, and counsellors interested in expanding their theoretical perspectives.

Summary of Key Concepts

Pocock's book is structured around the central thesis that psychotherapy can benefit significantly from the philosophical lens of critical realism. He integrates systemic and psychoanalytic thinking, illuminating how these models can coexist and inform one another through a critical realist framework. The text is organised into several thematic sections, such as what constitutes knowledge, emotion in the system, sameness and otherness, triangles, and self-harm, each building upon the last to expand the reader's conceptual and clinical understanding.

Key chapters delve into the historical and philosophical foundations of therapeutic models, offering reflections that are as scholarly as they are practical. Pocock enriches his arguments with clinical vignettes, illustrating how theory translates into practice. Fables and tales, such as that of Catherine of Siena, are skilfully woven into the narrative, adding

depth that enhances the reader's engagement. This creative blend of clinical insight, personal reflection, and philosophical thought serves to orient the reader not only to the 'how' of therapy but also the 'why'.

Critical Evaluation

One of the most notable strengths of Pocock's work is its intellectual richness. The book is deeply perceptive, bringing together a broad spectrum of ideas without losing coherence. It successfully links knowledge with clinical practice, offering a fresh lens through which therapists might examine both their practice and their own internal frameworks. Pocock's personal voice is evident throughout. His lived experiences in clinical settings offer an authenticity that is both grounding and inspiring. In many ways, the book reads as a legacy – a thoughtful passing on of wisdom accumulated over years of practice.

By questioning long-standing traditions and encouraging openness to new perspectives, Pocock not only engages the reader intellectually, but also challenges them to grow clinically. The text does not merely theorise: it calls therapists to reflect, to reassess, and to reimagine the scope of their work. The clinical vignettes are particularly effective in anchoring abstract concepts in lived experience, making the book highly accessible to both new therapists and mature professionals.

However, the book's ambitious breadth may be somewhat challenging for readers unfamiliar with philosophical discourse. While the language is largely accessible, certain sections – particularly those rich in historical and theoretical content – may require more than a single reading to fully absorb. That said, this is perhaps also a strength: it is a book that continues to offer new insights with each revisit.

Pocock strikes a careful balance between academic rigour and narrative warmth. The introductory sections prepare the reader well for the conceptual terrain ahead, while the storytelling elements – from clinical anecdotes to metaphorical tales – enrich the content without detracting from its seriousness. Clinically, the book is as much a reflective tool as it is a theoretical resource. It inspires practitioners to apply its insights in real-world contexts, making it highly relevant and applicable.

Conclusion

David Pocock's *Expanding the Limits of Individual and Family Therapies* is a profound and inspiring contribution to the field of psychotherapy. It invites readers into a rich dialogue between tradition and innovation, theory and practice, and personal and professional growth. Especially suited to therapists interested in integrative work, systemic and psychoanalytic practice, or the philosophical underpinnings of clinical thought.

This book is a valuable resource that promises to reward multiple readings. It is a work that not only informs but transforms – a testament to Pocock's enduring contribution to the therapeutic community.

Dominik Zagala
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10th World Congress for Psychotherapy (WCP) "Polarities of Life" 16th – 19th July 2025 at SFU Vienna

The theme of the 10th World Congress for Psychotherapy is Polarities of Life, which seeks to explore the opposing forces that shape human experience and how they impact mental health and wellbeing.

LIVE EVENT: We invite you to join us in Vienna for what promises to be an inspiring and thought-provoking event. The World Congress for Psychotherapy (WCP 2025) will be an opportunity to deepen your understanding of the complexities of the human experience and to learn about the latest advances in psychotherapy and mental health care. We look forward to welcoming you to Vienna in 2025!

ONLINE EVENT: Participants will also have the opportunity to network with colleagues from around the world, forming new collaborations and connections that will benefit their work and research in the years to come.

The congress will bring together leading experts from various fields of psychiatry, psychology, psychotherapy, neuroscience, and philosophy to share their insights and exchange ideas. It will provide an opportunity for professionals and researchers to learn about the latest advances in psychotherapy and mental health care. The congress will include plenary sessions, workshops, and symposia covering a wide range of topics related to mental health and psychotherapy. The WCP Congress 2025 will take place at the Sigmund Freund Private University in Vienna.

www.wcp2025.at

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2025: 48th Psychotherapy Networker Symposium
20th – 23rd March 2025

The World's Premier Psychotherapy Conference, Live in DC & Online

For 48 years, the Networker Symposium has been a gathering of connection, creativity, and rejuvenation for therapists dedicated to creating meaningful change for clients, communities, and themselves. Featuring dozens of the field's leading innovators, and a community of over 5,000 of your devoted colleagues, this is the place to access the latest advances in the field and discover a range of possibilities to bring fresh ideas and inspiration to your practice. Plus, you'll have the most fun you'll ever have at a professional conference!

Presenters include:

- Jean Twenge: iGen: Guiding the Smartphone Generation
- Lisa Ferentz: Creative & Expressive Approaches to Treating Depression
- George Faller: The High-Conflict Couple
- Connor Beaton & Duey Freeman: Getting Results with Male Clients
- Robert Schwartz: EFT for Emotional Regulation & Trauma Processing
- Christine Mark-Griffin: Playi:ng Outside of the Box
- Teva Rubin: Ethical Dilemmas with 'A Little Help from you Friends"
- Chris Aiken & Kellie Newsome: Psychopharmacology for Therapists
- Sabrina N'Diaye: Connecting with our Cultural & Ancestral World
- Kelly Jacobs & Alberta Gyimah-Boadl: Discovering the Artist Within
- Jody Wagner & Liz Freeman: Embodiment Tools for Therapists
- Jacqui Johnson & Elliot Gann: Healing Trauma through Therapeutic Beat-Making

www.psychnetworker.org

Asia-Pacific Mental Health & Well-being Congress

27-29 Oct 2025 Bali, Indonesia

Welcome to the **Asia-Pacific Mental Health and Well-being Congress 2025**!

It is with great pleasure that we welcome you to the enchanting island of **Bali** for this year's **Asia-Pacific Mental Health and Well-being Congress**. We are thrilled to host you in this vibrant and culturally rich setting, where the serene beauty of Bali meets the cutting-edge advancements in mental health care.

We are delighted to welcome you to this pivotal gathering of minds, where thought leaders, practitioners, and advocates from across the world come together to explore and advance mental health and well-being.

This year's congress is a celebration of the incredible diversity and innovation that defines our region. As we unite to share insights, experiences, and solutions, we are not just addressing the challenges we face but also celebrating the progress and achievements that inspire us all.

Our theme, ***"Future Directions: Pioneering Mental Health and Well-being Initiatives"*** underscores our commitment to pioneering new approaches and fostering collaboration. Through dynamic sessions, interactive workshops, and engaging discussions, we aim to bridge cultural perspectives and drive meaningful change.

Thank you for being a part of this journey. Your participation is crucial in shaping the future of mental health care and support in our region. Together, let's work towards a future where mental well-being is a universal priority and where every individual has the opportunity to thrive.

Bali, known for its rich cultural heritage and tranquil landscapes, provides the perfect backdrop for our discussions and interactions. As we gather here, let us draw inspiration from the island's spirit of harmony and resilience, and apply it to our collective mission of advancing mental health and well-being.

Welcome, and let's embark on this transformative experience together!

Warm regards,

Program Manager I Organizing Committee | **APMH 2025**

www.scholarsconferences.com/asia-pacific-mental-health/

PROFESSIONAL ISSUES

English-language Book Reviews

We have a large number (about 45+) of review copies of brand new books to do with psychotherapy sent to us by the publishers. We have a whole raft of people "out there" who might be interested in writing a review about one of these books and who would then get to keep the book. Please go to the IJP website: **www.ijp.org.uk** and click on the "Book Reviews" tab in the middle of the top menu bar. Please, just let us know which book you would like to review and we will send it to you.

We are also very interested in publishing non-English language Book Reviews – in the language of origin, as well as in English. If you are interested in reviewing a book from your country, please ask the publisher to send you a review copy, and tell them that your review will be published in the International Journal of Psychotherapy.

We make all published book reviews available – free-of-charge – on the IJP website, and we also have a series (developing into a large collection) of book reviews from one of our International Advisory Board members, Dr. Jacqueline A. Carleton.

Reviewers for Submissions for IJP articles

All the articles published in the IJP are **double-blind**, **peer-reviewed** (whereby the reviewer is unaware of the author's name; and the author is unaware who has reviewed their article) by two different people. There is a fuller description of the "double-blind peer-review" process available. There is also a sample of the IJP Reviewers' Form – with guidelines and instructions on the back.

We have a team of professional reviewers to look at the articles that have been submitted for publication: these people are all either members of our Editorial Board; or the International Advisory Board; or any other psychotherapist professionals with particular specialisations (like research); and ... we also ask all our published authors to join in with our peer-review process.

We would also be delighted to accept – as reviewers and book reviewers – any trainee psychotherapists from European Accredited Psychotherapy Training Institutes (EAPTI) and from Masters & Doctoral training courses in psychotherapy – and if you are not so sure about reviewing – we have written guidelines about how to review a book for a professional journal.

So, if you would like to join our team of reviewers and review one of these articles, please contact our **Assistant Editor: Marzena Rusanowska**: assistant.editor.ijp@gmail.com

Or, if you know of anyone who might be interested in becoming a peer-reviewer of articles for the IJP: please ask them to contact **Marzena Rusanowska**.

(N.B. We like all our reviewers to submit a few professional details about themselves and their interests so that we can 'best fit' them to the available articles.)

The International Journal of Psychotherapy is available free (as an eJournal (PDF file) to all individual psychotherapists, who are members of a professional association or a member organization which is an organizational member of the European Association of Psychotherapy (EAP).

*Others can subscribe via the IJP website (**www.ijp.org.uk**).*

Information and Guidelines for Authors

The **International Journal of Psychotherapy** welcomes original contributions from all parts of the world, on the basic understanding that their contents have not been published previously. (Previously published articles need a special permission from the IJP editors, and a clear reference and any appropriate permission from the previous publication). Articles should not have been submitted elsewhere for publication at the same time as submission to the IJP.

Review Process: All manuscript submissions – except for short book reviews – will be anonymised and sent to at least 2 independent referees for 'blind' peer-reviews. Their reviews (also anonymised) will then be submitted back to the author.

Manuscripts (or submissions) should be in the form of: either

- **Long articles**, which should not exceed 5000 words; or
- **Medium articles** (2000-3000 words); or
- **Short reports & reflections** for rapid publication (1000-1500 words); and
- **Book Reviews:** short (600-800 words) not peer-reviewed, or longer (800-1200 words) reviewed;
- **News Items** can be 100-500 words (not peer-reviewed).

In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however authors will need a specific approval from the Editors in advance of their submission. (We usually allow a 10%+/– margin of error on word counts.)

References: The author **must** list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request, or are available on various websites. In essence, the following format is used, with **exact** capitalisation, italics and punctuation. Here are three basic examples:

(1) For journal / periodical articles (titles of journals should **not** be abbreviated):
FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, pp. 250-279.

(2) For books:
GROSTEIN, J. (1981). *Splitting and projective identification*. New Jersey: Jason Aronson.

(3) For chapters within multi-authored books:
RYLE, A. & COWMEADOW, P. (1992). Cognitive-analytic Therapy (CAT). In: W. DRYDEN (Ed.), *Integrative and Eclectic Therapy: A Handbook*, (pp. 75-89). Philadelphia: Open University Press.

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the IJP website: **www.ijp.org.uk** – Please click on the **"Authors"** tab.
Please read all that information very carefully before submitting an article.

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