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International Journal of
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Volume 29 | Number 1 | Spring 2025

Special Issue:
Psychotherapy in the Ukraine at War

Editorial
MARZENA RUSANOWSKA 5

Building Bridges in Times of War
EWA DOBIAŁA 9

Trauma Activation: To be involved or not?
AGATA KACZMAREK-STOŻEK 29

On the Bright Side of War: The traumatic experience of war in Ukraine and the transformation of a psychotherapist's professional identity
MAIIA LUKOVA 41

Psychotherapeutic Assistance to Ukrainians in Poland through Psychosocial Games using the Positum MGS Method by Etion Parruca
YULIIA KORNIIENKO, ILLIA KORNIIENKO 53

To Join Without Mixing and to Separate Without Destruction: Assimilation vs. Adaptation of Ukrainian Refugees
KATERYNA OVCHAREK, NATALIA KHANETSKA, OLENA SAVCHUK, ILLIA KORNIIENKO 63

Shadows of War in the Light of Life
LARYSA HILOVA 73

Ethical Dilemmas of a Psychotherapist in Wartime: Finding a Balance between Professional Standards and Reality
MARIIA TYSHCHENKO 81

Letter to Violetta
MARIIA TYSHCHENKO 89

PROFESSIONAL ISSUES & ADVERTS 93

International Journal of
PSYCHOTHERAPY

Volume 29 | Number 1 | Spring 2025

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

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

The focus of the Journal includes:

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

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

International Journal of
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Volume 29 | Number 1 | Spring 2025

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."* Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: *"EAP Statement on the Legal Position of Psychotherapy in Europe"*, which we published in a recent issue.

International Journal of Psychotherapy

Editorial

Marzena Rusanowska

Co-Editor, International Journal of Psychotherapy

Dear Readers and Fellow Psychotherapists,

This issue is truly special and holds a profound place in my heart. Working alongside the authors and contributing to these articles has been a personal journey of healing from the fear, terror, and trauma of the war in Ukraine.

The creation of this issue was fueled by the sheer energy of determined and suffering hearts. I had the privilege of meeting the authors in Leszno, where the courageous philanthropist Ewa Dobiała organized special workshops for therapists and supervisors from Ukraine. My role was to introduce the IJP, provide writing tools, and brainstorm ideas for this Special Issue on Ukraine. I was immediately struck by the immense potential before me: highly educated, experienced, warm, and outspoken therapists who needed just a bit of encouragement to overcome writer's block and share their invaluable insights with the world.

In no time, we had eight remarkable articles, each offering unique perspectives on the war in Ukraine. **Ewa Dobiała** wrote about her WAP project. **Agata Kaczmarek-Stożek** delved into the incredibly difficult dilemma of whether to act in times of crisis. **Maiia Lukova** shared her transformative journey as a therapist during the war. **Yuliia Korniienko** and **Illia Korniienko** presented the Positum method for working with trauma. **Larysa Hilova** explored transgenerational trauma. **Kateryna Ovcharek**, **Natalia Khanetska**, and **Olena Savchuk** discussed the challenges of immigrant assimilation and the delicate art of maintaining one's identity as a refugee in a foreign country. Finally, **Mariia Tyshchenko** provided a thorough examination of the dilemmas faced by Ukrainian psychotherapists during the war. We conclude the issue with Mari-

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ia Tyshchenko's heart-touching "Letter to Violetta", written to her daughter while she was still in the womb when the war started.

This issue is also adorned with the poignant paintings of **Joanna Salska**, a Polish-American painter who created a moving series on the war in Ukraine. Her visual series beautifully complements the articles, adding a profound layer of meaning.

I am immensely proud of this issue. These articles represent the complex topics that arise from the tragedy of war. I deeply admire the courage, patience, and insight of the authors. I am humbled by their experiences and grateful for their contributions, both in sharing their stories with IJP readers and for their brave hearts in this horrendous and tragic war.

Thank you for your dedication and resilience.

Warm regards,
Marzena Rusanowska
Co-Editor, International Journal of Psychotherapy

Joanna Salska, 2022
Title: 'We are Ukraine'
(Oil on canvas, 30 × 45 cm)

The war theme in my painting was reawakened by a New York Times article detailing atrocities, including rape and castration, carried out by Russian soldiers in Ukraine. By coincidence, the same day that that story came out my husband brought home Goya's "Atrocities of War" book. I began connecting Goya's figures and my landscape. Prints, stories, fragments and snatches of reported dialog created visions in me that I painted. War is an eternal evil, a kind of weather in our lives in which soldiers pay the highest price for both freedom and the craziness of their leaders. Painting the war helped to release my anguish while my brain tried to comprehend world-destroying evil.

Building Bridges in Times of War

Ewa Dobiała

Abstract: The outbreak of the full-scale Russian invasion of Ukraine in February 2022 not only triggered profound political and economic changes but also had a deep impact on the mental health of millions of people. Poland, as a neighboring country, became a primary hub for humanitarian aid, accepting refugees and offering support to those in an incredibly difficult situation. The World Association for Positive and Transcultural Psychotherapy (WAPP) responded to this crisis by organizing a series of actions aimed at supporting Ukrainian Collegues, psychotherapists facing unspeakable trauma and pressure.

The WAPP Support Project Association was established in Leszno (Poland) to provide psychological assistance and long-term support to Ukrainian refugees and Ukrainian and Polish psychotherapists. The goal of this initiative was not only to provide immediate emotional relief from the effects of the war but also to help mental health professionals manage their own emotional responses. The program included a range of activities such as training, support groups, and cultural integration, supporting professionals in building emotional resilience in the face of crisis. Over 4,000 refugees and 1,000 professionals benefitted from the initiative.

The "Ukrainian Home in Leszno," created as part of the project, demonstrated the importance of a holistic approach to therapy that combines practical support for those who were forced to leave their home country with emotional support and understanding for Ukrainian psychotherapists running the program. This initiative aimed not only to alleviate trauma but also to foster long-term psychological stability, helping refugees rebuild their lives with dignity and hope.

The WAPP Support Project serves as an example of how international cooperation and a transcultural approach in psychotherapy can offer a comprehensive response to the mental health crisis caused by war. This paper emphasizes the strength of solidarity and collective action, which are fundamental to the healing process during the greatest crises.

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Key Words: Ukraine, Poland, war trauma, positive psychotherapy, mental health support, refugees, international cooperation, solidarity, transcultural psychotherapy

Introduction

February 24, 2022, marked a pivotal moment for the 21st-century European international community as it awoke to a new reality. Russia launched a full-scale invasion of Ukraine, shaking the foundations of peace and security, and creating a turning point for many countries, including Ukraine's neighbour, Poland. Poland faced a challenge unprecedented since World War II: welcoming millions of women, children, and the elderly fleeing the horrors of war. This event not only tested our readiness to offer aid and solidarity but also prompted reflection on our past, present, and future, our values, sense of community, and ability to act in the face of immediate threat.

In response to these dramatic events, the international community, particularly Poland, demonstrated an immense capacity for empathy and action. Being at the forefront of receiving refugees from Ukraine, we felt that solidarity was not just an empty historical term for us but a real value that we continue to translate into concrete actions. Polish society, both at institutional and individual levels, opened its heart and home to those who lost everything. Many Poles engaged without hesitation in providing shelter, material support, medical and psychological care. This showcased how, in the face of human tragedy, cultural boundaries and differences can blur, with compassion and the willingness to protect one another becoming universal values.

WAPP Support Project Association

During this critical moment, as a board member of the World Association for Positive and Transcultural Psychotherapy (WAPP) based in Wiesbaden, Germany, I witnessed an unprecedented mobilization of the psychotherapeutic community, both in Poland and internationally. WAPP, which unites specialists from 51 countries, including Ukraine, Belarus, and Russia, found itself at the centre of events requiring immediate response and support. By the end of February 2022, hundreds of our colleagues, psychotherapists, supervisors, and trainers, were not only under direct fire but also faced the enormous challenge of continuing to provide psychotherapeutic support to the civilian population affected by the tragedy of war.

Recognizing the need for swift action, we established the WAPP Support Project Association in Leszno, Poland (WAPP Support Project Association 2022) in collaboration with the Leszno Positive Psychotherapy Center, the Katowice Positive Psychotherapy Center (Katarzyna Marquardt), the Ukrainian Association for Positive and Transcultural Psychotherapy (Liudmila Moskalenko) and the World Association for Positive and Transcultural Psychotherapy (Hamid Peseschkian) in the early days of the war. This initiative was unprecedented, aiming to organize immediate support for mental health professionals in war-affected areas.

Thus, I took on the responsibility of coordinating efforts to support both psychotherapists and others affected by the conflict. Within the

Project: "Safe Ukrainian Mental Health Professionals"

- Support Program for Ukrainian Psychotherapists and Psychiatrists who migrated to Poland: housing, employment, language (WAPPSP: Positive Psychotherapy Center in Leszno (Ewa Dobiała) and Katowice (Katarzyna Marquardt): 50 professionals.
- Support groups for Ukrainian Psychotherapists working in Ukraine (200 participants) and in Poland (50 participants) since 01.03.2022-12.12.2022 Ukrainian + Polish Association for Positive and Transcultural Psychotherapy (Liudmila Moskalenko, Katarzyna Marquardt, Agnieszka Warszawa, Stefan Mennemeier, Ewa Dobiała + International psychotherapists from Germany, UK, Romania, USA).
- European Listening Room (since 05.2023) for all Ukrainian Psychotherapists, facilitated by WAPPSP (Ewa Dobiała) in collaboration with the Ukrainian Association for Positive and Transcultural Psychotherapy (Liudmila Moskalenko), French Psychotherapy Association (Christina Winkler), Danish Psychotherapy Association (Vibeke Lubanski), Kosovo Psychotherapy Association (Enver Cesko), and the European Association for Psychotherapy.

Table 1

first six months, we managed to implement over 35 projects, directly assisting more than 1,000 specialists and providing support for over 4,000 refugees. The following months allowed for the organization of further actions, many of which are continuing long-term.

The WAPP Support Project's work included creating support groups, organizing trauma-related training, providing educational materials, and initiating programs to support the mental health of professionals who help others daily. We understood that in extreme situations like war, emotional stabilization and support are as crucial as material or medical aid.

Since the beginning of the war in Ukraine, the defining aspect of the WAPP Support Project's activity has been its dynamic and diversified approach to support, encompassing not only psychological assistance, but also extensive educational projects and cooperation with international organizations. The first of the projects, "Safe Ukrainian Mental Health Professionals," (See Table 1) focused on supporting over 50 Ukrainian psychotherapists and psychiatrists who found refuge in Poland. This initiative offered accommodation and employment support, as well as language adaptation assistance, enabling professionals to continue their work in our country.

Equally important was the creation of support groups that progressively integrated Ukrainian psychotherapists with the Polish professional environment and the international community of psychotherapists from Europe and other parts of the world. Additionally, "European Room for Listening" became a space for Ukrainian psychotherapists, offering them support and the opportunity to exchange experiences with colleagues from across Europe.

The project "Warfront Wellness: Tools for Mental Health Professionals in Conflict

Project: "Warfront Wellness: Tools for Mental Health Professionals in Conflict Zones"

- Project 'Healing Trauma' – for 200 Ukrainian + 200 Polish MHP, in collaboration with CMBM, James Gordon, Lilita Matison, USA.
- Project 'Four Blink Flash' – for 20 Ukrainian/Polish MHP, in collaboration with Ireneusz Sielski, USA.
- Project 'PIPA' – for 200 Ukrainian/Polish MHP, in partnership with TraumaClinic, Esly Carvalho, Canada.
- Project 'Positum MGS', in collaboration with Etion Parruca, Germany, for 80 Ukrainian/Polish/Turkish MHP.
- Project 'Stop and Act' by Jean-Marie Bottequin for 40 Ukrainian/Polish MHP and 100 of Polish students.
- Project 'EBTS – Evidence-Based Trauma Stabilisation' for 20 Ukrainian/Polish MHP, in collaboration with the psychodrama center in Germany.
- Project Sexual Violence durring war – for 20 Ukrainian/Polish Psychotherapists, in cooperation with Wiola Rębecka, USA.
- Project 'ASD and PTSD in battlefield' – for 50 paramedics in the frontlines of Ukraine, in cooperation with Polish Rescue and Humanitarian Initiative, Leszno.
- Project 'Stress and Trauma' – open acess on-line seminar, in cooperation with Euphire, Poland.

Table 2

Zones" (See Table 2) was directed at over 700 Ukrainian and Polish psychotherapists, offering a range of training and therapeutic programs, such as "Healing Trauma", in cooperation with CMBM James Gordon from the USA; "Four Blink Flash" by Irek Sielski, USA; Positum MGS (Etion Parruca, Germany); "Stop and Act" by Jean-Marie Bottequin, Germany; EBTS Seminar (Stefan Flegelskamp, Germany; Reijo Kaupilla, Finland; and Milena Mutafchieva, Bulgaria); "PIPA: Professional Intervention Program for Adversity" (Esly Carvalho, Canada); and a seminar on sexual war trauma (Wiola Rębecka, USA), focusing on specific methods of dealing with war trauma.

An essential aspect of WAPP's activity was addressing not only the immediate, but also future needs of those affected by the conflict. Initiatives such as "Stress and Trauma" regarding open access to online seminars were undertaken in collaboration with Euphire (Euphire, 2022), allowing for a strategic approach to education and skill development not only among mental health professionals but also across the entire interested population.

Equally important was the focus on education and support for teachers and individuals directly working with young refugees. At the onset of the war, seminars and training of-

Project: "Ukrainian House in Leszno"

(Olena Savchuk, Ilia Kornienko, Julia Kornienko, Nataliia Afanesieva, Linda Papitchenko)

- Establishment of the Mental Health Center for refugees from Ukraine in Leszno. Support provided to over 4500 Ukrainian children, teenagers, and mothers residing in Leszno (in cooperation with city of Leszno, Donata Popławska)
- Psychosocial games for Leszno schools: for Ukrainian and Polish kids and teenagers – aimed at stabilization.
- Social support program for refugees in Leszno.
- Cultural support program for refugees in Leszno.
- Polish lessons for refugees in Leszno
- Ukrainian Choir in Leszno.

Table 3

fered by WAPP concentrated on a better understanding of the challenges that children experiencing war trauma might face. This provided tools for effective support in the education process and adaptation to a new reality.

One of the more significant undertakings is the "Ukrainian Home in Leszno" project (See Table 3) (Dobiała, 2023), which has become a support hub for over 4,000 refugees. This initiative was created by a group of Ukrainian psychotherapists (Olena Savchuk, Julia Korniienko, Ilia Korniienko, Natalia Afanasieva, Linda Papitchenko), who arrived in Poland due to the war. Implemented as part of the WAPP Support Project, in collaboration with the city of Leszno (Donata Popławska), it aims to support Ukrainian refugees in our city.

A key aspect of the Ukrainian Home's activity became the maintenance of Ukrainian identity, which remains critically important in the adaptation process. Therapists involved in the project emphasized the importance of reflecting on what it means to help, focusing on the dignity of the support recipients, and promoting independence and active solution-seeking by the refugees.

Within the Ukrainian Home, diverse psychotherapeutic groups were organized, responding to the needs of individuals participating in one-on-one psychological consultations, meetings, and informal conversations.

Among the initiatives was the psychological support group "Stabilization," launched in the summer of 2022, aimed at stabilizing the emotional state of refugees and aiding in adaptation. The group, "Psychological Upbringing and Self-help Principles" focused on preventing negative states by developing self-help skills. Therapists utilized a wide range of therapeutic approaches, including Transcultural Positive Psychotherapy, practices from Mind Body Medicine, and Positum MGS games.

The "Improvisation" group had an experimental character, focusing on rebuilding a proactive life stance, developing communication skills, and stimulating creative thinking.

Project: "Echoes of Conflict: Conversations Amidst War"

- First International Conference: 'In Search of Truth and Humanity in the Age of War', 21-26.09.2022, with over 430 participants, organized by WAPPSP in collaboration with the Ukrainian Association for Positive and Transcultural Psychotherapy and the International Medical Corp.
- Second International Event: 'In Search of Truth and Humanity in the Age of War' + International Conference on 'Providing Holistic Care for Survivors of Sexual Violence and Torture', 24-30.11.2023, Leszno, Poland. Hosted by WAPPSP in collaboration with the Polish Center for Torture Survivors and others.
- Third International Event: 'In Search of Truth and Humanity in the Age of War,' August 2024, a respite program for 60 Ukrainian psychotherapists and supervisors, organized in collaboration with the European Room for Listening (Liudmyla Moskalenko – Ukrainian Association for Positive and Transcultural Psychotherapy, Vibeke Lubanski – Danish Psychotherapists Association, Christina Winkler – French Psychotherapists Association, Ewa Dobiała – WAPP Support Project/Polish Association for Positive and Transcultural Psychotherapy) in Denmark, France, and Poland.

Table 4

Despite certain differences, this activity was based on the principles of Jacob Moreno's Psychodrama.

These initiatives highlighted the Ukrainian Home's commitment to providing comprehensive support to Ukrainian refugees, focusing not only on trauma treatment, but also on supporting mental resilience and adaptation to new realities. As a multicultural environment, the Ukrainian Home also became a space for learning and intercultural exchange, invaluable both for refugees and the local community in the city. Through organized workshops, meetings, and support groups, this project contributed to building bridges between different cultures, promoting mutual understanding and respect.

These actions also aimed to reduce the stigmatization of individuals experiencing mental health issues, especially those who have survived war trauma. The Ukrainian Home in Leszno created a safe environment where refugees could openly express their emotions, fears, and hopes. This atmosphere facilitated healing and recovery, essential for rebuilding life in a new reality.

Moreover, the Ukrainian Home in Leszno played a significant role in educating the local community about the effects of war and the necessity of psychological support for those who have experienced it. Through open meetings and events, this project contributed to raising awareness about the importance of mental health and the need for social integration of refugees.

The Ukrainian Home, responding to the immense challenges faced by the Ukrainian community in Poland, demonstrated the importance of creating a space that not only offers psychological assistance, but also fosters

cultural identity preservation, development of adaptive skills, and building a sense of community.

The WAPP Support Project's actions also had an international dimension, as evidenced by the "Echoes of Conflict: Conversations in Times of War" (See Table 4) project, which contributed to organizing international conferences, gathering hundreds of participants from around the world, including the first international conference "In Search of Truth and Humanity in the Age of War" in August 2022 in Leszno, and the second Leszno meeting under the same name in November 2023. These actions aimed, not only to raise awareness about mental health issues during the war crisis, but also to promote international solidarity and cooperation in the field of psychotherapy, creating appropriate stabilization conditions for Ukrainian colleagues working therapeutically in the face of war.

The "European Room for Listening" (ERL) project was an initiative of the WAPP Support Project, established in collaboration with psychotherapists from the European Association for Psychotherapy from France (Christina Winkler), Denmark (Vibeke Lubanski), Kosovo (Enver Cesko), and Ukraine (Liudmila Moskalenko), aimed at providing support and professional listening during the war and multi-crisis reality to psychotherapists directly and indirectly affected by the war. The project highlighted the importance of openly naming war crimes and providing ongoing support of mental health professionals on the frontline of care for individuals affected by the conflict. They need opportunities to share their experiences, stories from the front, doubts, anger, and fear with European colleagues, who have the emotional space and readiness to listen. Being with these stories is crucial for both professional and personal survival in the face of ongoing war trauma.

The Leszno Declaration:

The Leszno Declaration (See Table 5) for supporting individuals, including professionals involved in mental health care, affected by war and armed conflict was signed by international and national mental health associations in Leszno on November 24, 2023, during the international conference "Providing Holistic Care for Survivors of Sexual Violence and Torture", co-organized by the WAPP Support Project Association. It represents a fundamental step towards identifying and meeting the urgent needs of both individuals impacted by war and those supporting their mental health daily. Amidst the devastating effects of wars and armed conflict, this initiative underscored the necessity of providing specialized support dedicated to both individuals and families striving to rebuild their lives after experiencing trauma.

A significant element of the Leszno Declaration was highlighting the needs of psychiatrists, psychologists, therapists, and other mental health care professionals working in regions affected by war and conflict. Their expertise and skills are crucial for addressing the consequences of violence, be it physical, psychological, emotional, economic, sexual, or neglect. The declaration emphasized that support for these professionals is key to the psychological rebuilding of individuals affected by war, as well as to bolstering their mental resilience.

The declaration also acknowledged the role of other specialists who provide much needed help and treatment, yet deliberately focused on the challenges faced by those offering professional mental health support. It simultaneously called for international support, pointing out the moral and human necessity of addressing the painful consequences of war.

Leszno Declaration

in support of individuals affected by war and military conflicts, and their mental health professionals – psychiatrists, psychotherapists, therapists, and allied personnel

In response to the devastating impact and trauma of war and military conflict this declaration recognizes the undeniable urgency of the needs of the people affected – children, adolescents, and adults. The challenges they face necessitate dedicated and tailored support, for individuals and intact or remnant families striving to rebuild their lives.

As well, central to this initiative is support requested for psychiatrists, psychotherapists, therapists, and allied mental health professionals working in war-affected regions, whose expertise in addressing the effects of physical, emotional, and economic traumas, sexual violence, and neglect, is vital to peoples' recoveries and fostering their emotional resilience.

This statement does not ignore the crucial care rendered by other medical professionals, comprising various specialties, who render highly needed and required aid and treatments. However, this declaration deliberately focuses on the mental health needs of those affected directly by war and military conflicts and the unique challenges encountered by their providers.

Objectives:

1. ***Significance***: Psychiatrists, psychotherapists, therapists, and allied mental health professionals working in war-affected and related areas are continously exposed to the sequelae of violence. From both human and moral perspectives, these painful impacts deserve the attention of the international community.
2. ***Supporting Specialists***: Psychiatrists, psychotherapists, therapists and allied mental health professionals working in these challenging war-related conditions will often experience significant emotional and ethical burdens consequent to their work. This declaration expresses support for these professionals who dedicate themselves to helping people suffering from war-related traumas.
3. ***Ensuring Standards of Care***: This declaration commits mental health professionals to the maintenance of the highest standards of care as stipulated by United Nations conventions and protocols, World Health Organization guidelines, and professional disciplines' codes of ethics. It is essential to adhere to such standards in order to ensure the quality and effectiveness of the provided assistance.
4. ***Collaboration and Training***: Collaboration among mental health specialists and their professional organizations is crucial to the provision of comprehensive quality care. Such collaboration, and the organization of training and workshops to develop competencies in the delivery of psychological and related support, is strongly encouraged and urged.

5. ***Facilitating Access***: It is important to ensure access for mental health workers, who are caring for victims and survivors suffering from war-related traumas and their psychosocial consequences, including psychiatric disorders, and traumas, to mental health care for themselves. The unique therapeutic work they provide can be enormously demanding, draining, and the provision of such needed mental health aid to providers ultimately benefits the war-traumatized individuals and families receiving care.
6. ***International Cooperation***: This declaration calls on the international community to collaborate in the provision of substantive and financial support for initiatives designed and organized by mental health professionals for victims and survivors of war-related violence. As well, this declaration is intended for the provision of professional psychosocial support to all individuals affected by war and military conflict, independent of geographic location.

War-related Traumas include:

Individuals who:

1. Have experienced direct war activities, e.g., military personnel and civilians, are imprisoned in war and military conflict zones, and victims of related attacks.
2. Are refugees, repatriated and/or displaced persons, i.e., individuals forced to leave their homes and countries of origin who experience trauma related to these losses.
3. Are direct witnesses to the suffering of others including psychiatrists, psychotherapists, allied mental health specialists, humanitarian aid workers, journalists, and others present during war conflicts, who develop (secondary traumas, vicarious traumas, or retraumatization) due to observing significant suffering.
4. Are indirect witnesses to war and military conflict activities via viewing of media.

Experiences of War Violence:

1. *Physical* – violation of physical integrity, inclusive of imprisonment, abuse, and/or torture.
2. *Psychological* – resulting from, e.g., constant exposure to life-threatening situations, witnessing violence against others, social isolation, and/or lacks of emotional support.
3. *Sexual* – violations inclusive of rape, sexual exploitation by authority figures, forced marriages, sexual harassment, and/or intimidation.
4. *Economic* – violations of property rights, inclusive of destruction of property, burglaries, thefts, extralegal dispositions of property, forced labor without compensation, loss of income sources, destruction of means of production and livelihood.

5. *Neglect* – violations of the ordinarily expected duty of care by caretakers resulting from forced deprivations of food, shelter, and other basic needs, lack of access to education, particularly for children and youth; lack of access to healthcare; inability to ensure safety and stability impacting the most vulnerable, ie., children and the elderly.

Psychosocial Consequences

The development of mental disorders, particularly post-traumatic stress disorder (PTSD) of varying intensity and duration, which may emerge from either direct or indirect exposure to war-related violence.

Transgenerational Consequences

Children and grandchildren of individuals who have experienced war traumas may incorporate the traumas of their ancestors and suffer accordingly.

Declaration

1. We express deep concern and compassion for individuals and families challenged by harrowing wartime experiences and acknowledge the need to provide them with care, support, and assistance. We also emphasize the diversity of needs of adults, adolescents, and children affected by war and military conflict, recognizing that specialized care is required by these different age groups.
2. We emphasize the importance of ensuring access to expert psychiatric, psychotherapeutic, therapeutic, and allied mental health-related assistance for individuals and families affected by war trauma and related experiences.
3. The provision of assistance to all individuals suffering from the consequences of war-related traumatic experiences requires high standards of care and professionalism.
4. War-related traumatic experiences require the provision of unique understanding, sensitivity, and dedicated actions from mental health professionals.
5. We commit to support the professionals providing care for those affected by war-related violence by providing them with the tools necessary for their work.
6. We emphasize the need to provide emotional and psychological support for psychiatrists, psychotherapists, therapists, and allied mental health professionals who work in challenging war-related settings and may consequently experience secondary trauma, vicarious trauma, and/or retraumatization.
7. Fostering collaboration among specialists and organizations, and organizing training and workshops to enhance competencies in assisting individuals affected by war-related traumas, is a necessity.

8. We commit to openly communicate, share experiences and knowledge, and improve efforts designed to better the lives of all those directly and indirectly impacted by war-related violence.
9. We call upon the international community to provide support for initiatives targeting care for individuals directly and indirectly affected by war-related trauma.
10. We appeal to international humanitarian aid groups, health provider organizations, national governments, European Union and United Nations agencies devoted to global engagement and mobilization to work toward the goals of providing aid and support for individuals and families affected by war-related trauma and violence, and likewise to the aforementioned mental health workers providing support to the people affected by war-related violence.

On November 24, 2023, the document was for the first time signed in Leszno (Poland) and read out.

Table 5. *Leszno Declaration. (2023)*

One of the main goals of the declaration was to ensure that mental health professionals could maintain the highest standards of work, in line with international conventions and protocols, which is crucial for the effectiveness of the assistance provided. It recommends collaboration among specialists and associations to ensure comprehensive care and to organize training and workshops to develop skills in psychological support.

The Declaration also calls for facilitating access to support for professionals working with individuals affected by wartime violence, highlighting that therapeutic work under these conditions is exceptionally burdensome. Providing aiding these specialists ultimately benefits individuals and families experiencing war trauma.

An important aspect of the Declaration is the call for international cooperation in supporting initiatives led by mental health professionals, aimed at assisting survivors of wartime violence.

War and armed conflict bring traumatic experiences that affect not only direct participants but also refugees, displaced persons, and those witnessing others' suffering. The effects of wartime violence can manifest across various aspects of life, from physical to psychological, sexual, economic, and social, leading to severe mental health disorders, including Post-Traumatic Stress Disorder (PTSD). The Leszno Declaration highlights the importance of providing access to specialized therapeutic support for all affected individuals, allowing them to process experienced traumas and gradually recover their mental health.

The Declaration also stresses the importance of protecting mental health professionals from occupational burnout. Working with constant exposure to the effects of war is emotionally and ethically taxing, so support for these professionals is as vital as the assistance offered to conflict victims. Ensuring work standards, collaboration, training, and facilitating access to psychological support for those on the

Painting 1. *Joanna Dobiała, 2023*

frontline is of paramount importance for effective care of individuals impacted by war.

It further draws attention to the psychosocial and transgenerational consequences of experiencing war. Understanding that war trauma can be passed down from generation to generation underscores the need for long-term engagement in psychological and therapeutic assistance. The children and grandchildren of those who have experienced war trauma may also suffer from the effects of these burdensome experiences, necessitating specialized approaches and support.

By calling for international cooperation and support, the Leszno Declaration emphasizes that combating the consequences of war and armed conflict is a task that requires a united effort. The international community, through collaboration and both substantive and financial support, can significantly contribute to the development and organization of initiatives that will support survivors of wartime violence and the mental health professionals caring for them.

This Declaration is an expression of a deep understanding of the complex nature of war trauma and the necessity of an integrated approach to its treatment. By focusing on the needs of individuals directly affected by war and armed conflict, as well as the challenges faced by professionals providing support, the declaration marks an important step towards building mental resilience and supporting the multilevel treatment process. It is a call for solidarity, cooperation, and commitment to a common goal – rebuilding the mental health and well-being of societies affected by war and armed conflict.

Challenges for the Future

Despite the efforts of the WAPP Support Project Association and other organizations working in this area, the current situation regarding the mental health of children, adolescents, and adults in Poland, against the backdrop of the ongoing war in Ukraine, presents society and professionals in the field of mental health care with new, significant challenges. Data from our Mental Health Center in Leszno, and other Polish centres, reveal an escalation of the mental health crisis among children and adolescents. Research indicates that 30% of this group meets criteria for depression; 40% have experienced suicidal thoughts; and 32.5% struggle with self-acceptance issues (Flis, J., & Dębski, M. 2023) These issues in Poland are compounded by the very high rate of parental burnout and the globally highest prevalence of PTSD, largely a consequence of transgenerational traumas related to World War II (Rzeszutek, M. *et al.*, 2023a, 2023b). The ongoing conflict in Ukraine, coupled with unresolved historical traumas, deeply impacts the mental health and identity development of young Poles and Ukrainians (Painting 1).

One of the significant factors contributing to mental health challenges during the war in Ukraine is the younger generation of Poles' lack of knowledge about their ancestors' wartime experiences. The limited awareness among post-war generations in Poland leads to stronger correlations between trauma adaptation styles and PTSD symptoms. This suggests that the absence of dialogue about ancestral trauma contributes to its transgenerational transmission. A "conspiracy of silence" often surrounds catastrophic experiences, caused by the difficulty of verbalizing experienced horrors, or attempts to protect younger generations from burdensome information. However, this silence inadvertently solidified the trauma and atmosphere of threat, increasing the risk of PTSD in subsequent generations (Painting 2).

Painting 2. *Joanna Dobiała, 2022*

Painting 4. *Joanna Dobiała, 2023*

In Poland, the challenge of transgenerational trauma transmission has been exacerbated by post-war realities, where returning to normal life was hindered by an oppressive totalitarian regime. This regime often prohibited open discussion about wartime experiences, threatening reprisals for revealing wartime events that questioned the official narrative. The implications of this historical context are particularly relevant in the current climate of war in Ukraine, emphasizing the critical need for tailored therapy (Painting 3).

The Polish historical experience and attention to current events show that providing cultural and linguistic support for Ukrainian youth to help maintain their national identity becomes essential. In the context of these challenges, therapeutic interventions and support must be individualized and directed to meet the specific needs of different groups, considering trauma specificity as well as cultural and linguistic diversity (Painting 4).

Actions offered by the WAPP Support Project Association highlight the importance of interprofessional and interinstitutional cooperation. Trainings and conferences aimed at mental health professionals, including work with trauma, transcultural awareness, and neurodiversity, are crucial for building competencies in providing effective care.

Personal and professional reasons for Establishing WAPP Support Project Association

My motivation to engage in supporting Ukrainian psychotherapists following the escalation of the war in 2022 stems from both deeply personal experiences and my professional commitment to the development of the international psychotherapeutic community,

as well as my strong belief in the power of international solidarity. As the granddaughter of survivors of World War II – survivors of the German and Russian extermination of the Polish intelligentsia, Nazi death camps, Nazi prisoner-of-war camps, and the destruction brought by bombings and the Holocaust on my small Polish-Jewish hometowns in central and eastern Poland – and as the child of oppositionists from the Solidarity movement, I was raised with a profound sense of historical and social responsibility. These family narratives of survival, the fight for freedom, and the preservation of humanity have shaped my understanding of meaning of life, war trauma and its far-reaching impact on individuals and societies. The war in Ukraine has been a painful reminder of the complexity of these experiences and how war trauma continues to be transmitted across generations.

My professional commitments as a board member of the World Association for Positive and Transcultural Psychotherapy (WAPP), which I have been a part of since 2018, have further strengthened my sense of responsibility. WAPP, with its extensive network of psychotherapists in 51 countries, including Ukraine, plays a vital role in promoting a transcultural approach and supporting mental health across various social contexts. With over 1,000 WAPP members in Ukraine, I felt a strong need to organize immediate assistance for those directly affected by the war.

The support of loved ones and art as a medium for untold stories of war

In response to the actions I undertook, the support of my closest family and friends has

Painting 4. *Joanna Dobiała, 2023*

been invaluable. Given the pro bono nature of the work, without their daily presence, hundreds of hours of effort, and emotional support, many of the projects we completed would never have come to fruition. My younger daughter, Joanna, became the person who documented the emotional journey and the process of bearing witness and offering support to those directly affected by the war through her art.

"Paintings have this remarkable quality in that they often don't need words to be understood. Sometimes they become the simplest way to convey messages that are difficult to express verbally, especially those that are most painful and dramatic, like war. Armed conflicts, their cruelty, and their deep impact on the human psyche are often hard to describe in words. Images, unlike language, allow us to illustrate what cannot be described – harm, loss, despair, but also hope. The image becomes a bridge between the past and the present. It creates a space where emotions can flow freely, without the need for verbalization, which sometimes lacks the appropriate means. Images allow us to transcend linguistic and cultural barriers, reaching the very essence of the suffering and hope that accompany war. War is not only the clashes on the front lines but also the invisible struggle that takes place in the hearts and minds of those who survive. It is a form of testimony – images become silent witnesses to histories that words often fail to recount. (...) Indeed, in each of us, when we look at a painting, something personal is awakened. We subconsciously find fragments of ourselves in it, even if at first glance the painting's subject seems distant. My goal was precisely to connect our perceptions through paint on canvas. I wanted what is important to me to meet the sensitivity of others, so that together we could reach the heart of the matter. Because when we succeed in feeling and understanding each other, we become capable of moving forward, deepening our experience, and approaching the truth that each of us carries within." (...)

Conclusions

Analysing the first 30 months since the escalation of war activities in Ukraine, hope seems to be the strongest force. Our experience in Leszno has shown that, even in the most difficult circumstances, many of us can find the strength to act, empathize, and build a better future.

What we have encountered proves that solidarity and cooperation can transcend borders, creating a new reality where help and support become a bridge connecting people regardless of their origins. The future brings new challenges, especially in the context of ongoing uncertainty and potential crises. However, the experiences gained over the past months show that we are somewhat more prepared to respond to these challenges, utilizing acquired skills, knowledge, and support networks. The WAPP Support Project and similar initiatives have become living proof that international and intercultural cooperation can bring about real change in the lives of those affected by crises. Mental health issues know no borders and require a global response. Therefore, continuing dialogue, exchanging knowledge and best practices among professionals from different parts of the world is key to building more effective support systems.

I am convinced that our actions can inspire others to undertake similar grassroots initiatives, thereby expanding the support network for those in need. I believe that the solidarity and empathy we have shown as an international psychotherapeutic community can serve as a foundation for future actions, not only in response to humanitarian crises but also in our daily pursuit of better understanding and support of mental health needs

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References

WAPP Support Project Association. (2022). Rys historyczny Stowarzyszenia WAPP Support Project. Retrieved from https://www.positum.org.pl/rys-historyczny-stowarzyszenia-wapp-support-project/

Dobiała, E. (2023). Creating a safe space for Ukrainian refugee children. *Journal of the American Academy of Child & Adolescent Psychiatry*. https://doi.org/10.1016/j.jaac.2023.07.421

Euphire. (2022). Stress and trauma: Living with difficult emotions [Online training]. Retrieved from: www.euphire.pl/produkt/ewa-dobiala-stres-i-trauma-szkolenie-on-line/. *Leszno Declaration*. (2023). Retrieved from: www.lesznodeclaration.pl

Flis, J., & Dębski, M. (2023). Młode głowy: Raport z badania zdrowia psychicznego, poczucia własnej wartości i sprawczości wśród młodych ludzi [Young Heads: Report on the study of mental health, self-esteem, and agency among young people]. *Fundacja Unaweza*. Retrieved from: www.mlodeglowy.pl/wp-content/uploads/2023/04/MLODE-GLOWY.-Otwarcie-o-zdrowiu-psychicznym_-Raport-final.pdf

Rzeszutek, M., Dragan, M., Lis-Turlejska, M., Schier, K., Holas, P., Drabarek, K., Van Hoy, A., Pięta, M., Poncyliusz, C., Michałowska, M., Wdowczyk, G., Borowska, N., & Szumiał, S. (2023a). Exposure to self-reported traumatic events and probable PTSD in a national sample of Poles: Why does Poland's PTSD prevalence differ from other national estimates? *PLOS ONE*, 18(7), e0287854. doi.org/10.1371/journal.pone.0287854

Rzeszutek, M., Dragan, M., Lis-Turlejska, M., Schier, K., Holas, P., Drabarek, K., Van Hoy, A., Pięta, M., Poncyliusz, C., Michałowska, M., Wdowczyk, G., Borowska, N., & Szumiał, S. (2023b). Long-lasting effects of World War II trauma on PTSD symptoms and embodimen t levels in a national sample of Poles. *Scientific Reports*, 13, 17222. doi.org/10.1038/s41598-023-44300-6x

Joanna Salska, 2023
Title: 'She waited for me'
(Oil on canvas, 30 × 45 cm)

To me, this woman is tightly wrapped in her despair. The dark shadow symbolizes evil, and everything else swirls around like a snow-storm. There is a stillness and movement.

Trauma Activation: To be involved or not?

Agata Kaczmarek-Stożek

Abstract: This article is devoted to issues related to the experience of trauma, transgenerational, historical and national trauma and the dynamics to which they are subject. I draw attention to the difficult global and political situation, the problems of war and the extreme experiences that communities around the world are experiencing. I look at the mechanisms of inheritance of trauma and ask questions about how people react to suffering and how trauma activates us. The basic question is whether we will get involved or not and what is the reason for this. We find answers in theories of social learning, but also in developmental psychology and epigenetics. In the article, I pose a question about the role of contemporary specialists in the area of individual and institutional help, but also in the context of psychoeducation of opinion-forming circles. I emphasize the knowledge of clinical psychologists, psychotherapists and psychiatrists in the ability to use language as a powerful tool for healing, as well as for shaping understanding and narrative at the individual and societal level.

Key Words: trauma, transgenerational trauma, historical trauma, national trauma, communities, mechanisms of inheritance of trauma, epigenetics, opinion-forming circles, help, healing

Global War Situation

The current global-political situation in the world is very difficult and sad. Since February 24, 2022, the full-scale war in Ukraine (which actually started in 2014) and on October 7, 2023, the Hamas attack that initiated Israel's declaration of war in Gaza. According to information collected by the International Institute for Strategic Studies (MISS), there are currently 183 armed conflicts in the world (www.iiss.org). All of these cause many people to experience death, terror and extremely difficult traumatizing situations. Others, living in areas where there are no hostilities, have direct contact with photos and information provided by the media and journalists, often in an incorrect

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way, the so-called "war in pictures". (In addition, there is uncontrolled access to films on the Internet showing the events and violence of war directly, often brutally, including live executions, which significantly differ from the official messages.) These people, depending on the country they live in and the history of their families, contact their own transgenerational, historical and national trauma in different ways. Observing this complex and psychologically difficult global situation, many questions arise: How does contact with trauma activate us? Why do some people react, and others don't? How to react? What kind of actions should be taken? The questions concern especially professions focused on helping (psychologists, psychotherapists, psychiatrists, doctors of other specialties) as well as on reporting events (journalists, columnists, writers, artists), but the answer to them has an impact on the formation of behaviours, moods and attitudes of entire societies.

Why do some people react strongly, and others don't? How do we act? What do we react to?

An interesting area emerges when we look for an answer to the question: how does trauma activate us? By observing the behaviour and actions of different people, it is clear that contact with the traumatic experiences of others strongly activates some individuals, while others do not seem to notice present circumstances. In order to understand the dynamics of various attitudes of people living in countries not affected by the current armed conflict, it is necessary to refer to the basic concepts of trauma, its varieties (transgenerational, historical, national trauma) and the dynamics of attitudes, emotions and behaviours related to them, which are subject to research within the framework of epigenetics and psychology. At the same time, there is a rich context contained in the philosophical, religious, and broadly understood cultural heritage, which sets the surfaces/directions of the answer to the question: How to react to human suffering?

Morality in Philosophy: Ethical Dilemmas

Seeking an answer to the question of whether and how to be involved in the context of human suffering resulting from experiencing trauma in warfare, I would like to refer to the cultural heritage contained in philosophy. Philosophy gives an interesting range of thoughts and indications on how to react, which were important signposts for the societies of previous epochs, when psychological and therapeutic knowledge and attention were not present. Since I am a clinical psychologist and certified psychotherapist and I also have a master's degree in philosophy, I want to share the perspectives of three thinkers (Socrates, Immanuel Kant and the contemporary philosopher, Hannah Ardendt) in order to stimulate moral questions.

In the first instance, I would like to cite Socrates (Reale, 1994) who places a strong emphasis on individual responsibility expressed through self-control, moral enquiry and dialogue. Important in his approach is the historical responsibility to challenge unethical behaviour, promote moral virtues, and contribute to the intellectual and ethical development of society. Socrates calls on the individual to be 'pro-social'. Written down by his successors, Socrates' actions set a precedent for taking a firm stance in the face of injustice and upholding ethical values, even if it means personal sacrifice. This seems to provide an important perspective in the context of the current situation and attitudes of contemporary societies.

Another figure is Immanuel Kant (Sardynowski, 1993), who emphasizes the individual responsibility of the human being expressed through the observance of moral principles and the use of the possibility of being autonomous. His views accentuate the ethical role of people in shaping the course of history, pointing the vital importance of collective action that is consistent with universal moral laws. Central to Kant's moral philosophy is the idea of the categorical imperative, the universal principle that guides moral action. Kant insisted that individuals have a moral obligation to act autonomously, guided by reason, rather than external influences. This autonomy means taking responsibility for your choices and actions. For Kant, ethical actions are those performed out of a sense of duty, independent of personal desires or consequences. Responsibility consists in upholding moral principles and acting in a manner consistent with universal moral laws. Kant's perspective extends to historical responsibility, underlining the role of people in shaping the course of history. He believed that historical events are influenced by the collective actions of individuals. Today's psychological knowledge helps us to look at the actions of humans in a much less restrictive way. However, looking at these contents, one quickly wonders how up-to-date the above analyses are, and whether universal values are still as strong as they used to be.

Hannah Arendt, is, in turn, a twentieth-century political philosopher, who created a profound insight into individual and historical responsibility by analysing the current political events of her life. The perspective of Arendt's (2020) views seems particularly topical and useful for political and social discussions. For Arendt, action is the highest human activity, and it is born out of the diversity of individuals. It involves people getting involved in the public sphere together, taking responsibility for their own initiatives and activities, and thus creating a common shape of the world. Arendt already refers to psychological knowledge and associates historical responsibility with the recognition of the capacity for change and renewal. This makes it possible to create a future that is not determined by past experiences. Individuals have a traditional responsibility to engage in collective political action, thus influencing the course of history.

Arendt's (2020) analysis of totalitarianism highlighted the dangers of political apathy and the erosion of individual responsibility. Observing contemporary societies, this seems to be an important and alarming problem to be taken care of by specialists who have opinion-forming power. Arendt emphasized that individuals have a historical responsibility to resist authoritarianism and defend democratic values. She also noticed a dimension, emphasized today in psychology, the role of memory and narrative in shaping historical responsibility. The ability to tell and remember stories, she says, contributes to the preservation of collective memory, influencing how individuals understand and respond to their historical reality. In my opinion, Arendt's views are particularly up-to-date and organize the dimensions of understanding tasks for specialists, who are able to use such an important tool as language, and who have the knowledge and ability to build the awareness of individuals and social groups in this dimension.

Understanding Trauma

Referring to medical classifications and literature, trauma is understood and defined as a reaction to the experience of an event related to a situation threatening one's own or another person's health and life. Psychologically, it refers to the subjective experience of a situation beyond our ability to cope, resulting in a loss of a sense of control and security. It is an experience so powerful that it is reflected in

the response of our central nervous system, including neurobiochemical changes. These occur as a result of very strong stimuli, sometimes over long periods of time, sometimes leading to huge upsets or overloads.

In people who have experienced trauma, the strong emotions associated with the extreme experience may recur over and over again. The result of such experiences may be persistent difficulties that make it impossible to return to previous, healthy functioning. These difficulties form a set of symptoms, the so-called post-traumatic stress disorder (PTSD). As a result, anxiety, mourning, depression, increased aggressive and self-aggressive behaviours (including suicide attempts) often appear, as well as psychotic symptoms, lowered self-esteem or social problems with different images depending on the developmental age. What is most often associated with trauma are recurrent difficult memories, flashbacks, recurring images and dreams in the head. At the same time, people with trauma experience try to avoid everything related to it by modifying and limiting their reactions even at an automatic level.

Transgenerational Trauma: Mechanisms of intergenerational transmission of trauma

Transgenerational trauma is a term that refers to the phenomenon of trauma being transmitted to subsequent generations. The mechanisms of trauma inheritance are very important: in the biological process, as well as through the environmental modelling mechanism.

Scientist such as Rachel Yehuda, known for her research on PTSD (post-traumatic stress), has pointed out how trauma is transmitted at the cellular level. Recent discoveries in cell biology, neurobiology, epigenetics and developmental psychology demonstrate the need to go back two or three generations to understand the mechanisms that govern repetitive trauma and suffering. The effects of trauma experience affect a change in the neurobiology of the brain, and this affects the function of epigenomes that change the expression of gene sequences in DNA strands (Samuels, 2014). It turns out that, in this way, important information about adaptation is passed on to the next generations.

The second factor is the environmental mechanism, related to the parent/caregiver's modelling of the child. If a parent experiences trauma, they will change their behaviour in response to stimuli that trigger the memory of the trauma. This applies to various traumatic experiences such as: a car accident, being bitten by an animal, experiencing violence, or experiencing extreme danger. A child, observing an adult, repeats their behaviour and imitates their attitude towards the outside world. In this way, the symptoms of trauma can be transmitted in the environmental model, both within the family and within broader social or even national groups.

Bandura emphasized the role of modelling and observational learning in shaping behaviour. He carried out famous studies showing the effects of aggressive adult modelling on children's behaviour. The *Bobo Doll experiment* is an empirical example of the theory of social learning that he created. The conclusions of the study clearly showed that children imitate the behaviour of adults, especially those of the same sex as the child (McLeod, 2014).

Urie Bronfenbrenner, who developed the theory of ecological systems, emphasizes the importance of different environmental systems, such as the micro-system, the meso-system, the exo-system and the macro-system. They have a significant, formative impact on the

development of children and, consequently, on adults and entire societies. His work highlights the interconnectedness of various environmental factors (Bronfenbrenner, 2009).

Transgenerational trauma manifests itself in varied, not always understandable behaviours of subsequent generations, which should be related to the experiences of their ancestors. Such trauma has been experienced by many different nationalities. Poles have a legacy of many traumas from the experiences of the Second World War, the partitions of Poland, and the difficulty in regaining independence. The Jewish nationality has been transgenerationally traumatized by the Holocaust. Research in a group of Navaho Indians shows that the symptoms that adolescents experience are the result of reliving the past (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2014). Similar conclusions apply to research on indigenous peoples in Australia, or the aftermath of wars in Africa, or on other continents. The ongoing war in Ukraine will certainly not be indifferent to future generations.

Historical and National Trauma

> *Historical trauma is defined as the subjective experiencing and remembering of events in the mind of individual or the life of community, passed from adults to children in cyclic processes as "collective emotional and psychological injury... over the life span and across generations".* (Atkinson, 2014)

Most nations have experienced trauma in their history. Depending on where in the world we live, most – sometimes only some, or a minority – have experiences of trauma in their family histories. How we handle transgenerational trauma depends on many factors. The most important thing is how our ancestors, parents or grandparents dealt with their traumatic experiences. It is also important how these experiences function in the internal language and narratives of families, social and national systems. Sometimes, in order to avoid experiencing the emotions associated with a traumatic experience, people who have experienced trauma deny it. Unnamed trauma exacerbates symptoms in people who have experienced or inherited it (Wolynn, 2021). When we don't talk about trauma in the family, various unconscious symptoms can appear in the next generation: a sense of anxiety, fear, difficulties in establishing relationships and building trust in the world. This is the difficulty of identifying transgenerational trauma. It can also be related to national experiences and can operate on a macro level.

The transmission of trauma can be interrupted by rebuilding a sense of security and control, and by building a healthy narrative that is related to our inner experience, our self-image, and images of others and the world. Talking about trauma and understanding it is essential in the process of healing and piecing together one's own family, social, and national history. This is very important in the context of the question about the role of today's specialists (psychologists, psychotherapists, psychiatrists, and researchers dealing with this area).

How does trauma activate us? How does it affect our emotions, decisions, behaviours?

Whether or not we take action to help people affected by different types of trauma, will be related to our transgenerative experiences and the narratives that have been built on them. Some people will feel an overwhelming need to act, others may react with a kind of dissociation.

Rachel Yehuda, a professor of psychiatry and neurobiology from New York City, one of the

most important researchers in the field of post-traumatic stress disorder (PTSD), conducting research (Yehuda *et al.*, 2014) on cortisol levels in children born to traumatized parents, noticed that children were born with reduced cortisol levels, which predisposed them to experience the symptoms of PTSD of the previous generation. In addition, she observed differences in symptoms in the children, depending on whether the PTSD was passed on by the mother or father. According to Yehuda, when a child inherits trauma from their father, they feel cut off from their memories. In the case of inheriting trauma from his mother, he has difficulty calming down. Perhaps this is one of the factors that influences the differences in the way trauma and emotional states, images, and behaviours and actions are activated in different people.

In Marek Wolynn's observation (Wolynn, 2021), avoiding pain inhibits wound healing processes. In analogy with traumatic experiences, *"Sometimes pain remains dormant until it finds its way to be lived and soothed."* Often, this happens only in the next generation, taking the form of symptoms that are difficult to explain. According to the author, it can also be embodied in a specific cognitive curiosity and taking up professions that focus on understanding and describing experiences. Not all effects of trauma have to be negative. Trauma is inherited from the genetic dimension to symbolic activities. Thanks to this, the trauma worked through can be a source of strength and resilience that can be passed on to the next generations.

Other researchers have also noted that in the third generation there is a need to make connections between feeling and understanding. There are children who remain loyal to silence and do not inquire, they "inherit" a fear of exploration. Boris Cyrulnik (2021) points out that from the generation that grew up in the shadow of a disturbing mystery, many choose professions that involve inquisitiveness (journalists, novelists, psychotherapists).

In the process of healing and overcoming trauma, it is important to search for means of expression that integrate the difficult experiences of generations into the area of consciousness (writing, artistic activity, historical research), the key is the effort to connect, to give meaning, the desire to understand. Building a narrative that integrates history and resources, a kind of gathering and mental and emotional processing of facts from the past so that they can fit into our experience, not cause fragmentation. In this way, there is a process of getting out of the entanglement in the past through the effort of connecting and making sense. With this knowledge, we look differently at different attitudes towards suffering/war, which have an impact on the dimensions of social life.

The Role of Therapists in the Modern World

From this perspective, it is very important to ask about the role of therapists in today's reality at the level of individual, systemic and institutional work, but also in building a wise narrative at the social, national and international level. Looking at media and political narratives, there seems to be a clear need for education in the responsible use of language and image. Educational initiatives for opinion-forming circles influencing the standards of understanding human suffering and how language should be used in these narratives seem to be indispensable. At the same time, professionals in the field of clinical psychology, psychotherapy and psychiatry seem to be best prepared both in terms of knowledge about the mechanisms associated with trauma and awareness of the enormous role of language and narrative construction.

Important tasks include helping people experiencing recent trauma, intensive training in working with trauma for therapists working with people experiencing trauma, support for psychotherapists living in war zones and at the meta level, international cooperation of specialists, exchange of experiences and resources, and psychoeducation of opinion-makers in the use of language as a powerful tool for healing, as well as shaping understanding and narrative at the individual and social level.

Private Sharing

As a Pole, a psychotherapist, a woman, a mother, a wife and a daughter, I am deeply convinced that the questions posed are very important. I would like them to resonate in the international community, among specialists involved in helping and taking care of the mental condition of people and societies.

Since the outbreak of the full-scale war in Ukraine, Poland has been able to observe and at the same time participate in an incredible spurt of solidarity and activation of the "dormant knowledge of how to act in a crisis", passed on to us by our ancestors directly in their stories and not directly in the lifestyle they led, their behaviours and the values they cherished. A number of actions have been taken at different levels; individual (the fastest spurt, my husband and I have been working since the second day of the war, helping families from Ukraine to come to Poland, organizing their work and all necessary important matters such as documents, housing, medical and psychological assistance, schools for children). We reacted as specialists, organizing professional help for Ukrainian therapists in the field of knowledge and practice on how to help people currently experiencing trauma war stress. The Wapp Support Project Association in Leszno, Poland is a great example of this. From the first days of the war, it has been acting to the maximum, in addition to daily duties of specialists related to a wide range of psychiatric and psychological assistance for children, adolescents, families and adults, which has been carrying out for years as main activity (as part of the Mental Health Clinic for adults, children and adolescents and the Psychiatric Rehabilitation Day Ward for children and adolescents in Leszno, Poland). We responded on a social and national level, enabling and financing massive aid for the millions of people who arrived in our country in a matter of days. The history and experiences of Poles activate us quickly and strongly, despite the enormous effort that the process of active help entails.

Many of these initiatives have become international and concentrated on Doing (trainings, workshops, conferences, the European Room for listening, numerous talks with fellow professionals from other countries in Europe and the world). This shows that we can react even when we are physically distant from the scene of the war.

The fruit of all these activities is also this illustrative article and the entire very valuable edition of the above Journal, which opens up the topic of the perspective of experiencing, reacting to suffering and taking real, measurable actions. My goal is to ask each of us: What is my reaction to the suffering of war? What can I do and what do I want to do? What brick do I plan to add to this important foundation, and maybe even a building or a city, in building healthy interpersonal relationships and healthy international response to suffering?

Over the past two years, I've been observing what patients who have reacted to their own transgenerational trauma come to my office with. I also analysed my own motivations for the tasks and effort that I undertook. As a therapist who has been treating trauma for several years, it allowed me to differentiate well how we react to suffering that we do not

have in our own history and how to react to the suffering that occurs in the stories of our great-grandparents, grandparents, parents.

In conclusion, I would like to refer to the wisdom of such a great man as Viktor Frankl (2019) and leave the question for reflection; How can we direct our specialist activities and help so that the trauma we have worked through is a source of strength and wisdom, contributing to the search for meaning and value in life even in the face of the most difficult, extreme experiences.

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References

Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. In *Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Telethon Kids Institute.

Arendt, H. (2020). *The Human Condition*. Aletheia Publishing House.

Bronfenbrenner, U. (2009). *The Ecology of Human Development: Experiments in nature and design*. Harvard University Press.

Cyrulnik, B. (2011). *Conversations about love on the edge of the abyss* (E. Kaniowska, Trans.). Black Sheep Publishing House.

Frankl, V. E. (2019). *Man's Search for Meaning*. Black Sheep Publishing House.

McLeod, S. A. (2014). *Bobo Doll Experiment*. Simply Psychology. www.simplypsychology.org/bobo-doll.html

Reale, G. (1994). *History of Ancient Philosophy* (Vol. 1). Editorial Board of the Catholic University of Lublin Publishing House.

Samuels, D. (2014). *Do Jews carry trauma in our genes?* A conversation with Rachel Yehuda. *Tablet Magazine*. www.tabletmag.com/jewish-arts-and-culture/books/18755/trauma-genes-q-a-rachel-yehuda

Sardynowski, S., & Fryckowski, E. (1993). *Problems of Ethics*. Branta Marketing Agency.

van der Kolk, B. A. (2014). *The Body Keeps The Score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Volyn, M. (2021). *It didn't start with you*. Black Sheep Publishing House.

Yehuda, R., *et al*. (2014). Influences of maternal and parental PTSD on epigenetic regulation of the glucocorticoid receptor gene in Holocaust survivor offspring. *American Journal of Psychiatry*, 171(8), 872-880. www.ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2014.13121571

Joanna Salska, 2022
Title: 'To Ukraine: Strong in Will; To Russians, They Never Will Yield'
(Oil and collage, 30 × 45 cm)

No one knows what we will encounter after death. To me, the scary figure is a being from a higher reality – what we might call an angel, or an archetype, the being that comes from a place beyond our language and guides us along our journey.

On the Bright Side of War: The traumatic experience of war in Ukraine and the transformation of a psychotherapist's professional identity

Maiia Lukova

Abstract: The article describes the traumatic experience of war and the transformation of the professional identity of a psychotherapist based on the personal experience of the author, her clients and colleagues. It also describes coping strategies and a conceptual vision of caring for the emotional well-being of a psychotherapist in war.

Key Words: trauma, psychotherapy, war in Ukraine, adaptation

One that's been beaten is worth two that haven't. (Ukrainian folk proverb).

I laugh to keep from crying (Ukrainian writer, Lesya Ukrainka, XIX century)

The central dialectical contradiction of mental trauma is the conflict between the desire to throw a terrible event out of consciousness and the desire to talk about it out loud ... Recovery will begin when the truth is finally recognized ... (Herman, 2019, p. 9)

The main source of our suffering is the lies we tell ourselves. (Kolk, 2022, p. 20)

Introduction

We, Ukrainian psychotherapists, are not very willing to write and talk about the conditions in which our colleagues and I work now, during the war. In this context, I will recall the words of D. Herman, that *"Veterans of any war, even those who were declared heroes, bitterly empha-*

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size that no one wants to know the honest truth about the war" (Herman, 2019, p. 19). At the same time, Herman writes that: *"The study of mental trauma depends on political support. After all, dissociation and denial are phenomena characteristic of both social and individual consciousness"* (Herman, 2019, p. 20).

Today, unfortunately, we do not have the necessary political will to solve the problems of mental trauma, neither at the national nor at the transnational level. If this happens, it is rather declarative and episodic. It is quite clear why this is happening, because now the physical survival of our country, society, and even the whole world is at stake. And we mental health professionals are in the minority in this fight for the mental well-being of communities. This is what prompted me to write this article and attempt to overcome this resistance. After all, the strength of the rear is extremely important for protracted wars. Every war destroys old belief systems and builds new ones. This war showed the value of the work of specialists in the field of recovery, particularly in the field of mental health. I have described here my personal experience, the experience of my colleagues and my clients, the vast majority of whom are psychologists, psychotherapists and social workers of international humanitarian organizations. In the war, each of us is on the recovery side. The quality of recovery and development of Ukrainian society and, I assume, global society depends on our well-coordinated activities.

Transformation of values, ethics and emotional state of specialists in the field of mental health in the trauma of war.

Since the beginning of the war, each of us Ukrainians has been going through a traumatic experience. And it does not matter when this experience began, in 2014 or in 2022. It is different and the same for everyone at the same time. Each of us suffered a mental trauma from the war. Each of us has and have experienced a threat to life or physical integrity, each has had close personal contact with violence and death. Each of us has felt – and still feels – the extremes of helplessness and terror and loss of control and the threat of annihilation. Each has occasionally felt completely abandoned, alone, thrown out of the human and divine systems of care and protection that sustain life. However, mental health and protection professionals have to integrate these into their professional experience. After all, our clients did not stop needing our help, either on the first day of the war, or now. As Judith Lewis Herman notes, *"any person can break under fire"* and that *"200-240 days of combat is enough to break even the strongest soldier. There is no such thing as getting used to war"* (Herman, 2019, c. 47). Something similar is obviously felt by us, who have been under periodic shelling for more than three years (this periodicity is sometimes 25 days a month, or even every day). The psychotherapist, as a human being, feels the same way, although is engaged in specific activities to support others. What opportunities for self-recovery do psychotherapists have in order to effectively help others?

I remember my condition in the first days, weeks, months of the war. It was a classic book of trauma. At the same time, I remember what I did when I recovered on February 24, 2022, after I took care of myself and my family. When the first shelling started, I checked online and in phone messages to see when my clients were in touch last time. In this way, I checked whether each of them was still alive. I then wrote to each of them about my willingness to help them and their families in whatever way I could. At the same time, some of

my clients who permanently lived in other countries, on the contrary, asked me how they could be useful to me. And some of them were very worried about my condition and whether I would be able to work with them on the appointed days. After all, they were afraid for their relatives who were in Ukraine. One of my clients said so when I wrote to her and asked if everything was fine with her and her family, and if she was ready to work at the appointed time. She said: *"I was ashamed to write to you about the meeting, because I understand what conditions you are in."* Can this be called a psychotherapeutic relationship? History and time will show us this. But now I understand that war is perceived differently where it takes place and for those who are far from there. When you are at war, you adapt and you get used to it and accept everything as normal, as part of life. At the same time, despite my not very resourceful state, I continued to be in contact and work with clients, because they were in the same, and sometimes worse, conditions than me. Of course, it was not about psychotherapy. It was more like online crisis counselling, sometimes by phone. What surprised me the most, then, was not that I could work and be efficient. After all, I saw no other way out and had an internal resource for work, thanks to my personal experience. What surprised me the most was that clients did not refuse to pay for my work. Although many of them then became limited in resources, and I was then ready to work for a donation or completely free of charge, for a certain time. The war showed not only other ways of survival, but also the meaning of values. My colleagues and I chose the path of humanity in war. And the vast majority of my clients also chose this path. From the first days, the war transformed our professional values and rules, they became even more humanistic.

Challenges for Emotional State and Coping Strategies

In the first days after February 24, our Ukrainian communities of psychotherapists started weekly support groups online, which was very valuable at the time. Then I understood – and felt – that I was not alone; that my colleagues are also working in their profession. Everyone works as best they can and depending on the needs of their customers and society. Before the war, we read about all this in scientific works on trauma – *"the strongest protection against all-encompassing fear is the closeness between a soldier, his immediate combat unit and their commander"* (Herman, 2019, p. 48). Many of these groups continue to this day, and new groups are emerging.

These are online meetings where we, Ukrainian psychotherapists, have the opportunity to talk about our lives, our emotions and work during the war. Many of us psychotherapists are still in a state of constant anxiety, as if danger could return at any moment. In addition, psychosomatic symptoms worsen in many clients, chronic diseases also worsen as a result of the on-going stress, etc. All the time, the intensity and localization of shelling continues and the development of hostilities are still unpredictable. Therefore, I am extremely grateful for the creation of the European Listening Room (ERL) project, was an initiative of the WAPP Support Project Association (Leszno, Poland, founder Ewa Dobiała), in cooperation with psychotherapists of the the European Association for Psychotherapy from France (Christina Winkler), Denmark (Vibeke Lubanski), Kosovo (Enver Cesko), and Ukraine (Liudmila Moskalenko). This project provides us, Ukrainian psychotherapists, with support and professional listening during the war. The project gives us the opportunity to openly name not only war crimes, but also gives us the opportunity to describe our emotional state and our professional reality in this war.

So, the war took away many illusions, and not only ones about values, but also professional ones. We acquired not only new features of work, but also new resilience strategies. As you know, a psychotherapist must be one step ahead of clients. But how does this happen in the conditions of war?

The war has united us with colleagues from all over the world like never before. And not only because of professional solidarity, but probably also because each of us in this world understands that no one is protected from the arbitrariness of an uncontrolled force. Recently, one of my acquaintances from Kyiv (the city where I live) told me a story. Her husband tried to wake her up during another night shelling of the city to go to the bathroom, because it is safer there, and she was so tired of this life in the war and constant shelling that she answered him without realizing it: *"I am an adult and I decide for myself whether to die in the bath or in bed."* She does not remember it, but her man told her about it. This is how Ukrainians live now. We adapt by becoming resilient and desensitized, unfortunately. This also applies to some extent to those who were forced to leave the country.

Transformation of Professional Identity

The hitherto clear professional rules – and ways of working – have become blurred in the prioritization of life. The component of the profession that refers to the intellectual and emotional resources of a psychotherapist, takes first place. Also, one's physical functionality (in the first weeks of the war, there was very little food; there was no access to medicine; etc.). The task of preserving all the internal resources of the psychotherapist's person and personality came first. At the same time, building and maintaining contact with clients has become even more valuable.

The war in Ukraine has been going on for 10 years. And during this time, I saw many colleagues who became burnt out. I decided to work to prevent this phenomenon as much as possible. That is why in my practice there are many clients who are psychologists, psychotherapists, social workers of non-governmental humanitarian organizations. Also, as a trainer, I work with student psychotherapists. Therefore, I have the opportunity to track these changes with some regularity. From my observations, here are some of our new professional competencies that have changed as a result of the war: (see EAP's Professional Competences of a European Psychotherapist, 2013)

- Obtaining certain standards for taking and keeping records, due to the relocation of psychotherapists and the destruction of their homes and offices.
- Maintaining contact with other professionals, due to the fact that some of the supervisors and psychotherapists of the psychotherapists were from Russia, or simply did not have the resources to work.
- Have an effective workload (especially in the first year of a full-scale invasion) and maintain your fitness to practice by any means possible (many lost ways, sometimes lost time).
- Ensuring a proper safe working environment, due to the threat to the lives of customers: For this reason, my colleagues and I, who live in large cities or near the zone of constant shelling, do not work offline.
- We have also developed, in connection with this, our system of timely capacity to inform clients about any changes in meetings and actions during shelling or air alarms.

My clients and I have had to go into the hallway or bathroom (each to their own) more than once during a session and the air alarms and explosions we have heard. I must point out that, of course, it is difficult for me to cope with my emotions in similar situations, and I express this to the client, remembering that I still have to be emotionally one step ahead of him or her. In such conditions, it is very difficult to manage the emotional content of the session as well as to maintain psychotherapeutic presence and overcome extreme emotions of the client and one's own.

- Ensuring confidentiality: For example, my clients are at war, live with large families away from their homes, work multiple jobs and don't have time to find a place for solitude, etc.
- The use of self-compassion and self-support skills is difficult due to a certain level of burnout.
- Ensuring a psychotherapeutic relationship, regarding the avoidance of dual roles: It is difficult to keep clearly defined boundaries of the psychotherapeutic relationship, because sometimes the client simply needed information about the shelter on the way to evacuation, etc.
- Managing the end of a relationship: Every time I contact each client now, I root for her of him to come out alive and well and for their family to be okay. This also applies to contact with students and colleagues. After all, these relationships are extremely important to us: almost as important as family ones. In this regard, we have challenges regarding the agreements between the client and the therapist regarding the use of power.
- Building a working alliance, which is associated with the challenges of regaining control over the outside world, because the therapist himself or herself must first maintain this control.
- Having a psychotherapeutic plan: It is difficult to define appropriate and achievable goals, plans and strategies. It is difficult to make decisions about the scope or extent of psychotherapy and stick to the plan.
- Supporting clients' motivation for work: After all, their ability to recognize and understand their level of psychological functioning, and their ability to take responsibility for their own individual process, became significantly more difficult.

Professional Resources and Strengths

During the war, the pattern of ordinary life loses its value, and relationships acquire a new value, including psychotherapeutic relationships. Currently, we are good at helping to repair or rebuild relationships with other people after a crisis; ways of managing change and crisis; crisis intervention practices and referrals to specialized crisis services, centres with accommodation and other opportunities; practices of restoring therapeutic relationships after a crisis; keeping in focus the social, cultural and political context of psychotherapy in war; etc.

The level and intensity of our professional development has also increased significantly: training, practice, supervision, reflection, conducting research. As one of my basic psychotherapy students said, *"Thanks to the war, psychotherapy became more accessible and understandable to many people."* In this connection, the level of prejudice of the population towards these mental health services has significantly decreased. At the same time, many specialists, who previously did not intend to develop in psychotherapeutic education,

went for it because of the war and the need for knowledge. Also, in the conditions of war, our personal qualities objectively develop, which make each of us a good, stress-resistant professional psychotherapist. There has been an accelerated development of moral and ethical qualities, like personal directness, the ability to be stable, resilient, and the ability to manage complex or unpredictable feelings; recognize uncertainty and deal with it accordingly; awareness of one's own identity, origin and personality; the ability to feel physically safe (the ability to teach this to the client as well); the ability to be more compassionate and understanding, the ability to treat others with respect and the ability to work with other people's problems; the ability to make quick decisions, manage them; taking appropriate measures in the face of known fears, risks and uncertainties; application of critical judgment, etc.

I also observe how the long-repressed developmental conflicts and traumas of childhood and youth (in particular, in relation to various types of violence) are actualized in colleagues who are also my clients. Furthermore, the majority of clients (who remained in Ukraine) are forced to relive and/or expect traumatic experiences (due to unpredictable shelling). Those of them who do not have regular personal experience of working with a psychotherapist or supervision (social workers, some psychologists), at the beginning of therapy increasingly began to complain about certain dissociative reactions. One of the clients (a social worker) said at the beginning of the therapy that she came to work after the night shelling of the city, entered the office and her tears began to flow. So, she quietly cried while working in the office, almost all day, as if watching herself from a great distance. Of course, she could not work with people. However, she still had to work the next day.

I only have a hypothesis about the level of burnout amongst all our colleagues, and this is disappointing. I really hope for some research and indications of changes about this.

The story of another client of mine, with whom I agreed to release this information, is now typical in my work. She is a psychologist, has a private practice, is training as a psychotherapist, and is getting a PhD in psychology. The duration of therapy is almost 40 sessions, regularly, once a week. The client is about 30 years old, married, husband is a soldier, has been periodically in the war since 2014. He has a problem with alcohol. The family has two minor children. The client left her home because of the war. She is now forced to live with her children in her parents' family home. In addition, this place of residence is also not very safe due to the possibility of shelling. She has a lot of anxiety about her husband's condition (physical and mental), and about his non-return, or returning unwell (physically and mentally). Her coping strategies and resources centre around the children, work, science, dog, books, movies, sports. At one of our last meetings, the client sincerely admitted that both she and her husband were very tired. They are tired of loneliness and uncertainty, and the fears and anxieties that war brings. She sees how her husband, after 3 years of intense fighting, increasingly falls out of the stress tolerance window. And it is more and more difficult for him to return. She feels increasingly lonely, due to a lack of emotional strength. She says that she is grateful that *"the world sends such difficult clients who force her to grow professionally."* She says that it *"motivates, stimulates and develops"* her and gives her a resource for life. In her words: *"I'm enduring in this war only because I have a job."* At the same time, she says that, unlike at the beginning of the full-scale invasion, she is now *"very carefully choosing her studies."* Now she

chooses to study with care for her professional and personal needs and mental and physical capabilities. Her strength is exhausted. Now, in the third year of the war, she is increasingly inspired by the material side of her work. She works less and less on a volunteer basis. After all, she understands that she can rely less and less on her husband's financial support. It is increasingly difficult for her to endure the uncertainty regarding the status of her husband. As she says: *"My husband and I are now living up to his status of the two hundredth (200 is the number that qualifies for dead people) or three hundredth (300 is the number that qualifies for wounded), and this is more likely either until demobilization or until the end of the war (these two events are less likely)."* Thanks to regular psychotherapy, supervision and training, she has more confidence in her abilities and self-reliance. She notes that *"even taking care of children doesn't exhaust me so much."* She says: *"I'm tired of loneliness. I don't live, I survive." There seems to be a husband, we are in touch, but lately we do not injure each other with our condition and negative feelings at a distance – we take care of each other. Only in those rare cases, when he comes on vacation, we give free rein to our feelings. Only then I don't feel so lonely. Only in those brief moments."* In therapy, we worked and are working with her re-experiencing all the previous battles for autonomy, initiative, competence and intimacy. We also work with childhood traumas, which have now become more vivid. We also work with a positive sense of self. How destroyed she is, due to multiple traumas (war, birth of a second child, mobilization of her husband in the army). As a result, her self-esteem was destroyed, because in the course of these traumatic events, due to the condition of the victim, she began to doubt not only others, but also herself. We also worked a lot and work with feelings of guilt and inferiority. The work goes on, as the war goes on ...

The Concept of Caring for the Emotional State of the Psychotherapist in War

We do a lot to preserve the emotional well-being of psychotherapists, both here in Ukraine and the global psychotherapeutic community also does a lot. However, it is obvious that this is not enough. It is clear that it is impossible to do much in a protracted war. But we have to do it. After all, we face obvious challenges not only for the mental and physical health of psychotherapists, but also challenges to our compliance with all ethical and professional standards. Psychotherapists during the war are traumatized not only through traumatic transference and counter-transference reactions, but also directly traumatized by the war, as are their clients. Psychotherapists are usually people with high moral standards for themselves and strong compassion for others, so they are the worst affected by depressive symptoms and PTSD. And they cope well with them. They also cope well with burnout symptoms, somatization, etc. Although they have a fairly high level of mental resilience, it is not infinite, unfortunately. How long will they last? Experience has shown that those of us with higher resilience are those who have united, found inner security and a supportive community, have been able to have space to mourn, to restore a positive self-image, have regained power over themselves and their lives (the ability to trust, autonomy, initiative, capacity, identity and privacy) and have joked a lot. Sometimes my colleagues and I really push the envelope with our jokes. Unfortunately, however, the resources of those who unite other colleagues are also running out. Therefore, support for psychotherapists should become systematic.

I want to propose the concept of **a safe space-shelter** for mental health professionals. Now I am looking for an opportunity to launch

it in Kyiv. It is a safe psycho-social integrative space during the war, for mutual support, recovery, networking, rehabilitation, training, supervision of Ukrainian psychotherapists (in various modalities). The project is based on the prevention and healing of burnout, support and development of personality and professional abilities in difficult conditions of war. The project is about the importance of the profession of psychologist and psychotherapist to support society and each of its members, in times of war and post-war recovery. This project is also about the cohesion and cooperation of Ukrainian psychologists and psychotherapists, their cooperation with foreign colleagues. One of the main objectives of the project is to create comfortable conditions for specialists of different modalities, different levels of professional growth, different physical abilities, different financial status (as many of them lost their homes and usual living conditions as a result of the war), from different parts of Ukraine. Other goals of the project are to provide specialists with new opportunities for recovery and professional self-realization; to prevent and help cope with burnout; to draw attention to the importance of psychotherapeutic activities for society during the war and in the post-war recovery of the country and the healing of Ukrainian society from the trauma of war; to engage foreign colleagues in cooperation. The concept of the project includes: groups of psychotherapists staying in a safe psycho-social comfortable space (three programs – two-week stay, weekend stay, one-day stay); provision of basic needs (sleep, food, hygiene, etc.); exercise and relaxation (yoga, spa, etc.); response groups, therapy groups, personal support of psychotherapists; supervision and training groups, online psycho-social support for those who cannot be offline.

Usually, after wars end, public interest in those who were at the centre of the events fades away. We cannot allow this to happen – not only to soldiers and all the civilians who have suffered, but also to the wider psychotherapeutic community. Moreover, the war is not over yet and psychotherapists have more work to do. These professionals are responsible not only for the mental well-being of society during the war, but for many decades after it ends. After all, psychotherapists work on the lighter side of war – recovery and healing.

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I am very grateful to my colleagues, Ewa Dobiała and Marzena Rusanowska, for the opportunity to publish this article. Thus, the global psychotherapeutic community will have more information about how we live and work in war. I hope this will contribute to the expansion of research in the field of war trauma. I also sincerely hope that in this way we will find a common solution to prevent similar challenges to humanity in the future.

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References

Herman, J. (2019). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. Lviv: Staryi Lev Publishing House.

van der Kolk, B. (2022). *The Body Heals: How to leave psychotraumas in the past*. Kharkiv: Vivat.

EAP's Professional Competencies of a European Psychotherapist. Retrieved from: www.europsyche.org/app/uploads/2019/05/Final-Core-Competencies-v-3-3_July2013.pdf

Joanna Salska, 2022
Title: 'Solitary Dream'
(Oil on canvas, 30 × 45 cm)

"Here I am, as I am", says the rose. My typical working composition: low horizon, big sky, a bit bleary on a late fall evening. It feels cold. There is the movement of the open space. There is no future, no yesterday, only now. Whether I am led or observing is not in the question – the two things combine in experience. That experience of the meaningful object is expressed in paint, as a comment, a dialog, or an outrage.

Psychotherapeutic Assistance to Ukrainians in Poland through Psychosocial Games using the Positum MGS Method by Etion Parruca

Yuliia Korniienko and Illia Korniienko

Abstract: In this article, we provide an overview of the Positum MGS (Positive Psychotherapy and Movement, Games, Sports) therapeutic method. This method aids in stabilizing mental states, relieving physical tension, facilitating adaptation and integration into new environments, and promoting a healthy lifestyle and psychological hygiene through active psychosocial games.

We present the theoretical foundations and psychological concepts of the Positum MGS method, highlighting its key components and practical applications for psychologists and psychotherapists. We discuss the method's effectiveness in working with Ukrainian refugees in Poland who have experienced war trauma and displacement since February 24, 2022. Ukrainian and Polish psychologists and psychotherapists have observed the method's benefits in working with Ukrainian and Polish children, their families, educators, and social workers for over a year and a half.

Additionally, we include insights from foreign colleagues who have applied this method in group settings to address severe war trauma and other disasters in Albania, Kosovo, Moldova, Romania, and Turkey (following the 2023 natural disaster). We also explore potential limitations and challenges of the method, future research directions, and its suitability for modern psychological assistance.

Key Words: Positum MGS, Etion Parruca, Positive Psychotherapy, mental stabilization, war trauma, psychological integration

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In the current conditions, the provision of psychological assistance to Ukrainian society plays an extremely important role. The trauma of the war, in which the Ukrainian people are currently immersed, directly affects all spheres of life and activity both in the present and in the future, where society may face severe transgenerational (Rebecka, 2021) trauma and epigenetic changes (Neal, 1998).

Modern psychology and psychotherapy have several possibilities to stabilize the psychological state of society and reduce the level of traumatic impact on the Ukrainian community. These can also help society and every individual in it to improve their mental and physical health today and even influence the health of future generations. In this regard, the application, development, and implementation of effective working methods are extremely important directions in contemporary practical psychology and psychotherapy. One of these methods is "Positum MGS", which is based on the theory that therapy in people with severe psychological traumas can be best applied in group work, which can encompass all spheres of an individual's life through the use of psychosocial 'games'.

History of Positum MGS:

'Positum MGS' is a relatively new method, created by Etion Parruca in 2010. He is an Albanian psychotherapist, currently living in Germany. There are a relatively small body of scientific works and research, but the interest of the professional community is steadily growing and confirms the method's effectiveness in practice in many countries worldwide (Paruka, 2022). Meanwhile, Positive Psychotherapy by Nossrat Peseschkian, on which Positum MGS is based, is widely recognized in the fields of psychotherapy, pedagogy, psychiatry, medicine, and social work. The approach has proven highly effective, and its founder, Nossrat Peseschkian, was nominated for the Nobel Prize in Physiology and Medicine in 2009. In 1997, the significant contributions of Positive Psychotherapy, led by N. Peseschkian, in 1997, were honored with the main medical prize in the field of quality assurance in Germany – the Richard Martin Prize. Nossrat Peseschkian visited 67 countries worldwide, in most of which he had scientific reports on Positive Psychotherapy (including Ukraine in May and September 2007). Nossrat Peseschkian founded and headed the Wiesbaden Academy of Psychotherapy (Wiesbadener Akademie für Psychotherapie, WIAP) and the International Academy for Positive and Cross-cultural Psychotherapy (International Academy for Positive and Cross-cultural Psychotherapy, IAPP).

Theoretical Foundations of Positum MGS

The methodology was first systematically compiled and further developed by Meuwly and others (2011, 2012), as the MGS method. This method uses such tools as games from local and international cultures, movement, sports, and creative activities. The theoretical foundations of the Positum MGS method were developed and implemented in practice between 2011 and 2013 by its author, Etion Parruca. He applied the methodology that he had developed in his practice of group work with trauma in Albania and Kosovo.

Of particular significance to the topic of this article is the fact that in May 2022, Etion Parruca travelled to Poland to teach Ukrainian and Polish colleagues the methodology and practice of his Positum MGS method. This decision was made following the full-scale military invasion of Russia into Ukraine (February 24, 2022). It was a response to a request to conduct an important and strategic training for Polish psychotherapist and psychiatrist, Ewa Dobiała.

These tools are applied in groups of 6-14 children, led by an MGS psychosocial facilitator, with sessions lasting from 30 to 60 minutes, depending on the age group of participants. The children are typically found in day care centers or boarding institutions run by state institutions, as well as in communities and schools. The professional facilitator, works with a group of children from 12 to 50 sessions, depending on the needs and desires of the children. Each session consists of four parts uniting the group into a circle and creating attachment (merging) through the facilitator's friendly attitude, and followed with the stages of differentiation and separation (detachment).

The first stage is a warm-up: it includes active physical and mental exercises that have a logical connection to the main stage. This is an introduction to the roles that will be played during the main stage, thus setting the participants up for something more exciting.

The second stage – the main part, which begins with an introduction to the purpose of the game, type of sport, or creative artistic activity. The goals to be achieved and the rules to be respected. Progressive physical exercises, games, and sports activities are interrupted by three to five short moments of feedback to reflect on the childrens' feelings and the development of goals (opportunities), as well as the re-experimentation of the game or exercise with new understanding and reflections made during each mini-feedback.

The third stage is a relaxation period, which includes exercises for relaxing the mind and body, logically connected to the main part and requiring the use of imagination and less intensive movements. Breathing techniques and visualization are used for overall relaxation, thus preparing the group for the final part of the feedback.

The fourth stage – feedback, which is done in a circle, preferably sitting on the ground or in chairs, using a series of questions from the facilitator and answers from children and adults, delving into feelings and thoughts about the session, reflections on the development of certain actual abilities or conflicts associated with them, and suggestions for desired ways of action when the same activity will be conducted in a future session.

Some typical questions asked during the final feedback, depending on the age group of participants, the game or type of activity, include the following:

- How do you feel after this game? (Participants answer this question if or as they want to)
- What was difficult in the game/role and why?
- What did you like in the game/role? Why?
- What can we do differently when we play the same game in the next session?

Parts (1)-(3) take approximately 20 to 30 minutes, while part (4) takes approximately 10 to 30 minutes, depending on the game, age group, and readiness of participants for the game and differentiation during the feedback part. An important part precedes or follows the last question, which usually includes the so-called "safety factor questions" (Meuwly, Renneson, 2012), which the facilitator asks the group, anticipating a moment of reflection on how the game and its characters or roles are related to the real-life situations of the group members. This is the most important part, as it has a powerful psychotherapeutic potential, as it evokes emotions and thoughts that were blocked until that moment or session. Thus, the overall active verbal part of the session, including feedback questions and the safety factor, requiring responses and reflections from the group, can last up to 30 minutes. The

facilitator notes important elements related to the expressed thoughts and emotions of the group members, their premises, and areas for further research and rehabilitation in subsequent sessions. The positive impact of the MGS methodology on the mental and psychosocial abilities of children, observable as sensitive attitudes and behaviour during sessions, can be noticed from the second or third session with them, according to observations and reports of facilitators. In the long term, with the application of more than eight sessions, the results are more stable. In a study by Lasku and Lopari (2012) conducted with children who participated in the program for two years, they showed more improvements than those in the control group. The results of the study and conclusions with the experimental group show:

- Significant improvement in psychosocial well-being indicators
- Increased self-confidence and a sense of responsibility, perceiving themselves as more active participants
- Increased empathy and peer support
- Better integration into school groups and society as a result of improved communication.

Meanwhile, an improvement in relationships between facilitators and children is noticed, seeing specialists as reliable professionals, thanks to a favourable psychological climate. Regarding interaction with others, a decrease in dysfunctional behaviour and aggression towards peers was noticed, as a result of promoting cooperation during games. Another important finding is the reduction of discriminatory behaviour towards others by promoting tolerance during games and respect for others, regardless of their age, race, or origin. To illustrate this more clearly, one of the children said during a psychosocial activity, "Now I shake hands with Ana when we run during the game because it used to be a problem since her hand was black, but then I realized that she was trying to help me when I couldn't walk, and I really like that." These results are indicators of the effectiveness of the MGS methodology for rehabilitation and further development of children's abilities and resilience, as well as for improving their attachment and communication with peers and adults. Additionally, play plays an important role in the lives of children when conducted in a group: "Play plays a vital role in the formation of children's resilience in all adaptive systems – satisfaction, emotional regulation, stress response systems, attachment to peers and places, learning, and creativity. These benefits arise from the unpredictability, spontaneity, nonsense, and irrationality of play, as well as the sense of control in children. Adults should ensure that the physical and social environment in which children live promotes their games; otherwise, their survival, well-being, and development may be at risk." (Lester and Russell, 2010)

When group play is applied systematically and methodologically, the process of formation and recovery is significantly accelerated.

This initiative by Etion Parruca underscores his deep understanding of the importance of international cooperation and the exchange of experience in the field of psychotherapy. His trip to Poland was not only an opportunity to demonstrate and disseminate the Positum MGS method, but also an important step in strengthening psychological support for those affected by the war. His method, combining elements of psychosocial games and group therapy, represents a unique approach to the treatment of trauma and psychological rehabilitation, especially with young people and particularly relevant in contexts where traditional methods may be ineffective.

Training Ukrainian and Polish professionals in this method not only promotes the spread of knowledge, but also provides new tools for working with war-traumatized individuals, which is particularly important in light of current events in Ukraine.

Starting from 2008, a significant part of the psychosocial rehabilitation and development process of approximately 10,000 children in Albania, Moldova, and Romania began with the Positum MGS method, developed by a team of specialists in psychosocial resources and systematically implemented by more than 1,000 professionals, under the guidance of the Terre des Hommes foundation (Meuwly, 2011). The methodology consists of weekly sessions, each lasting approximately 45 to 60 minutes, with groups of 6 to 14 children, who are engaged in movement, games, sports, and creative activities through a collective approach. Positum MGS utilizes its strong physical (body movements) component, aimed at rehabilitating and further developing the mental and psychosocial skills (abilities) of children and adults. This improves their overall well-being and resilience after they have been prone to physical symptoms (lack of concentration, episodes of depression, social aggression, and isolation), as well as anxiety disorders as a consequence of trauma, cruel treatment, neglect, and exploitation.

Catastrophic events near residential areas, such as strong earthquakes, volcanic eruptions, floods, tsunamis, hurricanes, typhoons, etc., can leave behind many traumatized adults and children, who all need therapeutic assistance to cope with the variety of their PTSD symptoms. International, civil, tribal, religious, and armed conflicts can cause the aforementioned symptoms and disorders, which, if untreated, can have long-term consequences for the overall health of the affected and for the society they inhabit.

The MGS methodology was developed in 2005 as a training manual for social workers, psychologists, counsellors, therapists, teachers, and community volunteers. Professionals then applied its principles and tools to children who had suffered trauma from armed conflicts and natural disasters in countries such as Sri Lanka, Haiti, Iran, and others. In 2008, it was presented as a psychosocial development project for groups of children who suffered from cruel treatment, neglect, labour exploitation, and human trafficking in countries like Albania, Moldova, and Romania. Since becoming a state-accredited methodology in these countries for use in child protection and psychosocial development training, its theoretical and practical guide includes psychodynamic and humanistic principles, as well as theories from other schools of psychotherapy and psychology.

Possible Limitations

To date, listening to feedback, a possible drawback of the method can be identified. It lies in the name of the fundamental concept that forms the basis of the method, namely, in Positive Psychotherapy (PPT). People traumatized by war find it difficult to perceive the word "positive" and often confuse this approach with positive thinking or positive psychology. But with established contact, this problem is resolved by informing that the basis of the method lies in the Latin word "Positum," which means "given" or "factual". The difference in approaches of positive psychology from Positive Psychotherapy is very clearly described in the scientific article by Ewa Dobiała and Peter Winkler, entitled "Positive Psychotherapy" by Seligman and "Positive Psychotherapy" by Peseschkian: A Comparison (Dobiała, Winkler, 2016).

Practical Application of Positum MGS in Working with Ukrainian Refugees

The experience of Ukrainian psychologists and psychotherapists in working with children and adults displaced abroad after February the 24th, 2022, has revealed the profound potential of the Positum MGS method. As millions of Ukrainians sought refuge in foreign countries, they faced complex challenges related to war-induced trauma, cultural disorientation, and the need to adapt to unfamiliar environments. Addressing these challenges required innovative, flexible, and evidence-based approaches, among which the integration of Positum MGS proved particularly impactful.

One of the key elements in our work was the use of Positum MGS as a central tool in both individual and group therapy sessions. By incorporating these activities, therapists were able to create a safe and structured environment whereby participants could process their trauma, regulate emotions, and foster a sense of belonging in new cultural settings. These Positum MGS games also allowed participants to reconnect with their bodies, enabling a somatic release of stress and tension often rooted in trauma. Through observation and feedback from participants, it became evident that the application of MGS games significantly reduced stress levels. These games facilitated moments of joy and engagement, allowing individuals – both children and adults – to shift their focus from the negative weight of their circumstances.

Psychologists also reported that children particularly benefitted from the interactive and playful nature of the games, which provided a therapeutic outlet for expression and emotional healing. Adults expressed their gratitude as well for the chance to participate in these activities, as they provided a rare opportunity for relaxation, connection with peers, and gradual adaptation to their host countries. Many participants noted improvements in their ability to communicate, express emotions, and rebuild trust in others – a crucial step in the healing process for those who had experienced the atrocities of war.

Group therapy sessions were integral to fostering community support among Ukrainian refugees. Within these groups, Positum MGS games were used, not only as a form of psychosocial intervention, but also as a medium to strengthen interpersonal bonds and encourage mutual support. For children, the games often served as metaphors for resilience and problem-solving, while for adults, they became opportunities to reflect on their strengths and develop coping strategies.

Trauma-informed approaches were embedded in every session, ensuring that facilitators provided an empathetic and nonjudgmental space for participants. These sessions also highlighted the importance of cultural sensitivity in therapeutic work, as MGS games were adapted to incorporate elements of Ukrainian culture and traditions.

While the results were overwhelmingly positive, therapists faced several challenges in applying Positum MGS in this context. Varying levels of trauma among participants required tailored approaches and constant adaptability. Additionally, ensuring consistent access to therapeutic spaces and resources was often complicated by logistical and financial constraints.

Despite these challenges, the collaborative efforts of Ukrainian and Polish psychologists underscored the method's potential for scalability and its relevance in addressing traumatic crises. Further research and professional development in the application of Positum MGS will be crucial in optimizing its use in diverse settings and populations.

Conclusions

In conclusion, based on his academic and work experience, Etion Parruca (2011) notes that there are hundreds of millions of children and adults who have been – and remain – victims of the crime of human trafficking, including forced displacement, loss of contact with primary caregivers, forced labour or prostitution, war and armed conflicts, systematic physical and psychological violence, etc., as well as being victims of domestic violence, neglect, and trauma both in Europe and on other continents. As a result of traumatic experience, most of them have an urgent and ongoing need for both individual and group therapy. Most of the rescued victims can be found in public, educational, and protective boarding centres, and besides other psychologists and therapists, the primary duty of positive psychotherapists and consultants, who claim to have a humanistic view, may be ongoing work and offers of their therapeutic and consulting services to these unfortunate souls, applying the principles and tools of PPT, including psychosocial games according to the MGS methodology, to help the group and its members heal physically, mentally, socially, and spiritually. Professor Peseschkian often quoted: *"If you want something you've never had, then do something you've never done."* This implies, in his words, that *"It's never too early and never too late to learn, it's always the right time"*.

The path of further long-term work with war trauma with the training in the Positum MGS method began more than a year and a half ago for Ukrainian and Polish specialists. Today, they are certified trainers in this method. They regularly play psychosocial games with hundreds of children and adults, who have suffered from war trauma and forced displacement. They also train and consult colleagues who have decided to use this methodology in their group work.

During this time, Ukrainian and Polish specialists confirm the internationally researched effectiveness of Positum MGS. They have also expanded the arsenal of techniques and games of this method. It is precisely for such openness and equality in interactions between professionals that prompted Etion Parruca (2022) to lay the foundation for his method.

This initiative by Etion Parruca underscores his deep understanding of the importance of international cooperation and the exchange of experience in the field of psychotherapy. His trip to Poland was, not only an opportunity to disseminate the Positum MGS method, but also an important step in strengthening psychological support for those affected by the war. His method, combining elements of psychosocial games and group therapy, represents a unique approach to the treatment of trauma and psychological rehabilitation, particularly relevant in contexts where traditional methods may be ineffective. Training Ukrainian and Polish professionals in this method not only promotes the spread of knowledge, but also provides new tools and skills for working with war-traumatized individuals, which is particularly important in light of current events in Ukraine.

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We are a married couple and Ukrainian specialists who urgently relocated to Poland with our three children following the full-scale war in Ukraine. For nearly three years, we have been working in Leszno, Poland, focusing on war trauma. We provide psychological and psychotherapeutic support to hundreds of Ukrainian refugees, while being refugees ourselves.

References

Dobiała, E., & Winkler, P. (2016). Positive psychotherapy according to Seligman and positive psychotherapy according to Peseschkian: A comparison. *International Journal of Psychotherapy*, 20(3), 5-17.

Heiniger, J-P., & Meuwly, M. (2007). *Laugh, Run and Move to Develop Together*. Terre des Homes Foundation.

Lasku, A., & Lopari, E. (2012). *Fuqizimi i fëmijëve dhe zhvillimi i kapaciteteve mbrojtëse të tyre si një model i efekstshëm për të identifikuar dhe parandaluar abuzimin e fëmijëve: një model i bazuar në evidenca dhe praktikë. [Empowering children and developing their protection capacities as an effective model to identify and prevent child abuse: a model based on evidence and practice]*. Terre des hommes Foundation, Tirana, Albania. [in Albanian]

Meuwly, M. (2011). *Working with children and their environment: Manual of psychosocial skills*. Terre des hommes Foundation.

Meuwly, M., & Renneson, G. (2012). *Traditional games for child protection*. Terre des hommes Foundation.

Parruca, E. (2011). EU and Member States facing modern-day slavery in children. In E. Parruca (Ed.), *Positive efforts and gaps existing in selected EU Member States after the entry into force of the UN Palermo Protocol* (pp. 84-93). Lambert Academic Publishing.

Parruca, E. (2022). Psychosocial transcultural games as tools in group counselling, therapy and training for dealing with crisis and trauma from war, armed conflict, and forced displacement. *The Global Psychotherapist*, 2(2), 32-41.

Peseschkian, H., & Remmers, A. (2013). *Positive Psychotherapie: Wege der Psychotherapie [Positive Psychotherapy: Ways of Psychotherapy]*. Ernst Reinhardt Verlag.

Peseschkian, N. (1977). *Positive Psychotherapie: Theorie und Praxis einer neuen Methode [Positive psychotherapy: Theory and practice of a new method]*. Fischer.

Rebecka, W. (2011). *Rape a History of Shame: Diary of the survivors*. Rape a History of Shame Project.

Joanna Salska, 2023
Title: 'The Bells Called'
(Oil on canvas, 30 × 45 cm)

More fierce still are those who suffer from plagues of both war and individual violence, domestic violence or the web of historical upheavals. One interrogates evil, and the possibility of finding and eradicating its cause. Is it possible that people are born good? Here is a world of endless questions. She is not afraid.

To Join Without Mixing and to Separate Without Destruction: Assimilation vs. Adaptation of Ukrainian Refugees

Kateryna Ovcharek, Natalia Khanetska,
Olena Savchuk, Illia Korniienko

Abstract: In this article, we explore the psychological processes and unique characteristics of the modern wave of Ukrainian migrants. Historical circumstances provide crucial insights into these processes. Our analysis shows that quicker immersion in a new environment and forming positive social contacts with the local population enhance adaptation. However, refugees fleeing the war in Ukraine face distinct challenges. Feelings of loss, trauma, guilt, and the expectation of returning home hinder their adaptation, leading to mental health issues like depression and panic attacks.

Language assimilation poses a significant challenge, especially for children who may forget their native language, causing anxiety and alienation. We propose fostering social groups founded by refugees, such as the Ukrainian House in Leszno, Poland, to aid adaptation. These groups provide psychological support and help maintain cultural identity while facilitating integration into the new society.

We emphasize the importance of preserving national identity while promoting multiculturalism. A transcultural approach, valuing unique cultural backgrounds, can help develop a stable, multifaceted personality. This approach encourages mutual understanding and respect, essential for peaceful coexistence in a globalized world. Supporting Ukrainian centers in various countries can help maintain cultural identity and facilitate adaptation, contributing to the development of a multicultural society.

Key Words: Ukrainian Refugees, Adaptation, Language Assimilation, Cultural Identity, Multicultural Society

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My beloved Motherland, I love you infinitely,
when I tenderly hold you in my arms,
with love, I imagine all that is dear to me:
every little grass, tree, garden,
a sweet corner dear to my heart!
All my close ones: family, friends, relatives –
that which forever unites us in our souls!
All my teachers, even just acquaintances,
because there are no 'accidents' in life!
Everything I love, value, and honor –
Everything I've encountered, everything that currently concerns me!
With all this, I have a strong connection in my soul,
I cherish it as the most precious treasures!
And though fate has scattered us around the world,
like wind scatters wheat grains across the lands,
these glorious seeds will grow everywhere,
uniting us all in the sincere Spirit of Love!!!

Kateryna Ovcharek

We aim to touch upon certain psychological processes and talk about the features of the modern wave of Ukrainian migrants, it cannot avoid historical circumstances, as they shed light on the understanding of these psychological processes.

The experiences of numerous migrant waves worldwide demonstrate that the quicker individuals immerse themselves in a new environment and form positive social contacts with the local population, the faster and better they adapt to new conditions. The desire to start afresh and leave unpleasant memories behind can motivate immigrants to settle quickly into their new surroundings. This often leads them to avoid contact with former compatriots, a phenomenon that is both evident and widely observed.

The situation is somewhat different with refugees, especially those from Ukraine, who fled abroad from the war. Among all Ukrainian refugees, there is a certain percentage of those who planned migration. Thus, the war hastened these plans in quite an unpleasant way, but still, we notice differences from ordinary immigrants. The refugees who found themselves abroad in search of a safe place for their children, may not be ready for the adaptation process. What can hinder this are: the feeling of loss or trauma; longing for loved ones; feelings of guilt and/or shame towards those who stayed in the homeland; expectation of return and perceiving their stay abroad as 'temporary'. These factors reduce a person's ability and motivation to adapt to a new society, contributing to the development of depression, panic attacks, and various psychosomatic disorders.

Importance of Language Assimilation

A distinctive feature of the current wave of Ukrainian migration is that the war against Ukraine, is actually based on national grounds, with the main accusation being the Ukrainian

language. Over three centuries, starting from 1620, bans on the oral and written Ukrainian word were introduced in Ukraine, and the Russian language was imposed. Accordingly, in Ukraine, the Russian language spread not through people's desire to communicate in it, but through forced implementation and punishment (from dismissal from work to imprisonment and capital punishment) for using the Ukrainian language. In the context of migration, Ukrainian refugees have had to learn the language of the country they are in. And this is an understandable condition. This moment becomes painful when it comes to children: learning the language of the hosting country, they forget their own. From the experience of the Ukrainian House in Poland, mothers of 3-4-year-old children sadly noted that even at home, children speak Polish, despite the parents speaking to them in Ukrainian. When it comes to teenagers, we receive more and more inquiries regarding children's reluctance to go to school, where among the first factors students mention the prohibition by the teacher to speak Ukrainian during breaks. This ban is not established at the school level but is the desire of individual teachers. Such a ban does not improve adaptation but intensifies feelings of anxiety and alienation in the new society. Here comes the paradox: parents took their children out of the country to preserve their Ukrainian identity, while adaptation to local conditions requires learning another country's language and, in fact, threatens the loss of such identity. The reduced ability of refugees to adapt poses a problem not only for them but also for the country in which they are located.

How can the problem of assimilation be solved?

Strangely, contrary to the well-known way of facilitating adaptation mentioned at the beginning, the best solution may turn out to be not immersing the migrant in a new society but fostering the formation of social groups founded by the refugees themselves for mutual support. An example of such a group is the Ukrainian House in Leszno (Poland). The project WAPP Support Project, created at the initiative of psychotherapist refugees from Ukraine, with the support of the City Family Assistance Center of Leszno. The idea of the project is to facilitate the restoration of the ability to contact, first of all with oneself, and then with the environment. As a result – the restoration of social activity, initially in the circle of compatriots, and then the development of the ability to adapt in a new country (improving mental state and well-being, learning the language, finding a job, etc.). Such an environment simultaneously helps to retain the Ukrainian identity and adds confidence in external contacts and facilitates adaptation.

The main activities of the Ukrainian House are psychological individual consultations and various group formats, such as children and teenage groups for self-awareness and emotional intelligence development or adult groups: a psychological educational group, a group of psychological improvisation (an experimental idea that arose as a response to the request of the group), and a support group. The clubs are conducted by the refugees themselves. For example: the studio «Malyatko» integrated classes in the Ukrainian language for 3-4-year-old children with a Ukrainian teacher, a dance studio, singing and playing acoustic guitar, a literary and artistic salon (preparation of children's and traditional Ukrainian celebrations). Initially free of charge, now on a paid basis (moderate fee) due to the reason that the ability to pay for services, not just receive gifts, restores the feeling of confidence and the dignified social status (not to feel like a refugee who can only afford free services).

According to the UNESCO declaration (Universal Declaration on Cultural Diversity, 2001), culture is interpreted as a complex of material, spiritual, intellectual, and emotional features of society, encompassing not only various arts but also lifestyle, basic rules of human existence, systems of values, traditions, and beliefs. Staying in another country is primarily a «meeting» with a new culture, traditions, beliefs, i.e., new features of life. At the same time, preserving national identity is one of the main tasks of today for every Ukrainian who cares about the future of their Homeland. It is the younger generation that is the potential source of the country's well-being, preserving its values and traditional features. Most refugees who crossed the borders of their native country during the full-scale invasion left precisely to protect and have the opportunity to come into «their own», authentic self.

Guided by psychotherapeutic theories of personality development, we understand that the most significant influence is exerted by the model for imitation and repeated repetition. That is why children, observing their parents' examples for years, become similar to them, repeating mental and behavioral patterns. Ukrainian identity is an «embroidery of specific threads of language, traditions, beliefs, stories, art, life rules, and traditions». Demonstrating Ukrainian identity with love, parents give the opportunity not just to identify themselves as part of a unique culture, but also to express themselves as such, be proud of their belonging and pass on their specific knowledge to others. Such modeling of the situation would be ideal, but not real now. In the global space, we encounter different cultures, especially if we do not live in Ukraine. Therefore, simple imitation is not enough. We can use the opportunities that the situation provides, as our main task is to raise a healthy Ukrainian personality who will have a flexible psyche and powerful potential for development.

Let's try to look at the problematics of this thesis from the point of view of the functioning of the psyche and the course of certain psychological processes. When encountering another culture, we can interact differently and here are the main 3 approaches.

First approach, called multicultural, involves highlighting one culture as dominant (often the culture of the country where the person is located) and a certain interaction with other «lesser» cultures in that space. Metaphorically, it is like neighbors living in the same apartment building, not violating each other's boundaries, and doing whatever they think is necessary in their apartments. But, continuing the metaphor, these residents have to leave their apartments. Then they meet and have to coexist somehow, following the rules of the house owner or antagonizing. And this is already a second intercultural approach – the interaction of two or more cultures. The main idea of these approaches: if a representative of a culture wants to coexist peacefully with others, they must learn the peculiarities of the psyche, behavior, views, etc. of other representatives and take them into account in that common space. Thanks to N. Pezeshkian's (1987) positive transcultural psychotherapy, we can explore the possibilities of transitioning from the process of assimilation to adaptation through the third: the transcultural approach.

The transcultural approach sees each person as unique and unique due to their upbringing in childhood, past experience. Each person has their own special personality structure that is relevant to them. And the formation of this personality took place under the influence of cultural peculiarities of living and attitude to the child in a particular specific country. That is why we can confidently say that all residents of the same country have common features (for example, punctuality is inherent to some nations, cleanliness to others, responsibility

for rest to others, loyalty, etc.), but within the same culture, we observe diversity and variety in the above-mentioned manifestations of different personalities, their multi-facetedness and uniqueness. So, having something in common (basic abilities to know and love), due to staying in different national, family, traditional, religious cultures, psychotherapists observe a variety of personality manifestations. And the very philosophy of the work of a positive psychotherapist involves the development of those current abilities that are now useful for the life of the client or patient.

Based on the view of L. Moskalenko (2023), that transculture is created at the borders of different national, social, professional cultures, where their unrealized possibilities, semantic and symbolic lacunae are revealed, the question arises: What unrealized possibilities can we see at the intersection of two national cultures? What underdeveloped, repressed abilities of our culture can we «extract from the unconscious» with the help of another culture, another national approach to being?

Thus, the transcultural approach, as a way out of the situation of assimilation (dissolution in another culture, loss of identity), is the development of a stable multifaceted personality, discovering the new in oneself, thanks to being in the new. This does not mean complete absorption by the new culture and eradication of the native one, this does not mean a narrow view of situational functioning at different periods of one's life in different cultures (for example, at school – in Polish culture, at home – in Ukrainian). This means a comprehensive view of the development of personality by different possibilities, enrichment from different cultures (development of various abilities, broader views, personality traits, values, behavior options, acceptance of difference, understanding of others, ability to give others the right to be, the ability to give oneself the right to choose, models for imitation, reaction patterns, etc.). In other words, a more integral attitude to one's I, You, We, Us and a chance to be flexible in the global culture of humanity. Indeed, the peculiarity of modern society is the rapprochement of countries and peoples, the intensification of their interaction, so researchers of various fields increasingly turn to the topic of multiculture.

At the same time, the development of true multiculturalism is possible only when a person retains his initial cultural identity, and from this center, he can be open to interaction with other cultures. When a person does not have to defend her nature, when she relies on it, then she shows interest in the new, different from the usual. When the boundaries of one's cultural identity are flexible and transparent, they are revealed, then there is a natural expansion of these borders for the penetration of the experience of a new culture. On the other hand, if the boundaries of one's cultural identity are too rigid, integration is impossible. If the boundaries are absent or dissolved, then the identity is not formed, then there is a mixing of identities or the substitution of one for another, which is accompanied by internal conflict and can manifest itself in various disorders.

In this situation, supporting and strengthening the initial cultural identity in each Ukrainian in forced emigration will contribute to the natural and harmonious expansion and formation of a multicultural identity. Then the experience of one's own culture can be integrated with the peculiarities of other cultures and effectively reworked into a new progressive experience at both the individual and collective levels. Therefore, it is important to support the organization of Ukrainian centers in various countries, where Ukrainians are currently located. integration process can be difficult because it initially takes place

not in the interest and acceptance of another culture, but out of necessity, in living through traumatic circumstances.

In any migration trauma, the repressed context of separation anxiety and separation crisis in evident. Since the territory can be considered a maternal object, with which a significant connection that supports and contains is lost. Therefore, it is so important that this connection is maintained, providing a resource for mastering new experience and developing a multicultural identity. For the effective mutual penetration of cultures, it is also necessary to promote the counter movement, therefore, to introduce the local population to the new culture and form interest and acceptance of new cultural heritage. This is already happening in everyday natural life, but the best way to form quality interaction will be in specially organized public events, such as days dedicated to a particular culture, as well as Days of Unification of Cultures, fairs, holidays, where different cultures living in this territory will be represented. At the turn of the second and third millennia, it becomes increasingly clear that humanity is developing by expanding the interconnectedness and interdependence of different countries, peoples, and their cultures. Under such tendencies in social development, it becomes extremely important to apply a transcultural approach, which forms the ability to identify the cultural peculiarities of peoples in order to understand each other and achieve mutual recognition. And as a result, based on the unification of joint efforts, to be useful to each other, and with the help of their differences, to be useful to the world! This becomes possible provided that there is knowledge of one's national culture, its peculiarities and traditions, as well as interest, gratitude, and acceptance of other cultures.

Unification without mixing and division without destruction. The formation of the differentiation stage, in contact with other cultures, is an indicator of healthy interaction for the future development of a multicultural society.

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References

Moskalenko, L. (2023). Transcultural Psychotherapy: Opportunities in times of trials. Webinar.

Peseschkian, N. (1987). *Positive Psychotherapy: Theory and practice of a new method*. Springer. doi.org/10.1007/978-3-642-70715-5

Starovoitov, A. (2024). Crises of identity in forced emigration. Webinar.

UNESCO. (2001). *Universal Declaration on Cultural Diversity*. Retrieved from: www.unesdoc.unesco.org/ark:/48223/pf0000127162

Joanna Salska, 2022
Title: 'Unendurable Moment Struck'
(Oil on canvas, 30 × 45 cm)

The war is like a scar that is carried through generations. The children of our children will feel the pain even though we wish so much that they would not. And they will need to look for their own healing.

Shadows of War in the Light of Life

Larysa Hilova

Abstract: The war reawakens the unintegrated pain of past generations, bringing to the surface the displaced, fragmented, and unlived aspects of the psyche. This article examines the impact of transgenerational trauma on personality development, viewing collective trauma as a disruption to the natural way of life for families and nations. Unrecognized, unshared, and unlived trauma prevents individuals, communities, and nations from transcending a traumatic level of functioning.

Through an analysis of the intergenerational experiences of a Ukrainian family, the article presents the traumatic histories of three generations. It explores the psychological conditions and potential for personal growth by addressing individual trauma through the lenses of truth, hope, and courage.

Key Words: transgenerational trauma, cycle of traumatic repetition, behavioral reactivity, traumatic functioning

The war is a big figure that carries many events that overwhelm us. Ukrainians are in a long-lasting trauma, in which connections and meanings are being severed on many levels simultaneously. For almost two years of the war in Ukraine, I have been asking myself questions and searching for answers. My search touches on intergenerational experience, its shadow, part of the collective unconscious, partly unlived.

The onset of Russia's full-scale invasion of Ukraine on February 24, 2022, shattered any illusions of "brotherhood" and exposed the harsh reality of the neighboring country's approach to relations – coercion to brotherly ties by force. Such historical moments, as Nossrat Peseshkian, the founder of positive transcultural psychotherapy, identified, are a key component influencing personality formation (Peseshkian, 1987, 1996).

The history of Ukraine in the 20th century, like that of many European countries, was extremely dramatic. During this period, Ukrainian society experienced several global tragedies: the First World War (1914-1918), the Holodomor of 1921-1923, and the Holodomor of 1932-1933, which has been recognized as an act of genocide against the Ukrainian people. The Holodomor, meaning "death by hunger," refers to the mass starvation of peasants in the

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Ukrainian Soviet Socialist Republic. The Soviet authorities' planned confiscation of grain and other foodstuffs from the peasants led to widespread death. This terror of hunger was a punishment for Ukrainians' resistance to the collectivization of agriculture and their unwillingness to submit to Russian control.

Then came the German invasion in the Second World War (1939-1945) and another Holodomor in 1946-1947. The second half of the 20th century was marked by a period of postwar calm, yet it was also characterized by the impossibility of living in an independent state.

At the beginning of the 21st century, Ukraine hoped for a peaceful life among the family of European states. Instead, it has endured a decade of aggression from its eastern neighbour, Russia. We are now uncovering the extent of the collective (intergenerational) trauma experienced by Ukrainians, encompassing ethnic, political, economic, socio-cultural, and linguistic oppression. It is unhealthy for different nations to be perceived as unequal. Historical trauma – whether collective, ancestral, or transgenerational – disrupts the natural path of life. Generations of Ukrainians carry the unconscious memories of traumas and catastrophic events, but also a collective potential: values and meanings of love, cherishing life, freedom, the right to free choice, unity, and creative work. Despite constant pressure, we have survived and preserved our national identity. Do we have a chance to win independence? Is there hope?

According to Ukrainian psychiatrist and psychoanalyst Roman Kechur (2023), trauma is a suffering that is not shared or recognized by others, to which we constantly return. The purpose of this repetitive cycle is the desire to reconstruct a past state of intense arousal: unintegrated pain and unconscious fears. Trauma mesmerizes and narrows perception, blocking sensations and retaining psychic energy. Trauma is a split.

In her speech titled "From Crisis to Freedom" at the III Joint Online Symposium of the Ukrainian Union of Psychotherapists, European Association of Psychotherapists, and the Czech National Association of Psychotherapists (2023), Emmy van Deurzen highlighted a paradox of life: avoiding darkness does not lead to a solution. It is impossible to break the cycle of traumatic repetition by fixating on the trauma. One needs to distance oneself from the trauma and move beyond the traumatic level of functioning.

What helps?

1. Recognizing and empathizing with the world. Support and communication. We+.
2. A renewed attitude towards life. Transformation of meanings.
3. New interactions with oneself, the world, and the future.

My personal story

My grandfathers were contemporaries of the twentieth century. One of my ancestors, Mykhailo, made a choice in favour of life in his 30s during the time of collectivization. Amid the forced creation of collective farms, he voluntarily gave up his property for the right to choose his own path and life. He found a personal solution for himself and his family in a situation of oppression, nurturing hope for a life of his own choosing. In 1943, my grandfather, the father of four children, died on the Belarusian front. My father never met him.

My second grandfather, Oleksii, returned victorious in 1945, having reached Berlin. He suffered from a concussion and other health consequences, enduring both physical and emotional pain. He sought recovery through physical labour, rebuilding his life and home, surrounded by family and friends, raising chil-

dren and grandchildren. However, complete recovery eluded him; his strong emotions, anger, and rage often surfaced reactively and uncontrollably. Consequently, his warmth and tenderness were not always available to his children.

My mother had the status of a child of war. Born in 1942 during the occupation in northern Ukraine's Sumy region, her life has been one of armour. Peace outside does not mean peace inside.

A long time ago, at a seminar on symbolic drama, I drew a winter tree, a Christmas tree. I was surprised that what started as a festive tree turned into a dead and sad one. This hidden imago clue revealed dead emotions. The symbolism struck me with the realization that the Christmas tree represented my mother. With that insight, suppressed memories resurfaced, connecting with my feelings of despair, emptiness, and fear when I saw my mother as inaccessible, withdrawn, and "frozen". I remembered my desperate childhood and youthful impulses to resurrect her, to "make her more alive". In my efforts to save her, I grew up with the shame of an unknown disease and deep sympathy for my mother. It took time and many steps to realize that my mother carried the unprocessed traumas of her ancestors in her body, mind, and soul.

"Traumatized people are afraid of deep experiences," writes Bessel van der Kolk (2023). *"They are afraid to experience their emotions because emotions lead to a loss of control. The essence of trauma is to feel forgotten by God, cut off from the human movement."*

I share the opinion of clinical psychologist Gabor Maté that war begins with a lie, and peace begins with the truth (2023). To take myself out of the internal war, I need to recognize the truth: that I am not isolated and lost in the world of people. I am disconnected from contact, first of all, with myself. I remain vulnerable and sensitive, and I respect my right to be myself. I can choose a new meaning and build hope. I can rely on a personal perspective, on victory.

My Steps to Recovery

Here are the resources I used to move beyond trauma and live through the unintegrated pain of my ancestors, both in peacetime and during the war:

1. **Combination of Personal and Group Therapy**: In peacetime, this allowed me to express pain, confront shame, connect with my body, react, and live. It enabled me to tell my story of how I am connected to the trauma, to be myself at my core, in friendly relationships, and to be heard and understood in psychotherapeutic and interpersonal relationships. I felt safe, empathized with, and deeply connected.

2. **Slow Healing in Peacetime**: This involved revising my core life program from survival in danger to reorientation towards releasing tension. I restored my connection with life, trust in the world, openness, love, and playfulness with my potential, people, and life. I recognized that I am defined not only by the traumas of my ancestors. I understood that trauma can be stopped and that I am responsible for a different kind of connection with life – safe and reliable. I reconnected with myself and my potential through my body, experiences, mind, intuition, and imagination. I recognized and differentiated coping as a program for overcoming tension, choosing new productive ways. I adopted proactive solutions, thinking independently and critically, considering alternatives, determining my own position, making decisions, taking responsibility, and creating space for joy, peak experiences, and creativity.

3. **Values Activated During the Full-Scale War in Ukraine**:
   - The need to develop and preserve national (civic) identity.
   - The rise of the Ukrainian nation as a civil community.
   - Rethinking family and common history.
   - Recognition of national identity and passion.
   - Engaging with collective wisdom: language, folk customs, values, traditions. Learning about the "hidden or lost" stories of Ukraine's life and struggle for independence.
   - Growing a sense of dignity, strength, self-respect, and resilience.
4. **Belonging**: Relying on the powerful force of relationships and experience. Bringing people together in Ukraine and building new communities: volunteer organizations, civic associations, trade unions, non-governmental national and international organizations, and communities. New ideas and actions emerge in new personal and social ties, realizing the values of kinship and unity. Feelings of helplessness and despair are overcome, and hope, the will to live, and faith in life grow.
5. **Professional Development**: Intensive training in working with trauma, generously shared by fellow scientists and leading psychotherapists from Eastern and Western Europe, the Middle East, North and South America, and Australia. In the challenges of living with trauma, the movement from psychodynamics to existential dynamics unfolded. Through the dialogue of cultures and professional experiences, the topic of stabilization, reconsolidation, and healing of traumatic experiences was comprehended, setting the direction for understanding the application of forces at different stages, and identifying ecological, timely, productive, and effective forms and methods.
6. **Healing of the Witness**: Experiencing the threat of death, witness trauma, or vicarious trauma. Living through acute stress and chronic exhaustion from suffering and pain while simultaneously working daily on processing experiences, returning to what is valuable, and regaining strength. Transgenerational trauma requires collective healing, often through group forms not just at the psychotherapeutic level but also on a peer-to-peer basis. Healing of the witness involves reconsolidation of memory, patiently and kindly accepting one's own powerlessness and vulnerability, moving from splitting and polarization to focusing on life, potential, and resilience. Daily care, support, and self-help are essential.
7. **The Practice of Psychotherapy**: This allows us to affirm life, share knowledge and experiences on how to move from crisis to well-being, learn to rise up and appreciate oneself, and not reject one's "dark parts." It involves paying attention to pain and going beyond living in trauma, finding direction, perspective, and vision (an image of the future). The nurturing of life in psychotherapy is a valuable contribution to the development of individuals and groups, and to social life.

I withdraw myself from the internal war because I have strength, love, and a sense of significance. I want peace and healthy relationships. I have hope and look at life as it is. Living through trauma, we overcome the sentence of "being broken" and remaining prisoners of the past. We find new opportunities to connect with life, given the transformative experience.

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References

van Deurzen, E. (2023, November 17). *From crisis to freedom*. Speech presented at the III Joint Online Symposium of the Ukrainian Union of Psychotherapists, European Association of Psychotherapists, and the Czech National Association of Psychotherapists. https://youtu.be/8CKR6iodOrU

Kechur, R. (2023, December 30). *The choice between easy and right, trauma, finding the guilty*. [Interview]. Lviv. https://youtu.be/iDgXZG2clUI

van der Kolk, B. (2020). *The body remembers everything: What role psychological trauma plays in a person's life and what techniques help to overcome it* (I. Chornyi, Trans.).

Pezeshkian, N. (1996). *Psychosomatics and Positive Psychotherapy: Translated from the German*. Moscow: Medicine.

Peseschkian, N. (1987). *Positive psychotherapy: Theory and practice of a new method*. Springer. https://doi.org/10.1007/978-3-642-70715-5

Joanna Salska, 2022
Title: 'The Jig is Up'
(Oil on canvas, 30 × 45 cm)

He searches for a reason and truth in the rubble of ideas and entanglements. No philosopher came up with an answer. There are many words and religions, and none in themselves can fulfill. No matter the scale, depth, or capability of our programming, we can only respond, unaware of what comes after. One can sense the shadows of war and search for light.

Ethical Dilemmas of a Psychotherapist in Wartime: Finding a Balance between Professional Standards and Reality

Mariia Tyshchenko

Abstract: A code of ethics is the foundation of psychotherapeutic practice, defining the principles of confidentiality, client autonomy, professional responsibility and clear boundaries in relationships. However, war creates circumstances in which adherence to these standards becomes difficult or impossible. The article discusses the ethical dilemmas of psychotherapists in wartime: therapist and client safety, changes in the format of work, and the balance between professional neutrality and personal beliefs. The issues of confidentiality, adjustments to the therapeutic contract, and the permissibility of changes in professional boundaries are analysed.

The article outlines the need for flexibility in decision-making, preservation of ethical standards, and support for professionals through supervision and professional cooperation. The article does not provide definitive answers but offers a basis for discussions on the adaptation of ethical standards of psychotherapy in wartime.

Key Words: ethical dilemmas in psychotherapy during war, ethics, psychotherapist during war

Introduction

The Code of Ethics is the basis for the professional activity of a psychotherapist. All mental health professionals are guided by generally accepted ethical principles, including confidentiality, client autonomy, professional responsibility, and maintaining clear boundaries in relationships with clients (Kitchener, 2011). However, there are situations where adherence to these standards becomes difficult or even impossible.

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According to the American Psychological Association, the most common ethical dilemmas in the work of a psychotherapist are issues of confidentiality (18%) and conflict or dual relationships (17%) (Pope & Vetter, 1992). At the same time, scientific sources do not sufficiently address the specific challenges that psychotherapists working in countries at war may face. In particular, there are still open questions about therapist and client safety, changes in the format of work, professional distance in a humanitarian crisis, as well as possible exceptions to generally accepted ethical norms (Wessells, 2009).

The ethical principles of psychotherapy usually include confidentiality, client autonomy, professional responsibility, and maintaining clear boundaries in relationships with clients (Loewenberg, 1992; Pope & Vasquez, 2016). At the same time, war creates conditions in which adherence to these standards may become difficult or even impossible. This article analyses the ethical dilemmas that arise in psychotherapeutic practice during war and formulates questions for discussion of the rights and responsibilities of the psychotherapist, which may contribute to finding solutions to maintain the effectiveness of mental health professionals.

Challenges, Ethical Dilemmas and Unanswered Questions

War changes not only people's lives, but also the very essence of psychotherapeutic practice, posing new, often unprecedented challenges to professionals. What was unambiguous and regulated by professional ethics in peacetime acquires complex contextual nuances in wartime. Psychotherapists are forced to work in situations where the boundaries between professional principles, human empathy, and extreme reality are blurred.

Here are some of the dilemmas that we, as professionals, encounter in our work in the current time of war in Ukraine:

- Is classical therapy possible when air raid sirens are sounding all around?
- How should one respond if a client has lost everything and seeks help not only as a professional but also as a human being?
- Where is the boundary between the therapeutic relationship and the moral obligation to help your neighbour?
- Can a psychotherapist continue to provide psychotherapeutic assistance during a war?
- Can a psychotherapist provide shelter to a patient if they have lost their home due to rocket or artillery fire?
- Can a psychotherapist accept help from a patient?
- Can a psychotherapist write a message to a patient if the city is under massive rocket attack?
- Can a psychotherapist change the terms of a therapeutic contract and offer free help?
- Can a psychotherapist work with trauma during an air raid, given that the sounds of missiles can cause re-traumatisation?
- Can a psychotherapist from Ukraine provide services to Russian citizens?
- Can a specialist from Russia, the aggressor country, be a psychotherapist for a Ukrainian?
- Can a psychotherapist from Ukraine be supervised by a Russian and vice versa?
- Can a psychotherapist provide therapy in Ukrainian if the patient speaks Russian and vice versa?
- Can a psychotherapist abruptly stop a consultation without warning in the event of a missile attack?

- Can a psychotherapist continue to work during an air raid alert and not go to the shelter?
- Can a psychotherapist accept a client's decision to continue therapy during an air raid alert and not consider it a manifestation of suicidal tendencies?
- Can a psychotherapist refuse to work with a client in the event of an aggressive attack on their national identity?

Should we give an unequivocal "no" answer to such dilemmas, as they may contradict ethical principles? On the one hand, such a position could protect professional practice from potential risks. On the other hand, these issues force psychotherapists to make difficult decisions that require finding a balance between adherence to the code of ethics and preserving professional identity.

At the same time, the experience of psychotherapeutic practice in Ukraine shows that even in wartime, psychotherapy remains important and can be effective if a specialist has sufficient resources to work (Chunikhina, 2022). Understanding how important it is to provide help to clients in such extraordinary circumstances, one can also ask questions about therapists' safety. For example: How can a psychotherapist secure their own resources in extraordinary circumstances? How can a psychotherapist maintain a balance between professional standards and real threats? Where is the line of acceptable changes in the therapeutic process? ethical principles can be adapted and which should remain unchanged?

The list of questions below is intended to discuss the possible rights and responsibilities of a psychotherapist in a crisis situation. It covers different points of view and can serve as a basis for a professional discussion of ethical dilemmas that arise in wartime situations.

Issues for Discussion on the Rights of Psychotherapists in Time of War

1. Does a psychotherapist have the right to put his or her own safety first and interrupt the consultation to go to a shelter during an air raid?
2. Does the therapist have the right to decide whether to continue working with the client during an air raid, given that the shelter may not be accessible or provide complete safety? How should the factor of persistence of anxiety, which can significantly affect the continuity of therapy, be taken into account?
3. Does a psychotherapist have the right to refuse to work with a client in the event of an attack on their personal identity? Is it ethical to terminate the therapeutic relationship if the client openly supports Russia's military aggression? In such a situation, how can a psychotherapist combine professional neutrality with their own ethical beliefs and maintain psychological safety during work?
4. Does a psychotherapist have the right to change the terms of a therapeutic contract in accordance with the circumstances of war? Is it ethical to switch from long-term psychotherapy to trauma therapy, crisis counselling or first aid? What criteria can determine the appropriateness of such a change?
5. Can the therapist change the format of group therapy according to the situation? How ethical is it to switch from group psychotherapy to support groups if this better meets the current needs of the participants?
6. Does a psychotherapist have the right to initiate contact with a client in a crisis? Is

it justified to contact a client if he or she does not get in touch or is in a rocket or artillery shelling zone?

7. Can a therapist change the cost of therapy due to the difficult circumstances of war? How to find a balance between the therapist's financial sustainability and ensuring access to therapy for the client, if the termination of work may lead to increased trauma?

8. Can a therapist change the conditions of service provision depending on the situation? Is it ethical to conduct sessions in a bomb shelter or other non-standard settings if this is the only option available? How can confidentiality be ensured, especially if other people are present?

9. Can a psychotherapist reduce the duration of sessions due to a change in the format of work? How does this affect the effectiveness of therapy and interaction with the client?

10. Is it permissible to temporarily deviate from certain provisions of the code of ethics in the face of a life-threatening situation? Where is the line between the flexibility of ethical principles and the preservation of professional responsibility?

11. Is supervision a necessary element of support for psychotherapists in times of war? How often should it be carried out to ensure one's own professional stability?

12. Can a psychotherapist seek support from colleagues in other countries? What opportunities for international cooperation can be effective in a crisis?

13. Does a psychotherapist have the right to transfer his/her client to another available professional in case of inability to continue working? What should be the criteria for such a transfer so that it does not violate ethical standards and ensures continuity of care for the client?

14. Can a therapist take a long-term leave of absence to recover from a stressful event? How does a therapist's long-term absence affect clients, and what mechanisms should be in place to support them during this period?

15. Does a psychotherapist have the right to ask for help and emotional support (personal or group therapy, self-help groups)? How can I tell when a psychotherapist needs such support, especially if they experience acute stress reactions (e.g., nervous tremors, stupor, hysteria, crying, severe anxiety, irritation, fear of loneliness or, conversely, a desire for solitude, avoidance of memories, sleep disturbances, intrusive thoughts of danger or death during therapy sessions)?

16. Does a psychotherapist have the right to stop working and seek support if they identify symptoms of acute stress disorder, PTSD, cPTSD, or other conditions that make therapeutic practice impossible? In such cases, how do we ensure ethical referrals to other professionals?

Questions for Discussion on the Duties of a Psychotherapist in Time of War

1. How should a psychotherapist take care of their own safety and assess the criticality of the situation for the client? Does the therapist have an obligation to terminate the session if the situation threatens the life or psycho-emotional state of the participants in the process?

2. How can the code of ethics be adhered to as much as possible in times of war? What

ethical principles can be adapted or temporarily revised due to extreme circumstances?

3. Is supervision an essential element of psychotherapist support in times of crisis? How often should it be done to maintain professional effectiveness and emotional stability?
4. Does a psychotherapist have an obligation to be in individual therapy or a support group to maintain his or her own psycho-emotional state? Is this a necessary criterion of professional responsibility?
5. When should a psychotherapist ask for help and emotional support? Are acute stress reactions (e.g., trembling, hysteria, severe anxiety, sleep disturbances, intrusive thoughts of danger) an indication for a temporary cessation of practice?
6. Should a psychotherapist stop practising if they develop symptoms of acute stress disorder, PTSD or cPTSD? How do you determine when a therapist can no longer effectively perform their professional duties?
7. Does a psychotherapist have an obligation to temporarily stop working if they are experiencing severe stress or burnout symptoms? What should be the criteria for returning to professional activity?
8. Should a psychotherapist inform a colleague if they see signs of emotional exhaustion or disorders that may affect the quality of work? What should be the procedure for such interaction to ensure the safety of clients?
9. Does a psychotherapist have an obligation to report to an ethics committee if he or she sees that another professional continues to work despite the presence of symptoms that make it impossible to practice quality therapy? Where is the line between professional loyalty and the need for intervention?
10. What obligations does a supervisor have if he or she sees that a supervisee is unable to perform effectively due to stress or emotional difficulties? Does the supervisor have the right to recommend or demand a temporary cessation of practice until the supervisee is able to work again?

Conclusions

The war creates unprecedented challenges for psychotherapists, forcing them to review professional standards and adapt them to the reality in which they work. Despite the difficult circumstances, psychotherapy remains critical to maintaining the mental health of society, and professionals in this field must find a balance between ethical standards and the safety of all participants in the therapeutic process. The questions proposed in this article demonstrate that many ethical dilemmas do not have unambiguous answers. Where do professional obligations end and the right to personal security begin? How can confidentiality be maintained in non-standard settings? Is it possible to change the therapeutic contract in a humanitarian crisis?

One of the key conclusions is that flexibility in decision-making is necessary, but it must remain within the ethical and professional framework. Important mechanisms to support psychotherapists in times of crisis include regular supervision, access to the international community of practice, and support from colleagues within the country. This article does not provide definitive answers, but offers a basis for further discussions that may contribute to the development of adapted ethical standards for the work of psychotherapists in crisis conditions, including war.

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References

Chunikhina, S. (2022). Ethical dilemmas of crisis psychological assistance during the war. *Scientific Notes of the Institute of Social and Political Psychology of the National Academy of Pedagogical Sciences of Ukraine*, (52), 132-141.

Kitchener, K. S., & Anderson, S. K. (2011). *Foundations of ethical practice, research, and teaching in psychology and counseling*. Routledge. doi.org/10.4324/9780203893838

Loewenberg, F. M. (1992). Notes on ethical dilemmas in wartime: Experiences of Israeli social workers during Operation Desert Shield. *International Social Work*, 35(4), 429-439. doi.org/10.1177/002087289203500405

Pope, K. S., & Vasquez, M. J. (2016). *Ethics in psychotherapy and counseling: A practical guide*. John Wiley & Sons.

Pope, K. S., & Vetter, V. A. (1992). Ethical dilemmas encountered by members of the American Psychological Association: A national survey. *American Psychologist*, 47(3), 397. doi.org/10.1037/0003-066X.47.3.397

Vyskocilova, J., & Prasko, J. (2013). Ethical questions and dilemmas in psychotherapy. *Activitas Nervosa Superior Rediviva*, 55(1-2), 4-11. doi.org/10.1016/S0924-9338(14)78553-0

Wessells, M. (2006). *Child soldiers: From violence to protection*. Harvard University Press. doi.org/10.2307/j.ctv1dv0trf

Joanna Salska, 2022
Title: 'Fear of That'
(Oil and collage, 30 × 45 cm)

"It was horrible ... The earth was shaking ... I thought it was all some kind of a terrible dream, and that I would soon wake up and it would all be over. But no ... It was our terrible truth."

Letter to Violetta

Mariia Tyshchenko

My dear daughter, my Violetta!

I would really like that you to never have to read this letter in your life, because it describes terrible things that no child in the world should experience. And I would really not want you to experience and live through it. I carry this story deep in my heart and I don't know how to find the right words, because I don't understand how to explain what happened.

But in case you ever come across this letter, please remember, my dear Violushka, that I love you very much; I am always by your side; I am always protecting you, even if I am not there now.

My girl, I am sure that you know how much your father and I love you. You are our miracle! We dreamed of you so much, and we never lost hope, even though doctors said I couldn't have children. But fate decided otherwise, and a MIRACLE happened! You were our miracle! Our daughter, our sunshine, our Violetta! I want you to always remember this!

I remember how I couldn't believe that I was pregnant, that I was going to be a mom. I remember the first time I saw you on an ultrasound, heard your tiny heartbeat, and felt your touch in my womb for the first time. It was something incredible! I remember very well your touches in my tummy, which were very ticklish at first, and then felt good ... I was happy every moment of feeling you inside.

Even then, your father and I dreamed a lot about our future and your happy childhood, which would be full of the wonders of this world. We really believed that your life would be filled with beauty, safety, love, and all the good and bright things. We believed that we would travel a lot together and be able to show you this amazing world. My dad and I really believed that peace would soon come to Ukraine, despite the fact that the country had been at war since 2014. It was then that Russia took away some of our land: Crimea, and parts of Donetsk and Luhansk regions. And at the same time, we believed that we could protect you and teach you how to defend yourself and live well, despite the fact that the world is now so different.

But ... But I could not imagine that, in one moment, everything would turn upside down. That you, my baby, would hear and feel something terrible, because I felt it when I carried you under my heart ... It was the last months of my pregnancy. Your father and I were counting the days until your birth. I remember looking at the app on my phone to see what kind of fruit or vegetable you looked like. We laughed a lot, were very happy, and looked at your ultrasound photo, where you put your hand under your head like a little coquette, as if you knew that the doctor was taking a photo as a souvenir. It seemed to me that those were the happiest moments of my life. And that night I slept so sweetly, so soundly ... I never had to sleep like that again ... And that was the last photo of you on the ultrasound.

On February 24, 2022, a terrible thing happened!

It was a terrible, terrible morning … That morning, I had slept a sweet dream. It turned out that the bombing had started earlier, but I was 6 months pregnant with you, and my sleep was very deep and sound. I never slept so sweetly during the rest of my pregnancy.

Something woke me up at 6 in the morning. The light in the house was already on, although your dad liked to sleep longer than me, so it was strange. I heard very strange loud noises; flashes of fire were visible in the windows, and our house was shaking. I did not understand what was happening. Your dad came in, all white, and said: "My dear, it has started …"

At that time, we could hear very loud explosions. Aircraft were flying overhead: Fighter jets. It was loud. I remember counting them and trembling because I was afraid that a bomb would fall on us. I counted 28.

Fog and constant explosions. It was eerie and very scary! I froze … It was very loud … I froze for a couple of days and all I remember is your movements inside reminding me that I was alive and that I needed to breathe, eat and drink water, lots of water, so that my body could cope.

I remember how we ran to our neighbors' cellar to feel at least some safety. It was cold, loud and uncomfortable … It was during this period that you started kicking in your tummy …

Then I was very scared and wrote a message to the doctor. She said: "It's okay, we are afraid of inactive children during this period!" It calmed me down a bit! At other times, I would have gone to the hospital, but at that time our hospital was hit by a shell, and it was impossible to go there. For the next 2 months, while part of the Kyiv region was occupied, the road to the hospital was restricted because it was under Russian fire, and it was very dangerous to go there. I went to the village hospital, where I was told that all the women in labor had left the community, and I was the only one left. When I asked what to do if something happened, I was told, "There is a midwife and a few nurses in the village." I was scared, but I decided to stay at home and not go anywhere, because home felt like the only safe place. Your dad insisted that we go abroad, but it was more important for me to stay with him. It was safer for me.

The next day, people started coming to us for temporary shelter because we were relatively safe. The house was constantly shaking, shells were flying, loud explosions were heard, but we were near the ground.

I remember how we had little healthy food left because we shared our supplies with those who came to visit. I remember 5kg of Snickers and Mars because that was all we could buy in the supermarket … I remember frying the last potatoes … I remember making pies with only flour and yeast, because there was no bread, and that was all we had to bake something that looked like bread … I remember not having fuel to go anywhere … I remember the constant horror for my relatives who were in Kharkiv. I remember the windows covered with mattresses and blankets … I remember the light camouflage, when it was impossible to let the light from the windows come out, because it would mean that the Russians could see it and hit the house with a bomb … I remember the horror of going out into the yard, because I saw what was happening around me, and it was unbearable to see it together with the sound … I remember being in constant terror.

It was horrible … The earth was shaking … I thought it was all some kind of a terrible dream, and that I would soon wake up and it would all be over. But no … It was our terrible truth.

I remember how I talked to you in my tummy and sang, "Chervona Kalyna", it became your

lullaby and my calming ... I remember this, and I am terrified that you remember this horror at the level of feelings. [1]

You probably know that I work as a psychotherapist. I believe that I will work as a psychotherapist until I am very old, because this is what I love to do. My profession is about being there and containerizing ... And you, my dear, containerized a lot with me until the last day before your birth, when we met. I couldn't do otherwise, because my profession was the only stable support I had left from my peaceful life.

I'm sorry that, when in my tummy, you heard so much misery and grief that sometimes a person can never hear in a lifetime ... I'm sorry that you heard your relatives in Russia not believing what was happening ... I'm sorry that you heard, when in my tummy, about the rape by Russian soldiers, the many stories of deaths, losses and many other horrors that Russia brought to our land ... I'm sorry that you grieved with me the deaths of killed colleagues, friends, clients ... I'm sorry that you heard the sounds of the Iron Death: shells, bombs, missiles, mines, tanks, drones, checkpoints ... I'm sorry that you don't see your relatives, because it's dangerous to travel now ... I'm sorry, my dear daughter ... I'm sorry.

Yes, your childhood is now full of very loud sounds and strange cruel things that are happening around you. You say "Bang" to the thunder and lightning, and these are the same words you say when we are being bombed. You can't go to the forest to pick mushrooms with us because everything is mined, but we teach you to distinguish the types of mushrooms from books. And you can't go to the sea, because the journey is very long and difficult, and we don't have airplanes now. And you can't see your relatives often. And you can't feel the joy of watching civilian airplanes in the sky, which is something I used to love to do as a child. And you can't see and feel many of the things that children in countries where there is no war. And all of this makes my heart ache, and my anger at the Russians is growing every day. I don't know if I will ever be able to forgive them for all this, because now it seems impossible to forgive.

You are now separated from me, but my anxiety and anger at the Russians is still probably transmitted to you. But at the same time, I want you to know that I am doing everything I can to protect you and minimize the impact of all this horror on you ... On an emotional level, I am constantly working with a psychotherapist and a trauma therapist to be a resource in this horror and not to pass on my sometimes very difficult state of horror and rage to you ...

I will remember the moment of your birth for the rest of my life ... Meeting you was divinely amazing and very painful! I held you to my chest and in this intimate moment of unity with you, the doctor said: "You have a girl! Violetta! That means the war will end soon!" I still believe that it will be soon!

We live in the hope of victory! Now none of us can know for sure what our and your future will be like, but we will do everything to make it filled with joy, happiness, safety, peace, pleasant wonders of this world and the healthiest us possible.

We believe in it with your dad!

I love you endlessly, my dear Violetta!

1. 'Chervona Kalyna' translates into English as 'red viburnum' and it's a very common plant in Ukrainian gardens and forests. There are many folk songs where 'kalyna' is a symbol of Ukraine.

Author

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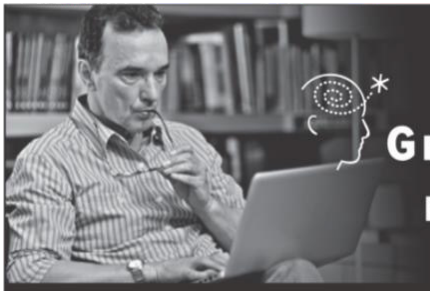

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(1) For journal / periodical articles (titles of journals should **not** be abbreviated):
FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, pp. 250-279.

(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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Editorial
MARZENA RUSANOWSKA

Building Bridges in Times of War
EWA DOBIAŁA

Trauma Activation: To be involved or not?
AGATA KACZMAREK-STOŻEK

On the Bright Side of War: The traumatic experience of war in Ukraine and the transformation of a psychotherapist's professional identity
MAIIA LUKOVA

Psychotherapeutic Assistanceto Ukrainians in Polandthrough Psychosocial Gamesusing the Positum MGSMethod by Etion Parruca
YULIIA KORNIIENKO, ILLIA KORNIIENKO

To Join Without Mixing and to Separate Without Destruction: Assimilation vs. Adaptationof Ukrainian Refugees
KATERYNA OVCHAREK, NATALIA KHANETSKA, OLENA SAVCHUK, ILLIA KORNIIENKO

Shadows of War in the Light of Life
LARYSA HILOVA

Ethical Dilemmas of a Psychotherapist in Wartime: Finding a Balance between Professional Standards and Reality
MARIIA TYSHCHENKO

Letter to Violetta
MARIIA TYSHCHENKO

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