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FORUM

Journal of the International Association
for Group Psychotherapy and Group Processes

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Forum is IAGP's annual journal, which presents articles of scientific
and professional interest throughout the world of group psychotherapy
and group processes.

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Dear Colleagues,

It is a great honor for me to welcome all the readers of this issue of FORUM. IAGP celebrates the 11th published volume, expressing years of great dedication and commitment of many editorial teams, supported by authors from different parts of the world. They ensured the continuity of this scientific publication as an important tool for the development of contemporary group theory and practice.

I want to congratulate Prof. Kaoru Nishimura, the editor-in-chief, and his team for the outstanding results with FORUM in these last years. They reflect the purpose of the IAGP stated on its Bylaws, to promote the collaboration and sharing of ideas and practices across different cultures, disciplines and methodologies and the international development of group psychotherapy and group processes as applied to clinical practice, consultancy, education, research, and socio-cultural settings.

Since the first publication, in 2003, many new features have increased the scientific status of IAGP FORUM. Today it is scientifically organized, peer reviewed, with international collaboration, and professionally formatted. In this volume, all the articles have been published individually and they have a number DOI, approaching FORUM to the best standards for a scientific publication.

FORUM has presented the evolution of the scientific production of IAGP members, highlighting in this volume the keynote speeches from the 21st IAGP International Congress, held in Pescara, Italy, in July 2023.

In the year when we celebrate the 50th Anniversary of IAGP, I am honored to express my gratitude to all those who contributed to the continuity of this IAGP scientific publication: the editorial team, the authors, the consultants who contributed to the evaluation of manuscripts, the IAGP Board and, mainly, our readers who ensure the continuity and appreciation of FORUM.

Heloisa Fleury,
IAGP President

Heloisa Fleury,
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Estimados colegas:

Es un gran honor dar la bienvenida a los lectores de este número de FORUM. La IAGP celebra su 11 volumen publicado, lo que supone años de gran compromiso y dedicación de diferentes equipos editoriales, apoyados por autores de todo el mundo. Entre todos han asegurado la continuidad de esta publicación científica como una herramienta importante para el desarrollo contemporáneo de la teoría y práctica grupales.

Quiero felicitar al profesor Kaoru Nishimura, editor jefe, y a su equipo por los excepcionales resultados con FORUM en los últimos años. Reflejan el propósito de la IAGP reseñado en sus estatutos: "Promoverla colaboración y el compartir de ideas y prácticas entre culturas, disciplinas y metodologías, y el desarrollo internacional de la psicoterapia y de los procesos de grupo aplicados tanto a la práctica clínica como en espacios de organizaciones, educación investigación y socioculturales.

Desde la primera publicación, en 2003, nuevas características han incrementado el estatus científico de FORUM IAGP. Hoy está organizado científicamente, revisado por pares, con colaboraciones internacionales y formateado profesionalmente. En el número actual, cada artículo se ha publicado individualmente y tiene un número DOI, acercando así a FORUM a los estándares de una publicación científica.

FORUM ha presentado la evolución de la producción científica de los miembros de la IAGP, destacando en este volumen las conferencias del 21 congreso que tuvo lugar en Pescara. Italia, en Julio de 2022.

En el año en que celebramos el 50 aniversario de la IAGP, me siento honrada al expresar mi gratitud a quienes han contribuido a la continuidad de la publicación científica de la IAGP: el comité editorial, los autores, lo consultores que han contribuido a la evaluación de manuscritos, al Board de la IAGP y, sobre todo, a los lectores que aseguran la continuidad y la apreciación de FORUM

Heloisa Fleury,
Presidenta de la IAGP

Heloisa Fleury,
IAGP President

EDITORIAL

We are very pleased to publish Forum 11.

Forum 11 is the fourth volume of the current Editorial Committee. In addition to the seven peer-reviewed regular articles, we were able to include four keynote lectures from the 21st IAGP Congress, which was held in Pescara, Italy, as a hybrid with the online version. We hope they will serve as a reminder of the enthusiasm and our passion of Pescara. However, "Child Protection System Strengthening" by Denise Ulwor is not included because no record was found. This is a great pity, as the lecture was very well received.

The peer-review system for papers submitted by members seems to have taken root, and I am grateful to the many people who have understood and cooperated with it. However, we often hear people say that they would like to write a paper but do not know how to do so. We must find a way to exchange the ideas of different members. Also, in this age of digitisation and online distribution, there are many things that need to be improved. For example, the use of the Open Journal System is one challenge, which this Editorial Board has not been able to meet. We would like to leave this to the next Editors.

The COVID-19 pandemic has ended the crisis situation and we are entering a new era. But the war in Ukraine has not only deepened political and national disruptions but has also dealt an economic blow and put pressure on livelihoods. Warfare and conflict are not limited to Ukraine. There is also a sense that the damage caused by natural disasters is becoming more and more significant every year. It is FORUM's hope that the significance of the group will be understood by as many people as possible and that the ways in which people can connect with each other in a sense of security will be conveyed to as many people as possible.

Nos complace enormemente publicar Forum 11.

Forum 11 es el cuarto volumen del actual Comité Editorial. Además de los siete artículos regulares revisados por pares, hemos podido incluir cuatro conferencias magistrales del 21º Congreso de la IAGP, celebrado en Pescara (Italia), que tuvo un formato híbrido, presencial y en línea. Esperamos que sirvan para recordar el entusiasmo de Pescara y nuestra pasión. Sin embargo, "Refuerzo del sistema de protección de la infancia", de Denise Ulwor, no se incluye porque no se ha encontrado ningún registro. Es una lástima, ya que la ponencia fue muy bien recibida.

El sistema de revisión por pares de los trabajos presentados por los miembros parece haber arraigado, y doy las gracias a las numerosas personas que lo han comprendido y han colaborado con él. Sin embargo, a menudo oímos a personas que dicen que les gustaría escribir un artículo, pero no saben cómo hacerlo. Debemos encontrar la manera de intercambiar ideas entre los distintos miembros. Además, en esta era de digitalización y distribución en línea, hay muchas cosas que mejorar. Por ejemplo, el uso del Open Journal System es un reto que este Consejo Editorial no ha sido capaz de afrontar. Nos gustaría dejar este asunto a los próximos Editores.

La pandemia COVID-19 ha puesto fin a la situación de crisis y estamos entrando en una nueva era. Pero la guerra en Ucrania no sólo ha agravado las perturbaciones políticas y nacionales, sino que también ha asestado un golpe económico y ha ejercido presión sobre los medios de subsistencia. La guerra y el conflicto no se limitan a Ucrania. También existe la sensación de que los daños causados por las catástrofes naturales son cada año más importantes. FORUM espera que la importancia del grupo y el modo de que las personas pueden conectarse entre sí con un sentimiento de seguridad estén al alcance de tantas personas como sea posible.

Kaoru Nishimura (Japan)

Roberta Mineo (Italy)

Enrique Negueruela Azarola (Spain)

Group analytic psychotherapy for caregivers

Psicoterapia analítica de grupo para cuidadores

Raffaele Menarini (Italy)

Clinical psychologist, psychotherapist and group-analyst, has taught psychiatric clinic and psychotherapy at the Faculty of Medicine and Surgery of the Catholic University of the Sacred Heart in Rome. He was university professor of Dynamic Psychology at the University of Palermo. He held the chair of Dynamic Psychology at the LUMSA University of Rome. He introduced and developed bimodal analytic psychotherapy, which allows a synthesis between individual psychotherapy and group psychotherapy, mainly orienting his studies around the relationship between mind, brain and society. He has published numerous researches on dreams, their dynamics and their hermeneutics.

Affiliation: director of the master's degree in clinical neuropsychologist at LUMSA University and the Humanitas University Consortium.

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The term "caregivers" indicates members of the family who look after and assist a sick patient.

The caregiver can come up against psychological disturbances like anxiety, fear, tiredness and emotional exhaustion. These disturbances tend to coagulate at a depressive level.

Such psychic suffering can assume the configuration of the Burden Syndrome, characterized by an Early Bereavement, a feeling of total loss of the ill patient and a relative sense of guilt.

In a psychotherapy group conducted on caregiver patients, all affected by the Burden Syndrome, I found that their main psychic suffering came from not being recognized by members of their families.

This psychic suffering is caused by a disturbance of the family matrix, that is the universe of affective significance of one's own identity in the history of the family.

At the start of a group session with caregiver patients, Gabriele began with a dream which was full of suffering:

"I looked at myself in the mirror but I was no longer there".

The patient's wife had been diagnosed with Alzheimer's disease.

He loved his wife very much and immediately devoted himself totally to looking after her. They had two daughters, one of whom was married with a baby. Alzheimer's disease began its relentless process towards destruction until Gabriele was struck by the most devastating effect of the Burden Syndrome on caregivers: the mental suffering caused by not being recognized by one's loved one: his wife. She perceived him as a simulator who, in disguise, had got into her bed and taken her husband's place.

This suffering had affected him in the form of a serious depression.

Another patient, by the name of Elsa, intervened in the discussion with an association:"It reminds me of the film *The Last Eclipse* based on a book by Stephen King in which the daughter of the protagonist can no longer see her face in the bathroom mirror but, in its place, she can only see her neck and back.

Another patient, by the name of Anne, gave this interpretation.

"I have read the book and seen the film. Young Selena cannot see herself in the mirror because she has turned her back on her childhood because of irremediable and indescribable family conflicts which have caused her to lose her family identity".

The group associations continue with Erika who is particularly acquainted with the phenomenology in question. She remembers how, in her dementia, she had an episodic loss of memory which appeared towards the end of the mirror phase and perhaps it is for this reason that patients affected by Alzheimer's disease no longer recognize the mirror.

The capacity of the caregivers in this group to elaborate their psychic suffering comes from the type of group analytic methodology which I developed with the term 'Psychomaieutic Group Analysis'.

In 1969 Fabrizio Napolitani introduced a new analytic and existential method of psychotherapy: psychomaieusis. Maieusis is the socratic method of philosophical search for the truth through an accurate search for the semantic importance of the themes of a dialogue.

The interlocutors reached true conclusions on their own regarding their problems. We can now say, in psychoanalytic terms, that the truth came to their psyche, as it had become preconscious because of a semantic hyperinvestment.

Socrates was simply interested in the meanings of the thoughts of his interlocutor without inculcating a preestablished idea in them.

Psychomaieusis is a method of 'self analytic induction' and, in its group analytic perspective elaborated by me, it is particularly suitable for caregivers whose problems are involved in the serious demanticization being carried out by their dear ones. It is characterized by a serious disturbance of affective significance at the level of recognition of affective meanings.

The clinical group analytical experience privileges those caregivers who have as a common denominator the following four personality characteristics which are interpreted as a construct of attitudes and affectively charged representations:

1) remarkable possibilities of insight
2) integrity of the psychic functions of the Id
3) integrity of the identity
4) sharing of the Burden Syndrome

In the first part of the above-mentioned session the main theme was Alzheimer's Disease, in particular the lack of semantic cultural memory linked to a semantic opacity which affects the capacity of patients with Alzheimer's to understand themselves and their relationships with others. In particular, Gabriele's wife suffered from a misidentification syndrome, a kind of Capgras delirium: the belief that one of your dear ones has been replaced by an imposter. The patient's explicit visual recognition was intact but not their implicit recognition. The patient recognized the face of her husband but knew that he was a Double.

In other words the patient had a perceptive recognition of the face but not the identity of her husband.

At the beginning of the second part of the session, Massimo tells the following dream: "I am wearing nineteenth century clothes with a top hat on my head, and am being chased by a figure dressed like me. I am frightened to death and while I am running, I succeed in getting into a house with a series of doors which open before me: in this way I have an advantage over my chaser. Finally I find myself in a school and all of a sudden I become a frightened child because I have lost my parents and I hide under a bed".

The persecutor and the setting of the dream remind him of London in the novel of Robert Louis Stevenson "The strange case of Doctor Jekyll and Mister Hyde", in which a double identity exists within the same person.

The Double can be considered a demon who presents himself as an internal enemy. Gabriele, who is clearly very involved in the discussion, intervenes: "The chaser of your dream is the Double that can't be seen in my mirror. I am persecuted by the Double who my wife sees get into her bed and who is driving me towards suicide". Massimo now connects his dream with the difficult situation Gabriele has experienced with his wife and continues: "My elder sister is affected by vascular dementia and I experience it as if she were already dead. When I was a child, I suffered from the anxiety of separation and was terrified every time my parents were absent. When they went out, I used to seek protection from my sister.

Feelings constitute the engine of the analytic group as they are an expression of ego training in action, that is the capacity of the Id to elaborate emotional themes which emerge during the session in the form of complex shared emotions.

Ego training in action is an expression of a high level of semanticization linked to the positive influence of group analysis on the psychic functions of the Id: language, perception, unconditioned learning and memory.

We believe that, as a whole, psychic pathology constitutes a form of unlearning.

The experience of psychic suffering in caregivers owing to the failure of a member of the family to recognize them, is derived from depressive configurations caused by the syndrome of early bereavement, as a heavy derivation of the anxiety of separation.

Anna, the patient who is an expert on the "last eclipse", confesses that she has sacrificed her entire life for her mother who has been suffering from Alzheimer's disease for years. She cannot stand this situation any more so much so that she has imagined the terrible moment of liberation on seeing her mother die.

This is the tragic interweaving between a sense of guilt and psychic suffering which characterizes early bereavement. The universe of family affections is expressed in a psychomaieutic group in terms of a system of attitudes.

Anna's stressful experiences regard emotions experienced and elaborated at a sensorial level, in a completely different way depending on her basic attitude towards her mother, who can be compared to a container. The impressions and the relative emotions coming from the mother, implied in the basic attitude, can instead be considered a container.

Early bereavement, as happens in many cases of female caregivers, can be considered a collapse of the container. An identification is developed between the container and the contents as in the Russian matrioskas in which every mother contains another. We should point out that 70% of caregivers are female.

The system of attitudes constitutes the origin of

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the interactions of caregivers. The stressful Burden experiences, which have a depressive and psychosomatic basis, are an expression of a paradoxical situation in which an attack on the content is configured as an attack on the container and vice versa.

The system of attitudes is structured in the family, designating it as a primary human institution in which dynamic roles are expressed in terms of affection or violent contrast. Family culture can be considered a system of roles in equilibrium which, according to Claude Levi-Strauss, have as an emotional matrix the relationship between parents and children.

In our biopsychocultural model the family matrix assumes the dimension of a neotenic matrix regarding the prematurity of small sapiens and linked to an exceptional parental investment which guarantees their survival.

Finally Anna tells the following dream: "I had a feeling that a catastrophe would strike the cathedral where I found myself and that the lateral naves were engulfed by frightening shadows.

Terrified by I don't know what, I fled trying to find refuge with my young daughter who was clinging to my neck. We had gone to the church to attend Christmas Mass".

The catastrophe of the dream is identified by the group in the fire at the Notre-Dame cathedral, which refers to the container-content catastrophe.

The fire also indicates the transfer of the catastrophe to the group, which is symbolically represented by the child. This transfer takes place in a psychomaieutic group analytic setting, configurating itself in an isomorphic manner with the etiology of the Burden syndrome: the anxiety of separation and early bereavement. The anxiety of separation (the child clinging to her neck) appears in group analytic mirroring, which functions as a semantic container because of its continuous exchange between the patient observers and the patients observed.

At a psychomaieutic level it can be considered a particular semantic elevation, that is an activation of the Id at a cognitive and emotional learning level.

In the biopsychocultural field the great neuroscientist Gerald Edelman (1928-2014) discovered the ontogenetic basis of semantic elevation in terms of bootstrapping which occurs because of semantic exchanges between the child and its caregivers. These exchanges favour the passage from an ecological niche, which is narcistically closed, to a real world which understands affective relationships.

At a group analytical level the biopsychocultural dimension can be connected with the notion of the neotenic matrix consisting of a combination of the following three factors:

1) the evolution of the human brain
2) parental investment and the birth of the group
3) the imaginary

This last factor constitutes the primary process in the mirror phase with the prevailing of the image over the identity of the Id.

In fact the primary process regards the emergence of an unknown identity who (as in the case of the Double) takes the place of the ID. This aspect of the neotenic matrix is called the saturated matrix. Semantic self elevation allows the development of another type of neotenic matrix: the unsaturated matrix or symbolopoietic imaginary.

The neotenic matrix is activated above all in the psychomaieutic group analytic situation because of its peculiar shared emotional experience. This concerns the non conviviality and conviviality of the meeting between the container and the content.

According to Leonardo Ancona, an example of conviviality is that of a mother who joyfully breastfeeds her child, but if the mother should disactivate her attitude and remain unexpressive, the child would soon look away from the mother and shut down.

We feel that the simbolopoietic imaginary is the real container of relationships in the group of Caregivers.

It is a structured primary process which characterizes the group conversation in terms of a chain of free associations.

Processes of resonance and mirroring enable the associative chain to operate at a level of affective semiosis, mobilized by the annihilating images of the Double.

Such a process is configured in terms of ego training in action, boosting semantic memory. In the group we can observe a model of psychic structure which enacts the tensions between the Id and the Double. Group themes concerning the latter regard its ability to substitute the identity of the Id.

The Double is a shadow invasive non-identity because it has come out of the mirror-container to chase us around the corner of reality.

In its journey towards a universe beyond the kingdom of meaning: an empty universe of sheer nothingness where life becomes unbearable and death necessary.

Group analytic psychotherapy for caregivers
Psicoterapia analítica de grupo para cuidadores

Call for Papers

Llamamiento

With great satisfaction we announce some changes that will bring more quality, agility, and visibility to our Journal.

The first is to open Forum to non-IAGP members, in order to break with the endogeny of our productions and open up the possibility of enriching our extra-wall dialogues with professionals and researchers who are not yet members of the IAGP.

Secondly, we start the implementation of the Open Journal System (OJS) to optimize the scientific publishing system, reducing time, energy and money spent on secretarial and editing tasks. This step will be carefully instructed and monitored to help those who wish to contribute with their productions. In addition, the articles receive DOI identification, increasing their quality and accessibility.

Another major change is that the Journal will be available in Open Access: this is our effort to close the gap between science and society by democratizing scientific knowledge. Moreover, Open Access favors the global visibility of the Journal publications, making it a valuable tool for disseminating research and good practices in group science.

Finally, the call for papers will be opened three times a year, so that authors have more windows of opportunity to publish their work.

All the papers are to be sent to Forum Editorial Committee (Forumeditors@iagp.com).

The due date for the first submission window is November 30, 2023.

Please see the "Instructions for Authors" for the submission guidelines.

Con gran satisfacción, anunciamos algunos cambios que brindarán más calidad, agilidad y visibilidad a nuestra Revista.

El primero es ampliar FORUM a los no miembros de la IAGP, con el objetivo de romper con la endogenicidad de nuestras creaciones y ofrecer la posibilidad de enriquecer nuestro diálogo "extramuros" con profesionales e investigadores que aún no son miembros de la IAGP.

En segundo lugar, comenzamos a implementar el Sistema de Revistas de libre Acceso (Open Journal System, OJS) con el fin de optimizar la metodología de publicación científica, reduciendo el tiempo, la energía y el dinero invertidos en tareas de secretariado y edición. Este paso será cuidadosamente supervisado y monitorizado para ayudar a aquellos que deseen contribuir con sus proyectos. Además, los artículos recibirán una identificación DOI, aumentando así su calidad y accesibilidad.

Otro cambio importante es que la Revista estará disponible mediante acceso libre: Este es nuestro esfuerzo; cerrar la brecha entre la ciencia y la sociedad, democratizando así el conocimiento científico. Además, el Acceso Abierto favorece la visibilidad global de las publicaciones de la Revista, convirtiéndola en una herramienta valiosa para la difusión de la investigación y las buenas prácticas en lo concerniente a la ciencia grupal.

Por último, la convocatoria de artículos se abrirá tres veces al año, para que los autores tengan más oportunidades de publicar su trabajo.

Todos los artículos deben enviarse al Comité Editorial de FORUM (Forumeditors@iagp.com).

La fecha límite para la primera convocatoria de presentación es el 30 de noviembre de 2023.

Por favor, consulte las "Instrucciones para autores" para conocer cuales son las pautas de envío.

The NEW ARCA: A vision for group work in the 21st century
La NUEVA ARCA: Una visión del trabajo en grupo para el siglo 21
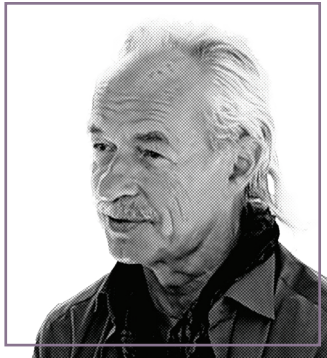
Jorge Burmeister
(Spain/ Switzerland)

Study Medicine Granada/Spain. Ex Vice-director Clinic for Psychiatry and Psychotherapy Littenheid/Switzerland. Training/Supervisor in Psychodrama, CBT, Analytic Psychology Jung, Guided Day-Dream Technique. Founding member Federation of European Psychodrama Organisations. (FEPTO). Former President IAGP. Founder Academy for Integrative Psychotherapy Switzerland. Founder International Training Centre "Jakob L. and Zerka T. Moreno"/Granada. Dean "International Summer Academy for Groups" Granada. Supervisor / Facilitator MsF (Doctors without Borders).

This speech is dedicated to Federico Garcia Lorca. He was killed by other human beings for three reasons. He was killed because he had the wrong political ideas, he was killed because he was a poet, and he was killed because he was gay. This reminds me of so many people who have been killed just because of those kinds of reasons. All the time. Also, at this very moment, Federico as with all the other ones, are the reason to do this conference right now not to forget.

I want to dedicate this speech also to Dr Grete Anna Leutz. She was one of the co-founders and a former president of the IAGP. I consider her as my second mother as I really think that without her, I would not have ever been able to become the person I am. So I am deeply grateful to her.

I want to say also that I feel blessed, that I am still alive. Many people are not alive anymore although they wished and had deserved to be so. I feel connected not only by the heart, but also by the shadow with them, by the trauma we have experienced. I'm sure that all of us know and are aware of this kind of trauma. The trauma that one is going through is very painful. It will change our life. But on the other hand, there is also always a good side in it. It makes us become aware of the limitations and the precious gift that our life is meant to be. It raises consciousness that all of us are human beings with the need of other human beings to be protected and to be helped along.

I am aware that I am also here to generate hope and to help us to connect. Isn't it true that all of us who are here are compassionate and not indifferent at all? You who are here care, you care as I am caring, and this is meaningful because all of us are connected by our commitment to care, and this gives hope.

But all of us are raising hope as well by our work, the program is its expression which is simply wonderful. So this program will leave us with a touch of hope that we will transmit and transport to our groups wherever they are.

And to close this introduction, I want to say that I believe very much in the power of resonance between all of us, resonance which means mental and spiritual resonance. A resonance which is always there invisibly, and which operates in every moment connecting us by our mind and our heart. So when I came here, I found a colleague who was lost a little bit in this very beautiful venue. I helped her to get along to her room. In this very moment in my mind emerged the image of a shepherd as a reflection of my role. When I was in my workshop, two hours later, a person entered the stage, saying "now I feel like a shepherd with my shepherd dog". This coincidence is a symbol and an expression of the resonance I am talking about. I feel as if we could use the symbol of the shepherd in this conference, it could be helpful, it was a gift, it's always like a gift. And if you try to identify with this symbol it could mean to become helpful for the other giving the direction or the guidance he or she is asking for.

Now I like to focus on destructive conflicts which endanger our survival. You will know them of course, it's not a secret. What are the most destructive conflicts of our time?

First, the climate change with its consequence of hunger, misery and forced migration.

Second, the unfair exploitation of resources and nature at large.

Third war, terrorism, and collective violence with its inherit traumata.

Fourth, violent conflicts in our society between different subgroups.

Fifth, an economic system which is directly involved in the origin of the scenario.

All these conflicts endanger our survival.

First comment: lets have a look at the following image (Figure 1).

It shows two sides of the same town which are very close in this image, the area of the rich, privileged inhabitants and the slum area of the poor inhabitants. Normally they are not so close. But we have also these two sides on our planet. Now I don't want to argue against the economic system we have because I don't know any feasible alternative. But I want to raise awareness about the fact that the economic system we have produces at least "challenges". There's a scarcity of resources but at the same time this economic system is built on the idea to make each time more surplus value by growing each time more. This conflict is inherent to our economic system and it is very serious. Because our limits cannot be extended it is true that we cannot overcome this conflict unless we change or adopt our economic system.

If we are gobbling up our resources at an unsustainable rate the consequences for us and future generations are really alarming. I just want to give you an example which seems hard to believe it is sand. When you go to a beach – and here in Pescara we have got a very lovely beach, it could happen in the near future that you can hardly find any sand anymore. Because they extract so much sand for the cement/construction industry that we need now laws to protect even the sand. So the loss of resources which are not easily replaceable at all are another threat.

And if we look on the global map of our ecological footprint (Figure 2) we discover that there are continents like Africa
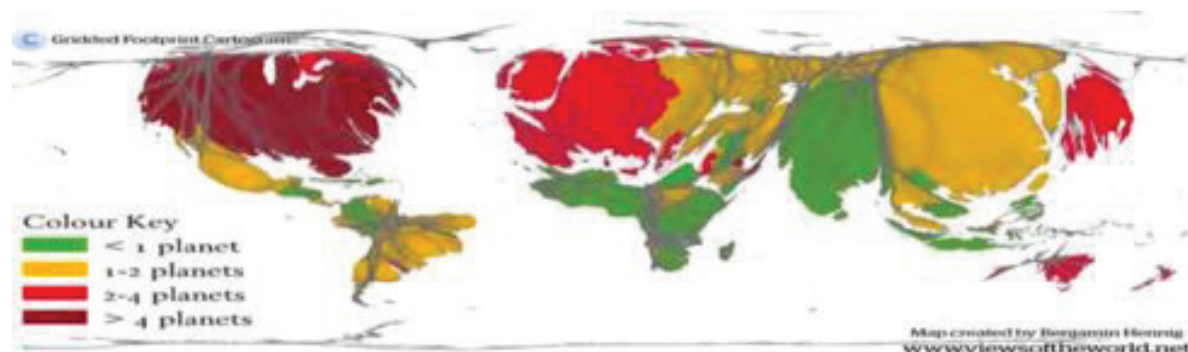
where the percentage of extraction of resources and consumption in relationship with their population is still in an ecological balance meanwhile other regions like North America, Europe or Japan have already a consumption rate which would require four planets of the size of our earth if it were the same amount worldwide.

Second comment: our economic system has no ethical base. If I just follow the golden rule of our economics, I might do whatever I like to do if there's a profit in the end. But what is the consequence for the people involved or affected by my business? This concern is not applied in a general sense to our economic practices. And it is not a consideration which is highly estimated. The underlying philosophy targets towards an unbridled pursuit of self-interests, like me first, like America first or who or whatever is first. Of course we can choose to pretend to be the first. But we have to be aware that we are responsible not only for us, our country but also for the whole human mankind like Moreno said.

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So this kind of self-interest shapes and obscures the fact that we all belong together.

The same is true for the way how finance and monetary systems are organized. Again it does not matter who really needs what. The interest to produce profit is stronger than any social or ethical consideration. So in the end, may I say that we need to define the boundaries for growth, we need an ethical base and an impartial financial system which is respecting the interest of all. This is like a dream of course, but it's good to spell it out at least sometimes.

Now, the biggest threat for our survival and I think we are all aware of it is climate change. Here I like to mention only that it is a threat reaffirmed by many, many institutions and governments in the meantime including for example the World Economic Forum which declares the climate change as the major threat for our survival. This is true for several reasons. First of all, climate change decreases the nutritious value of food and it impacts directly on the food production. There's a prediction that 80% of the harvest is already lost in the war zones in Africa, which are the zones with most hunger (Figure 3).

And the loss of 80% of their harvest is directly due to the climate change. If you consider just for a moment that those people want to survive, what will they do? They will start to go to war or they will try to run away to have a safer life, not to die from hunger while a lot of them are already starving. So they will try to reach Europe, coming from wherever they are inside of Africa, because they want to survive.

How do we regard them, these refugees? There are politicians who say we have to build a wall, we have to build a fence. This is for myself and I hope for ourselves completely outrageous. I tell this with all my anger and I'm very angry. Especially considering that Europe, the US and other highly developed industrial regions of this world are directly involved in the origin of the climate change. So it is us who increases the hunger and us who forces the migration and it is also us who deny our responsibility? And to make everything even worse we have to consider

that other refugees right now from Ukraine - and this is not directed against Ukrainians, but our politics - will always be welcome. And the same politicians will say: ethically spoken we cannot deny anybody from Ukraine to come. But what does this mean? Do we have second-class, third-class people? What does this mean on an ethical level? Really, I mean all of us must be engaged in ethics. Does ethics prescribe any kind of class? First class, second-class, third-class ethics for people? No. This is not ethical, but it is our reality.

Another big threat for our survival is the loss of biodiversity. The World Economic Forum is not really a neutral institution being interested after all in the wellbeing of our economic system, but they normally have the best numbers on this subject. They say that biodiversity loss is about the third most dangerous threat to the survival on this planet and our society. We have already lost 75% of the plants genetics diversity, and we are going to lose each time more. Why?, because we are doing in many regions of this world monocultures. Why? because the demand especially of the so-called western side of the world is very high on some kinds of food. Let's see for example cattle and meat. What does it mean? If everybody in this world were eating meat, like the western world is eating meat, we would need three planets more only to plant the soy and other plants necessary to feed the cattle. So all these monocultures in this world with the subjacent deforestation are the consequence of the demand of richer countries. Because we are so hungry to eat meat, we need monocultures which are destroying biodiversity. And biodiversity is the prerequisite of a fairly well way to survive. Not only diversity in food but also socially. We need diversity for survival.

To complement the picture a lot of this food already produced is going to be lost. There's an estimation that about 1/3 of all the food produced is being lost today. This is another side effect of a mass production of a special type of food (monocultures) and the inability to deposit it accordingly contrasting with the fact that malnutrition and hunger are one of the biggest miseries in this very moment on earth. There are about 2 1/2 billion people suffering from fame (Figure 4).

But as if all that were not enough it is in addition true that due to gender-based inequities hunger and malnutrition represents a much harder burden for women and children. If you consider that during a disaster, there is a 14 times higher risk for women to die only because they are more fragile. The same is true for children. 80% of people displaced by climate changes are women or children. So, this is again a piece to consider to see the whole picture of today's who shall survive scenario.

In the end we have to look at mass migration in terms of and being triggered by violent conflicts and after all by hunger.

Here you can see a global hunger map (Figure 5)

and you can see these alarming rates where hunger and violence are closely connected. On the other hand it is interesting to acknowledge that during the period of the last 100 years, we actually have less wars each time. But there are other types of armed conflicts which are each time more important (Figure 6).

Due to this circumstance the peace index in 2016 is red, which means alarming. Green is good, so only some regions are good and don't have so many armed conflicts. But regions affected by violence are normally not exposed to terrorism. Terrorism is a phenomenon where numbers are really dropping for years although we always talk about terrorists and terrorism. What is really much more striking is the death poll produced by armed conflicts and homicides which is nearly 5 times higher than those numbers produced by terrorists (Figure 7).
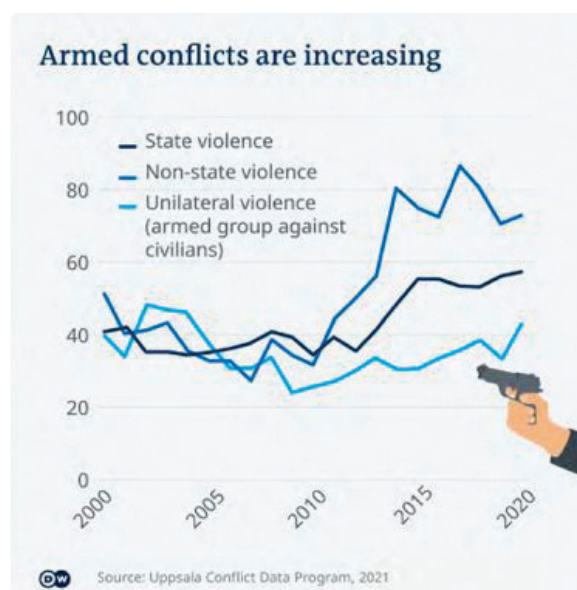
The numbers might change now due to the war in Ukraine but until very recently especially women and girls were in danger because female homicide is a big topic, for example in Spain and in Italy as well but especially in Central America and Latin American,

Now all these conflicts raise of course anxieties, existential anxieties. And these anxieties favour:

- Autocratic leadership
- Processes of social fragmentation with a rupture of social networks and the loss of the feeling to belong to the same community, which means for example in the United States that kind of fragmentation addresses the whole nation, there is a real split. This rupture of social networks and of the whole society is a very painful consequence.
- Corrosion of the culture of solidarity which means there is a corrosion of moral standards. I mean somebody can lie and we may know that he is lying. But nothing happens. It is just a part of the business. Trump or whoever can lie, and we all know that it is a fake, but who cares? Who cares? I care but still they can lie and moral standards are going down.

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- So due to the increase of violence and the related anxieties, collective traumata are activated, for example racism. It is often enough a shadow topic, not an official talking topic because those who are living in the shadow are often the victims of the racism system. As this collective trauma is activated it becomes much more visible and those who usually have no words are speaking out much louder now.

And last but not least even the recent pandemic can be understood as a consequence of these dangerous developments because zoogenic diseases are increasing in number due to the loss of natural spaces which separates human beings and animals.

In the end and considering this danger for our survival, what is the vision of the founders of IAGP? Of course, it reminds me immediately of a famous book written by Moreno: "Who shall survive?". So we have to take into account that this is not the first time that the whole of human mankind is exposed to such a risk because this book was written in 1933. Both men and co-founders, Moreno and Foulkes, were deeply shaped on a personal level by their experiences during WW1. Foulkes fought two years on the frontline, meanwhile Moreno as a young doctor was taking care of refugees near Vienna. And both were shaped again by their experience of WW2 and its consequences. The huge impact of their activity which was brought into our field on a global level was only possible after WW2. It is hard to say but sometimes crises and disaster are necessary to prepare the next step of the development of professional tools.

Before I address the role of JL Moreno and SH Foulkes and their legacy, I want to cite another co-founder of IAGP, the highly appreciated Zerka Moreno. She wrote to me fifteen years ago about the visionary value of the book of her husband: "Who shall survive": "it was not only predictive, but also an ethical and moral question". This is the point I want to raise with my conference. Because it is not only about who shall survive but also about why and how? Who shall survive is indeed a very existential question. When I visited her and in response to that aspect, she always mentioned to me the topic of an "ethical anger" connected with the unbearable injustice involved in this question. And I was completely surprised when I read that the Dalai Lama only one year ago was addressing the same ethical anger. In his book he is calling this type of anger the compassionate anger. He is saying that we have to complement our kindness by this specific kind of anger. And as one of the leaders who are teaching kindness of the heart it is remarkable that he is claiming as well that it is hardly possible to practice kindness alone without compassionate anger

which responds to indignation because there are so many aspects, so many facts which are really unfair.

Coming back to the vision of the founders of IAGP, it is based on the importance of groups and group work for our survival. They envision the human being as capable to cocreate the missing parts of this creation together. They were idealistic but at the same time very much influenced by their experience during both world wars which led both to a very similar humanitarian position. I like to remember all of us that IAGP is the reason that we are here. It was founded especially with the idea of a mission to come together in groups and to work together not only but also to avoid further mass destruction. We are here because we are not only group analysts or psychodramatists, but we are all here to work and to study together to improve living conditions for all.

Personally, I think it is more interesting to focus on those aspects they share than on their differences. One aspect is the interpersonal model of human evolution, which means that we need others to develop, we cannot develop ourselves alone, and we are deeply shaped by this fact. We are all social beings; we cannot deny this fact even if we feel sometimes different. This is the evolutionary basis for all of us.

The other aspect is that for both of them the group is the ideal agent to produce a change. Why? Because the group displays the most authentic, the very best setting, to reproduce something similar to the natural social network outside. It really gives us insights into the basis of our lives, so each group in this way is a kind of proxy, for those networks outside in the real world. But it is a proxy where we can study in freedom its conditions and because of that it can become so powerful. Beyond this great advantage groups are also nurtured by our universal connectivity. Even if we don't feel it, even if we don't see it, there is a connection beyond the personal. This universal connectivity is working always. And it explains the impact of processes of resonance with others on our life. Wherever we are we are always connected. This is something basic and in a way at the same time for me at least simply magic. It explains as well the importance of sociometry, and similar interventions to organize our connectivity for the best outcome of groups.

Another consequence is the ethical implication of this concept. If we are all connected, if we are really one, then we are all responsible. We cannot say I am only responsible for myself. I am not and never alone. I am not detached from the other, I'm one with the other so I have to take care of the other as well. This is the important message of the founders which we should consider seriously. For Moreno, Foulkes and other pioneers of a real group approach in therapy the "noble" expression of belonging to the same "creation" / the same universal matrix and its resonance in our mind as a part of this

"living system" - beyond all differences of culture, race or gender – is humanity. Thus, humanity is at the center of our trans-cultural connectivity.

To be aware of this connectivity means to be aware of "being a part of the whole" (Ubuntu) and our responsibility for being in this world. The famous phrase of Moreno: "a truly therapeutic procedure cannot have any other objective than the whole of mankind" – is based on this idea because this "universal matrix" implies a process of inter-dependency for all living beings.

I like to highlight at the same time the values they shared as both were emphasizing the meaning of compassion and solidarity for our life. If we are compassionate, it is a great way to be a human being. Compassion means to feel with passion with the other, not to leave the other alone. To make an attempt to act and help. I am grateful to Richard Beck, our still current president who is always emphasizing this aspect. The we-ness. We are not alone, we are co-responsible, we can help each other, and this is also Monica's Zurettis, understanding when she talks about "social immunization". If we practice our we-ness, we can make ourselves immunize against the possible corruption of egoism, because compassion makes us hesitate to do harm or leave the other alone.

To go further on, I like to mention also four colleagues. Moreno and Foulkes were for sure pioneers and co-founders, but they were not alone. There were many important and indispensable colleagues as well, so I just want to mention four of them because they have been not only for myself very important persons.

One is Pierre Weil, he was even awarded with peace prize of the United Nations, and he is the founder of the peace university in Brazil. He told profound stories to stimulate the practice of peace. So allow me to tell one of them. "One day there was a fire in the woods and all the animals were trying to escape. Only a little bird stayed throwing with his little peacock drops of water into the fire. A fox stopped by and said, "what are you doing? Are you crazy". But the little bird only said "No, I am not crazy, I'm only doing my part". If all of us could do only our part, if all of us could do our part, this could be already enough to do an important step, just doing our part.

The second person I like to mention is Agosto Boal. He came from Brazil being exiled in Paris because he could not stay indifferent when the military violence hit his country. He was the founder of the theatre of the oppressed A lot of us are engaged for the sake of people who are living, let's say under very restricted economic and other undignifying conditions. So did he, being a very creative colleague generating hope and giving a voice to thousands.

The third person I would like to mention is Juan Campos whom I got to know. I would say thanks to God. He was an impressive, wonderful colleague. I will always remember him saying "when you listen, you have to listen with your heart. Don't forget" This is so important indeed. And his very early teaching to use the internet to reach out and to connect with others had a visionary transcendence.

The last colleague I like to mention here is Felix de Mendelssohn. Again being engaged in many activities of IAGP he made an unforgettable remark that the differences between us, others as well as cultures can become a "tyranny". Sure we have to acknowledge differences and it might take many attempts to overcome them as they can really hurt. But it is nearly impossible at all if differences become a proper tyranny absorbing all our energy. Apart from that Felix was also a promoter of the significance of dreams applying them to many areas such as questions of organizational development.

Before I am going to finish this conference, I want to tell you a story of a man I have met. I am living nearby a refugee center where many refugees from all over Switzerland are brought to while the majority of them have no papers and no solution at hand. I was offering a group regularly for them. It was a group with very special conditions because they always needed to make the translation between them because it is impossible to talk so many different languages yourself. I did the group normally in Spanish or in English because these are the most common languages.

The man who is the protagonist of my story was a person from Rwanda, his name might be Kanuago. He had been severely tortured in his later years, but he could only survive by chance as a child with big scarfs on his face and the unbearable image to see all the members of his family killed in front of his eyes (Figure 8).

He survived by a blessing as he used to say. Thanks to the help of the United Nations refugee program he was finally able to immigrate as a young man to the United States. After some years the Trump government changed the immigration policy, and he was forced to leave the United States. Before he could be deported, he developed a paranoiac psychosis because he had so much fear. After many months he ended up at the refugee center in Switzerland. After listening to his story, I asked his permission to tell another story which had come to my mind.

The story is the following. Once I met a woman in a group. She was suffering from a nightmare. She dreamt that she was locked in a completely dark room together with her four children and many other people. From time to time evil villains entered the room and chose people to be killed. Although she was resisting very much in the end all her four children were carried away from her and were killed. Everything was dark, no hope anymore. As a Jungian (conjunction of opposites) I asked her if she could not see any light at all. Suddenly she told me that she could still see a small glimpse of light in the eyes of her youngest child. She was very moved and said with tears: So it is true: not everything can be destroyed. Even if we cannot do anything there is something indestructible which will remain. She was overwhelmed and started to cry. And in my group, Kanuago and others were deeply moved as well because this truth is universal.

Before leaving I want to share briefly with you three other aspects which are important to me. First about Thich Nhat Hanh. He often talked about Avaloktesvara, the Buddha of Deep Listening. This Buddha started to listen first to his pain, then to the pain of the others, then to the pain of all. The pain first broke the eyes of Avaloktesvara, so he became nine eyes, the pain then broke the arms of Avaloktesvara, so he became 1001 arms. With his teaching he wanted to help us to be aware of our limits and the impact of listening to the pain. I want to add that even if we are not the Buddha of Deep Listening, we are able to build on our connectivity, so we will have more

eyes and more arms to listen carefully to the pain without getting lost or overwhelmed. Still then suffering for us is inevitable. But it does not mean to fail. Our pain might be the clue to grow. The myth of the wounded healer tells enough. Each time we suffer is a hammering on our bowl. And each hammering makes the sound of our bowl more beautiful.

Second I want to talk briefly about the project of the ARCA (see: www.arcapsychodrama.org). We call this project ARCA because we might consider our planet as an ARCA (Hebrew: container), and us and all the living beings there, not only human beings but also animals as the passengers. So if we consider the ARCA as the container for all living beings we might be ready to begin to do our part, because the word ARCA means also beginning (Greek). So maybe it is true that we can imagine that we are really one on this planet sailing with our ARCA. We are always responsible for the survival of all. This is the message. And our organization, IAGP, has been created and might be the best place to start.

Thrid and to finish, I would like to cite a poem by Zerka Moreno. It says: "whatever the spiritual life might be... to the life of the body eternity is denied. Death shows up in many ways. Though we are born alone and alone we will be dying. In between there is time we share with others. This is the wonder in the life. To share." I hope we can all be a part of this sharing; to make the wonder come true also for us.

So if we leave now, what could be our commitment? Not sure because it is personal. But concerning IAGP it could mean a commitment, which includes the dreams from the girl in Palestine as well as those from the girl in Israel. A commitment which respects the basic rights from the girl in Africa as well as those from the girl in Peru... A commitment which respects the basic rights from the girl in Ukraine as well as those from the girl in Russia... and from the girl in Afghanistan. A commitment which includes the dreams from the old women, as well as those from the young child." Take care. Goodbye.

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MANUSCRIPTS MUST MEET THESE INSTRUCTIONS, TO ENTER THE PEER-REVIEW PROCESS.

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- Manuscripts can be submitted either in English or in Spanish. Proofreading by a native speaker in the chosen language is requested. Articles will be returned if they fail to comply with linguistic precision.

TYPES OF ARTICLES AND LENGTH
- **Scientific Research:** Scholarly articles that feature theory, research, and/or excellence in practice in the field of group psychotherapy and group processes. Submissions will be peer-reviewed. The main text (excluding references, abstract, tabs and figures) must exceed 3,000 words but not more than 5,000 words.
- **Case Study:** Scholarly articles that feature case study in group psychotherapy and group processes. Submissions will be peer-reviewed. The main text (excluding references, abstract, tabs and figures) must exceed 2,000 words but not exceed 3,000 words.
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Learning from the therapeutic community experience in the UK and Japan: Group Culture and Japanese mentality

Aprender de la experiencia de la comunidad terapéutica en el Reino Unido y Japón: Cultura de grupo y mentalidad japonesa

Junichi Suzuki (Japan)

Group Analyst, Founder and President, Institute of Tokyo Group and Individual Psychotherapy (itgip). After graduated from Hokkaido University, he started working at the Department of Psychiatry, The University of Tokyo. To learn therapeutic community, he worked at Dingleton Hospital, UK, and later at Fulbourn Hospital, UK. After coming back to Japan, he practiced therapeutic community at Kaijoryo Hospital and Kawagoe Dojinkai Hospital as director. He founded Institute of Tokyo Group and Individual Psychotherapy. He is also Past President, Japanese Association for Group Psychotherapy and served as Congress-chair, Pacific Rim Regional Congress, IAGP, 1997.

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I am very honored and pleased to be asked as one of a keynote speaker in the 21st IAGP International Congress, titled Groups for the World, Strength, Inspiration, and Transformation

What I would like to talk about today is (1) personal experiences working into therapeutic communities in the U.K. (2) Trying to establish therapeutic communities in two Japanese mental hospitals, problems and difficulties encountered in practicing therapeutic communities' concept, (3) How it relates to Japanese group culture and mentality, and I'd like to add (4) Influence of the Covid-19 experience, and online group.

OPENING REMARKS, THE BEGINNING: A VERY STIMULATING, EYE-OPENING LECTURE BY DR. D.H. CLARK.

The Beginning: In 1967, I was a second-year trainee at the Psychiatric Department in Tokyo University. During my training, I had visited large national and municipal mental hospitals in Tokyo and started to work as a part-time psychiatrist at a small private mental hospital on the outskirts of the city. I could not pinpoint why, but it felt dreadful to see patients waiting to be told what to do, or what not to do, by nursing and medical staff.

That year, I attended a very stimulating and eye-opening lecture by Dr. D. H. Clark, then a WHO consultant to the Japanese Ministry of Health and Welfare. He had visited mental hospitals and mental health organizations throughout Japan and produced a report, known as the Clark Report.

He showed a slide of a ward group in Fulbourn Hospital, an English mental hospital. The slide showed a group of approximately 20 patients and staff members, and a mongrel dog in the middle. I instinctively felt the difference in the way the patients were treated at that hospital. Patients and staff and dog seemed to be talking to each other freely.

This was my first exposure to therapeutic community and group therapy.

Dr. Clark argued that mental illness should not be treated in the same way as physical illness. Physical illness is diagnosed by a doctor and, with the assistance of nurses, patients are treated accordingly. However, mental patients should be treated differently. Patients should be helped to understand how and why they suffer and they should have a say in their treatment.

From what I had seen in my training, there seemed to be two groups of patients: 'good' obedient ones and 'bad' aggressive, trouble-making ones. The good ones were treated kindly, and the bad ones strictly and restrictively. Dr. Clark's ideas challenged this and came as a revelation to me.

I then happened to come across a paper by Maxwell Jones in a professional journal, in which he discussed the importance of the nursing staff's role in treating long-term hospital patients. The paper seemed to chime directly with my experiences in the university hospital ward, so I wrote to Dr. Jones directly to ask his opinion on my interpretation of the situation. He kindly wrote back to me, expressing a deep and sympathetic understanding.

We corresponded a few more times until he suggested that I come and work with him in Scotland.

1. Dingleton Hospital (1968-1971)

In 1968, I took the opportunity to go to the UK to experience psychiatric practices there; first in Dingleton, Scotland, and then in Fulbourn, England. I learned a great many things. Firstly, the importance of being aware of your own and others' feelings, and how this requires training. Secondly, how establishing a culture of free talking (allowing patients to have a say in changes to the hospital, for example) was effective. I also observed how reality confrontation, which at first sounded aggressive to me, is necessary for growth. Dr. Maxwell Jones, the superintendent at Dingleton, used the terms 'social learning' or 'painful communication' to explain that we need to confront reality, no matter how painful it might be. My experience in the UK also made me realize the important role that leadership and the organizational structure of hospitals plays in establishing such a culture.

After a grueling ten-day trip from Yokohama harbor, via Moscow, Vienna, Paris and London, I took a train to Edinburgh, and from there to Melrose. I was met by Dr. Maxwell Jones himself at the platform. A tall bespectacled man, he carried my two huge suitcases (no little wheels in those days) to his car without any difficulties. He must have been over 60 years-old then. I must confess I could not offer to carry even one of them, now). He then showed me around various interesting spots, including a village antique shop, a delicatessen, a hotel supposed to provide good wine and food and, at the end, Scott's view, where the Ivanhoe author used to stop his carriage on his way back from London. I was completely charmed by his warmth, kindness and humility.

The next afternoon, I was introduced to a hospital group meeting of maybe around a hundred people sitting in concentric circles. You could not tell who were staff or patients. There were some old ladies at the front, knitting or doing some mending. They made me, the foreign newcomer, feel welcome. As we chatted, despite language difficulties, I felt amazingly relaxed and accepted. I felt the power of the group, not pressure, for the first time.

GENERAL STRUCTURE OF THE HOSPITAL

The day in Dingleton began with a meeting and ended with a meeting. All staff, from kitchen, engineering and cleaning staff to the Superintendent, spent most of the time in groups discussing their work and examining the feelings which arose while working together. The first meeting started at 8.30am followed by the community council (C.C).

The 8.30am meeting happened every weekday with executives, namely the superintendent, the hospital secretary, the chief nursing officer, and the head of the social work department. Even though I was a junior doctor, I was fortunate to be invited to join these meetings which were set up to discuss and deal with requests from the government and other executive issues. What was discussed there was relayed to the hospital meeting (C.C.). The C.C. was attended by representatives of every part of the hospital, including nursing staff, PSWs, team secretaries and patients who had topics to bring up. Every single thing was discussed in the C.C.

Now, this is Maxwell Jones in his mid-70s (Figure 1) This is Dingleton hills from above. And this is the front of the hospital. I used to live the top of the entrance called matron's quarter.
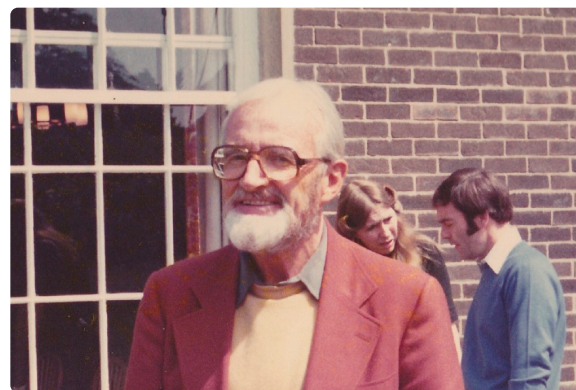
Figure 1. Maxwell Jones, at IGAP Congress in Copenhagen

LANGUAGE PROBLEMS.
SCOTTISH BORDER DIALECT

Let me talk about languages as disturbance next. Dingleton hospital was situated near the top of a hill in Melrose, Scotland, in what is known as the Scottish Borders.

The Scottish language itself is quite different from the English we were taught. Border dialect is different again. The language people used there was utterly

incomprehensible for me in the beginning. For example, a nurse said 'A dinnae ken' with upward intonation. I did not have a clue what she was saying. It later turned out to mean 'I don't know'. Of course, this language was used in any group situation, including business meetings and therapy groups.

Trying to overcome these difficulties, I concentrated on using all the senses I have: listening (not only to the meaning but intonation, accent and phrasing) watching and even smelling. By utilizing all the senses, I became able to see what was going on in the group better, while not fully understanding the meaning of the language itself.

A colleague of mine from the Dingleton period pointed out in his recent letter:
"*What I remember from that period is your sitting in groups, not understanding all that was being said, but noticing the non-verbal interactions, and raising questions in the reviews about those. It showed me more clearly how important it was to notice the hidden agenda.*"

SCHIZOPHRENIC LANGUAGE

The next thing is 'Huntlyburn Project'. I was one of the initiators of the 'Huntlyburn Project'. Huntlyburn was a big house owned by a gentleman who had made it available to Dingleton hospital to use. We decided to use it for the chronically very disturbed schizophrenic patients to live together with nurses and myself as a doctor.

We worked together, painting the walls, doing repairs, cooking meals, making the beds, and having group meetings every evening. The project itself was a wonderful experience for me and I learned a great deal. However, it is 'language' that I would like to mention here.

After some weeks at Huntlyburn, staff at the main hospital pointed out that my use of language was becoming strange. I had developed the patterns of schizophrenic language, as though my thought processes were disturbed. I had no idea what was happening with my language, but I realized that I might have taken on features of Schizophrenic thought and language patterns.

CONFRONTATION WITH NURSING STAFF

After being assigned the role of an admission ward doctor, I spent almost all my free time studying case files of the patients on the ward and talking to them. I thought it was quite a natural thing to spend long hours on the ward as a young registrar and felt that running the ward was my sole responsibility.

One morning, I was told that there would be a crisis meeting and I should be there. Initially, I was excited to attend such a meeting not knowing it was in fact a confrontation meeting about my own conduct. The nurses claimed that I spent too much time on the ward even late in the evening and accused me of not trusting them.

I was baffled by their aggressive attitude. As far as I was concerned, I was fulfilling my basic duties and had not paid much attention to what the nurses were doing. In my arrogance, I told the nurses what I felt about their work, not understanding much about the meaning of their work.

It was painful to be a target of what I saw as unreasonable aggression. However, it dawned on me that I was not conscious of how the other staff were relating to the patients. This experience made me realize the meaning of teamwork.

Maxwell Jones' objectives:
- Use the total resources in the hospital.
- Emphasis on the free communication.
- Daily community meeting.
- Active involvement. He always said to me to get involved.
- Understanding the hidden agenda through social analysis, aiming at changes and personal growth. Changes and personal growth are another slogan. Maxwell always spoke about.

2. Fulbourn Hospital (1971-1974)

Now, after two years of experience in Maxwell Jones and Dingleton Hospital, I went to Cambridge, England to Fulbourn Hospital.

As I said in the beginning, Dr. David Clark was the superintendent of Fulbourn Hospital. He assumed his superintendent position in his early thirties and was a very strong leader of the whole hospital.

Figure 2. David Clark, at Kegonnotaki, Nikko, Japan

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Cultura de grupo y mentalidad japonesa

He was a very strong leader but a democratic one. David was usually ebullient and could be overbearing, but he knew he had a tendency to 'steamroll' people and was happy to be told to 'shut up'. I was quite good at stopping him.

Fulbourn was run basically on therapeutic community lines. The basic atmosphere of the hospital was free and egalitarian. It had a so-called 'Industry' for work activities, an occupational department for artistic and manual work, and hostels for patients to live in after being discharged from the hospital.
David was also a practical person who had found that administering a huge hospital needed a different approach than a smaller institution such as Henderson or Dingleton.

He had great insight into human nature and was a skilled administrator. He was neither particular about details nor keeping up appearances, but rather he was excellent at weighing up situations and making spur-of-the-moment decisions.
Therapeutic Community, as you know, are divided into two types. One is Dingleton type, and one is Therapeutic Community Proper, like Fulbourn.

Now, after 3, 4 years of Fulbourn experience, I came back to Japan.

3. Coming back to Japan
I initially tried to introduce the Therapeutic Community concept focusing on R. N. Rapaport's observations, because I thought that slogans like Democracy, Egalitarianism, Permissiveness might be more easily understood and accepted.

I wrote several papers introducing the concept and theory, with practical suggestions on its implementation. I also translated Max's recent publication, 'Beyond the Therapeutic Community', for Japanese practitioners. Both publications received a quiet reception.

Just over 2 years after returning to Japan with eager ambition, I was offered the directorship of a 250-bed private mental hospital in a rural area of Chiba prefecture. By then, I was more aware of the state of the mental health scene, as I had been working as a researcher in the Tokyo Research Institute of Psychiatry. I had made extensive trips to research public and private mental hospitals and Japanese mental health in general.

With my experience of therapeutic community in the UK, and my research findings and thoughts that had developed in the intervening two years, I started my

directorship with some clear objectives:

- Establish a culture of free talking.
- I thought 'Freedom' was essential for the patients and staff.
- Create a system in which decisions were made through open and free discussion.
- Set up group situations as an essential part of hospital activities. i.e. set up regular ward meetings.
- Try to respect any comments from any person, staff or patients.
- Try not to show my expertise in psychiatry, therapeutic community, or group therapy, but rather be one of the team members. Be careful not to be put on a pedestal.
- Use group analysis and group dynamic understanding to clarify problematic issues arising in daily hospital practice.

Additionally, I was keen not to talk about 'The Therapeutic Community' too loudly. I had seen new concepts and theories changed in Japanese culture while keeping the same imported labels. For that reason, I put the practice first and the name last.

I was aware that the introduction of a new method or practice to a mental hospital was an almost impossible task, so I sneaked in by the back door, so to speak. Thinking back on that time, I now see that I was brave but naive. There were many difficult issues to overcome, such as how to prevent the 'sloganization' of the concepts of democracy, freedom, responsibility, and permissiveness. I also knew I would need to have comrades working with me. The first thing I did was to convene informal study-discussion evenings with the two senior nurses and a pharmacist. They talked about the difficulties of daily clinical work and I listened. This was a good introduction to the hospital for me.

Away from the hospital, I started to form training group psychotherapy groups for psychologists, PSWs, nurses and psychiatrists for group experience and group supervision, which were organized on the therapeutic community principal. These groups joined with other groups, which would later become the Japanese Association of Group Psychotherapy.

From the beginning, I stressed the importance of creating theories by ourselves from observation and experience of groups, instead of copying quasi established theories.

Through my work, I began to realize there were differences between Japanese and British group mentality - Japanese group dynamics seemed to require a different kind of formulation. Thoughts and experiences of 'the group' and

the influence that it exerts on people have been a major part of my professional life over the last fifty-five years.

4. The problems I encountered practicing therapeutic community Principles.

Of course, developing a new system in ordinary Japanese hospitals was met with various levels of opposition and resistance, both conscious and unconscious. Adding to this, Japanese behavior in a group seemed different from British behavior.

FORMING GROUPS

I noticed that the Japanese liked to form groups quickly and did not want to examine their feelings. Any negative feelings tended to be smoothed out by a quasi warm and kind attitude. Group members wanted to believe this atmosphere as the real one, but it often had the effect of sabotaging the formation of real group bonds and the ability to look at the inner feelings they had been experiencing. This can happen in any culture, but is made more likely when groups form too quickly in this way.

DEMOCRACY AS A STUMBLING BLOCK

In a letter before he died in 1990, Maxwell Jones remarked that therapeutic community principles would be very difficult for me to introduce to Japanese mental hospitals because there was no democracy in Japan. I thought at that time that democracy did exist and was practiced in Japan, but I did not fully understand his comment. However, I have been thinking about what he meant by democracy since then.

Democracy has to be practiced rather than sloganized.
In a hospital, practicing democracy means to listen to what patients really feel. To make this possible, as I stated earlier, establishing a talking culture is essential. We need structure such as group meetings and activities in order to enable this.

ACTIVITIES AND WORK PROGRAMS

Most of the ordinary 'good mental hospitals' in Japan have in their work programs, activities including annual festivities (bon-odori and others) sports days, bazaars, and garden parties. Patients take part in the organization of these activities and enjoy them.

A problem is that, although hospital staff try to stimulate their patients' initiatives, they may be too directive and not allow patients to work in their own way. Activities and programs tend to be viewed as good entertainment for patients to enjoy, rather than integral parts of treatment. Activities are often prepared for the patients and organized at the convenience of the staff.

It is curious to mention here that activities and programs should be organized by staff and patients *in cooperation* and, above all, patients' initiatives and creativity should be encouraged. Maxwell Jones, when visiting the OT department in Matsuzawa Hospital some 70 years ago, commented that very few of the patients would wish to be discharged from the hospital because of the way the nurses were coddling them. Making patients dependent on staff makes the staff depend on this kind of relationship, and vice versa.

COMING IN TO A GROUP

It is no exaggeration to say that my initial experience of the large groups in Dingleton determined the way of my professional and personal life. When you participate for the first time in a group, you immediately sense the special group atmosphere, especially acceptance (or not). This experience influences the relationship between newcomers and the group.

Earlier I talked about how Japanese groups can form very quickly. Such groups do not necessarily accept a person whole-heartedly, rather they do so only on a superficial level. Only groups which are ready to engage in a real interaction create the special atmosphere which allows newcomers to feel part of the group. When this happens, it influences the group and its members deeply.

5. Covid 19 experience and closing remarks

Now I'd like to touch on a little bit on COVID-19 influence on the group and my experience from being online. We cannot feel good when you get into the online group. You saw this on the wall of people's faces, but we cannot feel the group atmosphere. Our abilities to sense nonverbal aspects of the communication become limited. As a result, we have to heavily rely on the verbal contents of the communication. This is the difficulty I had to face. And now I am sorry I was somehow coughing a lot. My talking is a bit unclear. I hope that you can understand some of them. Thank you very much for listening. Thank you.

NORMAS DE PUBLICACIÓN

LOS MANUSCRITOS DEBEN SATISFACER ESTAS NORMAS PARA QUE SE INICIE LA REVISIÓN POR PARES.

IDIOMAS

- Los manuscritos se pueden enviar en inglés o en español. Debe procederse a la corrección por parte de un hablante nativo en el idioma elegido. Los artículos serán devueltos si no resultan lingüísticamente precisos.

TIPOS DE ARTÍCULOS Y EXTENSIÓN

- **Investigaciónón científica:** artículos académicos que versan sobre teoría, investigación y/o excelencia en la práctica en el campo de la psicoterapia grupal y los procesos grupales. Las presentaciones serán revisadas por pares. El texto principal (excluyendo referencias, resumen, tabulaciones y figuras) debe superar las 3.000 palabras pero no sobrepasar 5.000 palabras.
- **Estudio de caso:** artículos académicos que presentan estudios de caso en psicoterapia de grupo y procesos de grupo. Las presentaciones serán revisadas por pares. El texto principal (excluyendo referencias, resumen, tabulaciones y figuras) debe superar las 2.000 palabras pero no superar las 3.000 palabras.
- **Artículos invitados:** artículos académicos invitados por el comité editorial. No son revisados por pares. La extensión se decide por los Editores en jefe en consulta con los autores.
- **Cartas a los Editores:** comentarios y opiniones sobre los artículos de Forum o el Congreso de la IAGP. Si los contenidos se valoraran como adecuados para Forum, el texto principal no debe exceder las 2.000 palabras. De lo contrario, serán enviados al editor del Globeletter.

FORMATO

- Los manuscritos deben ser tamaño A4 (no tamaño carta); dejar márgenes uniformes de por lo menos 3 cm en la parte superior, inferior, izquierda y derecha de cada página; y ser a doble espacio.
- Forum sigue las recomendaciones del Manual de Publicación de la Asociación Americana de Psicología (7.ª ed., 2019). Cada manuscrito debe cumplir con dicho formato APA, previo a su envío.

MANUSCRITO

Los manuscritos enviados deben contener lo siguiente:

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- Resumen y palabras clave: Tanto en investigaciones científicas como en casos prácticos/trabajos clínicos, se incluirán un resumen de aproximadamente 150 palabras y debe estar escrito en los dos idiomas oficiales de Forum; y se incluirán también entre 3 y 5 palabras clave.
- Información del autor: Nombre(s) del autor(es) (indicando el autor a quien dirigirse); CV breve (60-70 palabras si es un solo autor; 30-50 palabras cada CV si hay más de un autor) con dirección de correo electrónico, fotografía de los autores (alta definición) suministrada por separado como archivo de imagen (p. ej., archivo jpeg)
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Los manuscritos se presentarán tanto en un documento de procesamiento de texto (archivo de texto sin formato, archivo de texto enriquecido o archivo de MS Word) como en un documento PDF y se enviarán al Consejo Editorial de Forum (Forumeditors@iagp.com).

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Invited Papers
Documentos Invitados

Promoting our Colleagues' Wellbeing:
Group Work during the Covid Pandemic[1]

Promover el bienestar de nuestros colegas:
Trabajo en grupo durante la pandemia

Molyn Leszcz (Canada)

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As a Canadian, I want to make special note and express appreciation today that right now in Canada, Pope Francis is on a mission of reconciliation and repair with the Canadian indigenous communities, who have been harmed and traumatized by the Canadian residential school system. His visit is the opportunity for great healing.

LEARNING OBJECTIVES

What I will be talking about with you today relates to work that has been important to me going back to SARS and that has accelerated in its importance over the last two and a half years. I gave an early version of this talk at an IAGP meeting in Thessaloniki about three years ago, just before the pandemic. It was based upon past experience and theory. I am going to be talking with you now about the actual experience, at micro and macro levels of interventions providing frontline care workers with support in the face of COVID. I will also discuss my work in leading *Leading for Wellness* communities of practice (COP) for senior healthcare leaders across the province of Ontario.

Our learning objectives are to talk about the Covid pandemic as a traumatic stressor; describe principles of support from the group perspective for our colleagues and trainees experiencing stress and trauma; detail learnings from *Leading for Wellness* group for health care leaders. We are going to talk about PPE - not personal protective equipment but personal psychological protective equipment and how group therapy plays an important role in supporting wellbeing. Finally, I will address how we can help implement interventions that bolster organizational culture, workplace safety and reduce colleagues' burnout. We, in mental health, have an enormous opportunity now to play a role both in the treatment and management of the stress and hopefully the prevention of future distress. I will outline for you why this has never been more important.

Let me share with you an email sent to me by a woman colleague. She is the director of education in a training program at University of Toronto. University of Toronto Faculty of Medicine is one of the largest in the world. This woman is in charge of the training of hundreds of residents annually, and she wrote to me, "The leadership, community of practice has been incredibly helpful. It's not an interpersonal therapy group per se, but the universalization of experience is powerful: the sense that you are not alone in struggling with difficult issues while being expected to master them. As for so many things we cannot change and we must learn to accept, having someone validate and bear witness to our distress or suffering is a powerful medication for the grief, anxiety and upset that is an inherent part of the human condition and accentuated during Covid." Those concepts and principles resonated throughout the work I will detail.[2] Let me go into greater detail.

COVID CRISIS

The Covid crisis has really overwhelmed us. But I suggest that it is both a danger and opportunity. We are embedded in the larger social context and the political aspects of Covid also influence the psychological dimensions of people's experiences (Marmarosh

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1 I am very glad to be at this IAGP conference in Italy. I appreciate the invitation by my friend and colleague Richard Beck and the efforts of Prof. Kaoru Nishimura in bringing my presentation to publication.

2 By way of disclosures, I receive book royalties from Norton books and Hachette books for publications).

et al, 2020). It is safe to say that there has never been a time when nurses, physicians, health care workers (HCWs), and hospital service workers have experienced so much significant and enduring psychological distress. Distress is exacerbated by soaring levels of moral distress and moral injury as the pandemic has forced people to violate the normal professional behavioral and ethical codes of conduct as HCWs, because of the systemic obstruction to desired actions and emotions (Williamson et al., 2020). People are experiencing high levels of acute risk from patients literally dying in the ICU saying "Don't tell me I have Covid"; overwhelming demands of health care, stigma and guilt. The kind of losses that healthcare workers have witnessed first-hand is unprecedented: many nurses and doctors I have spoken with said they have lost more patients under their care in two months than in twenty years (Maunder et al., 2003; Lai et al., 2020; Wu et al., 2020; Leszcz et al., 2020; Honarmand et al., 2022).

The good news is that mental health awareness has never been more prominent, and we have an opportunity regarding how we can identify principles to help implementation with the aim of preventing and reducing excess distress generated by the pandemic.

HUMAN CAPITAL

The first principle is the importance of human capital. It is a chief resource in health care and it has been neglected and untended to for too long. The Institute of Health Care and Innovation has identified HCW wellness as its fourth aim. The three health care aims that we have all identified with before are lower cost, better outcomes, and, better patient experience. Now added to that, is the concept of better provider experiences (Bodenheimer & Sinsky, 2014). We need to build and maintain social connections with our staff, ideally in advance of crises, and seize the opportunity now to consolidate these kinds of connections. In my hospital, since SARS, we have had mental health embedded in every program, in the emergency room, in the ICU, in obstetrics, in surgery, in medicine, even pharmacy, with the result that when there is a crisis, like Covid, we have a preexisting relationship that we can fall back on for support of our colleagues with coaching and resilience training. We need this kind of deliberate focus on our staff. Although some health care workers are stigmatized by their need for mental health care, simple interventions can help reduce their anxiety and apprehension. For example, a video about stigma, mental health, stress and Covid changed nurses' reactions dramatically and increased their willingness to participate in these resilience building interventions (Amsalem et al 2021).

CONNECTION

At the heart of what we do and part of what I am going to outline are all the areas in which we, through our psychological knowledge and expertise, can make a difference. In the same way, if this was a talk about group therapy for patients with breast cancer, I would encourage you to learn much about breast cancer, and its treatment, and psychological adaptations and dealing with existential crisis. Dealing with Covid and its impact on health care workers requires the same level of attention to detail, as noted earlier.

The second important principle relates to the concept of connection. Connection offsets the social isolation that Covid has generated. We know the value of social integration. Group therapists know this better than anyone. Many hospitals have had good success with establishing formal and informal peer support groups using drop-in opportunities where people could come and get food, meet with peer counselors, someone just to talk to, ventilate and debrief. Group support is incredibly valuable (Gerada, 2018; Southwick et al., 2020; Albott et al., 2020).

You are familiar, with Judith Herman's quote: "The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience" (Herman, 1997). Building strong group connections is essential. Related to this is the essential value of *Socialized Leadership*, a term from Mikulnicer and Shaver - leadership that is intended to create for the members of that unit, team, military unit, or organization, a sense of a secure base, a safe haven with predictable responsiveness and validation (Mikulnicer & Shaver, 2017; Mahon & Leszcz, 2017; Leszcz, 2017; Park et al., 2020). That's the kind of leaders we need, and I think we can help cultivate this through development of these kinds of COPs. I use the term COP and I should probably explain. When I was asked to create an intervention to help health care leaders, largely vice presidents of hospitals, chief executive officers, and chairs of university departments, I was advised that if I called it a "group", people would not come to it because of stigma around the idea of group therapy. But if we called our work, a community of practice, that would be a way around that potential barrier. Though it would function as a group, we would emphasize that we are all colleagues, working together, pointing in a similar direction to make things better for our staff, our trainees and our colleagues.

CONFIDENCE AND TRUST

A related important principle is the development and maintenance of HCWS' confidence and trust in their organization (Costa 2003). There are three elements associated with trust and organizations: Are my leaders competent? Are they benevolent? Do they operate with integrity? You should filter all your decisions through that lens (CMA, 2020). These things come into play when we are dealing with issues such as vaccine access equity and distribution, redeployment equity, or the role of race, gender and power dynamics. We know that some people in our systems get advantaged and others get disadvantaged. Race and gender play a huge role. We want to create a safe environment for difficult dialogues around these tension points. That requires the attention to cultural humility, cultural opportunity and cultural comfort. We welcome the opportunity to learn more about unique experiences people have in the face of adversity that we are all facing and in the adversity they may be facing that are related to discrimination around race and gender (Sue et al, 2019; Adler & Bhattacharya, 2021).

COMMUNICATION

We spent a lot of time in the communities of practice talking about the role of communication. Clarity, consistency, transparency, timeliness, relevance, recognizing that every communication you send out as CEO, as VP or chair or team leader, is of value to your members and will also be absorbed by their families. It's been a kind of mythology that leaders need to be opaque and show that they are strong and invulnerable. What Covid has shown us is that leader opacity invites regression and projection and that the more transparent we can be around the rationale of our decision making, the more effective we will be. Our communication needs to be mentalization-informed. We need to understand not only our intention, but our impact (Yalom & Leszcz, 2020). And the great value in helping people understand what traumatic stress feels like, what it looks like, what the symptoms of it are.

Two examples from the communities of practice of health care leaders: A colleague who recently became the CEO of her hospital shared in her community of practice an experience that she had with her first public address to her hospital. It was a town hall meeting. Some people were present in person and some by zoom. Early on in the talk, she began to talk about how grateful she was for the many sacrifices health care workers in her hospital made to provide care during Covid. She became quite emotional and started to tear up. She felt embarrassed. She talked in the community of practice how she quickly wanted to shift away from that level of emotionality only to find out afterwards that her colleagues told her

that that was the most powerful part of her talk. It is important for the frontline staff to know that what they do matters to leadership - that it is seen, recognized and acknowledged. Another CEO, claimed that she had trouble understanding what traumatic symptomatology felt like. She had heard about it from the nurses and doctors working in her hospital. But then she had the experience of being robbed when she was in a parking lot. Somebody grabbed her purse and threw her down to the ground. She said now I understand what trauma is, and the importance of understanding traumatic stress and symptomatology. It increased her empathic attunement dramatically.

CONFLICT

We have to expect in this environment that conflicts are going to be more prominent because systems, units, teams and individuals are going to regress. It has been being incredibly instructive to teach about interpersonal communication in the COPs. We talked a lot that under stress there will be a loss of reflective function and staff are going to respond with heightened reactivity. Things are going to be looked at in a more polarized fashion; and fault lines that are historical are going to explode because of the regression. We talked about aiming for assertive and affiliative interpersonal communication rather than joining in an interpersonal maladaptive loop, responding to a hostile attack, either with another hostile attack, or by submission (Yalom & Leszcz, 2020). Finding a third path that allows one to affiliate and assert is essential.

We focused on recognizing the value of the dissonant voice and not excluding the person who is giving you the hardest time in your team, because that person may be expressing an important truth shared by many others. An expression that I use a lot in dealing with conflicts, is helping people fight fire with water and not to fight fire with fire. The importance of recognizing that as a leader everyone is going to watch what you say and watch what you do. For example, when the head of the department of surgery is attacked by a member of his team in front of the rest of the team and residents, saying "You are not fair. You haven't given me back my operating time. My patients are dying and need care," the attacked leader must find a way of responding that validates and does not attack the person who is attacking. These are common principles in mental health work, but they are less common for people who do not have a mental health background and they are more important than ever in the midst of the Covid pandemic.

CARING AND CREATIVE RESPONSIVENESS

We need to create a caring and creative response to all of our staff. Steven Shanafelt wrote a beautiful article early on in the pandemic that "health care workers in the frontline have five needs: Hear me, protect me, prepare me with resources and equipment, support me and care for me" (Shanafelt et al., 2020). If you were asked to get these answers correct on a multiple-choice exam, everyone would get these answers right. But the issue is how do you implement that responsiveness. How do you use this to operationalize your care and responses. That brings us into the concept of wellness-centered leadership (Shanafelt et al., 2021). Everything that you do must go through these filters: "hear me, protect me, prepare me, support me, care for me". Destigmatize vulnerability and provide access to support (Galbraith et al., 2021). Recognize that nurses are particularly at risk. A recent study showed that 2/3 of nurses in North America, I doubt that it is different in Europe, South America or Middle East, want to leave their field. Twenty-five percent of nurses have reported being assaulted at work in the last couple of years (Maunder, 2021). It's not sustainable. You cannot run a hospital without staff.

GROUP LEADERSHIP

The *Leading for Wellness* COP groups are guided by core group therapy principles and I think it's been very, very helpful that I am a group therapist by training. That training helps to promote a cohesive, safe and brave space where we manage conflict.

I am able to judiciously use the here and now to illuminate the value of engagement and transparency about vulnerability. It used to be that heads of the hospitals or the heads of the programs would say, "I am working 75 hours a week" or a head of the department of psychiatry might say, "I was working on a paper last night until 2 am and I am in the clinic this morning at 7 am," as though our capacity to not have limits was a strength. We are recognizing now that leadership that cultivates that kind of expectation is destructive and that our staff value, humanity and vulnerability. Leaders won't always have the answers but should always signal their commitment to trying collaboratively to find the best answers to difficult problems with our colleagues.

GROUP INTERVENTIONS

Building cohesive and supportive staff groups, that normalize vulnerability and depathologize anxiety and psychological distress is essential (Gerada, 2016). Group and peer support promote an organizational response that reduces isolation and that reduces shame. It helps people make sense of collective trauma and injuries to their professionalism and promotes both reflection and a sense of agency (Resnick and Fins, 2021).

I've been talking about the COP, but I want to also talk about front line group interventions that also have enormous value. Over many years, I have been asked to intervene in my hospital, in different departments because of a range of Covid-related issues and before Covid, other trauma-related issues. I find Steven Hobfoll's five-factor model to be very useful (Hobfoll et al 2007). In the same way that a good psychoanalyst does excellent supportive psychotherapy by using their analytical skills to know what to go after and what not to go after, a group therapist can provide support to a traumatized team or a traumatized unit by paying attention to these principles. 1. Focus on **Safety**: It is important to restore a sense of safety in the context of a crisis. Limit harm, accept reality, recognize the ongoing threat, do not pathologize people's anxiety. 2. Find a way to introduce some **Calming** maneuvers, calming interventions -listen, validate, attune, calming exercises, mindfulness, deep breathing. A book that I have recommended many times in the last year is a book by James Nestor called "Breath". It's a terrific book that looks at how breathing puts a kind of brake on the negative intensity we can be feeling in other circumstances. 3. **Restore a Sense of Self/Team Efficacy**: Address cohesion and team integrity, build on the strength on the unit, find ways to repair regression that may have occurred, talk about coping strategies as a way of helping arm staff with resources. 4. **Promote Connection**: Foster connection, replenish old ties and employ principles of socialized leadership as mentioned earlier; make it safe to engage. 5. **Promote Hope**: not in some kind of naive or unrealistic fashion, but in a way that re-moralizes for the moment, and helps people move forward.

It is important to actualize people's willingness to change and willingness to manage as a way to feel that they can regain some power. This is not critical incident debriefing, which is emotionally activating and may be retraumatizing. A couple of months ago I was approached by a psychologist in Toronto, whose son is a member of the American Group Psychotherapy Association and who knows me. She called me and asked me if I would be willing to meet with her patient who was a pediatric dentist. In this dentist's office, 17 staff suffered a traumatic event in the office. A 7-year-old girl bled to death after a tooth extraction. They were, as you can understand, traumatized with all of the classic symptoms of intrusiveness, avoidance, reexperiencing, hypervigilance, dysregulation. They couldn't work. I actually arranged to meet with them the next day because

it is important to intervene urgently when you are invited to intervene. We began a process of meeting twice over about three hours to help restore a sense of safety; help restore a sense of some calming, remind them of the good work that they do; restore a connection because part of the traumatic response was no one wanted have anything to do with anybody else - no one even wanted to go into that part of the dental office; restore a sense of hope and help them with their grieving process and help them to help the family who lost the child with the grieving process.

CONFIDENTIALITY

In all of the group work I do with the health care workers within a hospital setting, I operate with the principle of protecting individual confidentiality, but always securing consent to utilize themes so that I can maximize my impact as an advocate within the organization (Leszcz, 2020).

COPING STRATEGIES

We spent time in these frontline groups talking about coping strategies and employing a model that people who work in the medical field will be familiar with. First developed by Folkman & Greer (2000). It is a tripartite model of coping that emphasizes emotion-based, problem-based, and meaning-based coping, it is an accessible model and making something that is implicit more explicit gives people more reliable access to it so that they can employ it constructively. With the COP groups, we employ these principles, and also, I provided a set of curated reading about leadership.

What are the three coping strategies (Leszcz & Goodwin, 1998; Folkman and Greer, 2000; Yalom & Leszcz, 2020)? "Emotion-focused coping", which focuses on the value of social support: Not being alone, reducing isolation which has been so powerful during Covid. Ventilation, the importance of talking; expressing emotions; accepting and normalizing vulnerability rather than denying emotional impact; addressing hazards of tentative communication which can paralyze a team, a unit, an organization.

The second set of principles relates to "Problem-focused coping." Here, we address issues around self-care, regulating overwork, the value of exercise and diet, avoiding substance use, relaxation, mindfulness and sleep. Sleep is the best protector against traumatic stress in health care workers and it is the most vulnerable because of the way in which we run hospitals with 12-hour shifts. I recently treated a nurse who was referred to me because of burnout who worked a 12-hour shift. She never finished in 12 hours and it took her an extra hour

to finish at the end of the day. It meant being in the ICU from 7:30 in the morning until 8:30 at night. She didn't have a car. She had to use public transit which added 2 hours of travel in the morning and 2 hours of travel in the evening. It was no wonder that she broke down.

We have to redefine professionalism as recognizing limits and the need to ask for additional resources. Hospitals have to do something about shifts. They have to shorten the shifts and simplify tasks. It is very helpful to provide education about moral injury, moral distress and trauma (Sheather & Fidler 2021). A nurse reported to me that she thought that she was losing her mind because she had a dream about intubating her best friend, a colleague at work. This was her working through the experience of how closely identified she and her colleagues are to their patients. Covid has eliminated that boundary because anybody could be a Covid patient tomorrow. Allied problem -focused coping include advocacy both in the hospital and in the public as noted before; and helping people with interpersonal communication strategies to avoid avoidable injuries and abuse. Mindfulness and meditation have never been more important.

The third form of coping that is useful relates to finding meaning. The purpose-base of our work: "Meaning-focused coping." Why do we do the work? Nietzsche (1968) noted that if we understand the "why," we will find out the "how." It is important to always honor the integrity and dignity of the work we do, as we marshal resources while maintaining self-care, recognizing that post-traumatic growth is possible as well for many people.

CULTURE

Honoring, validation and attunement are essential. This shifts us now to talk about culture. We want to have hospital cultures that are congruent, that respect for the patients is shaped by the respect for the staff and it runs up and down the organization, from top to bottom. There is some nice research that shows the healthiest organizations are ones where there is an alignment between the values of frontline staff and the values of administration (Shanafelt, Wang et al 2021). When Covid first broke out, and I was facilitating groups with American health care workers, I often had experiences of nurses saying they did not want to let me know where they were working. They were afraid that if their boss found out they were participating in a group like this and protesting the work conditions, they would be fired. What misalignment of values and principles!! Culture is critically important. Organizational psychologists have this great phrase which I love, which is "culture eats strategy for breakfast daily."

We need cultures that model transparency to reduce projections and normalize vulnerability and reduce

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feelings of shame. As I mentioned, socialized leadership is such a critical concept. As mental health professionals, we know this and we need to help our non-mental health colleagues understand the values of attunement and emotional validation, as serving a neurobiological regulatory function (Siegel 2012). We all know the toxic impact of not being seen.

WORKPLACE PSYCHOLOGICAL SAFETY

Psychological safety, and our commitment to psychological safety, means that we make every practical effort to avoid reasonably foreseeable injury to the mental health of our colleagues and employees (Shain 2010).

We can think of psychological safety as the result of an equation. On the left side of the equation, we have the individual's sense of control, and how that person is being rewarded. And on the right side of the equation, we have what is the demand that is being placed upon this person and what is the effort that person has to put out. If you want to create a psychologically unsafe environment, reduce people's control, diminish their reward, increase the demand and increase the effort. You have the recipe for burnout and a recipe for people to abandon the field. This is important for many reasons. It is ethical. In Canada, we have a legislative imperative to provide a psychologically safe environment. There is a clinical imperative and an economic imperative as well. A psychologically safe environment is one in which your opinion is welcomed, constructive conflict is okay without shame or attack, and it is an environment that leaders help create by doing three things (Edmonson, 2019).

1. **Set the stage**: we share the expectations of safety, justice, underscoring the purpose of our work. When my colleague teared up, expressing gratitude to her staff in her first public address, she had set the stage for a psychologically safe environment.

2. **Invite participation**: Acknowledging the fact that you don't have all the answers and need others to be successful. Employ situational humility, noting your limitations, - "I don't know the answer to this. Maybe you do, maybe you could help me."

3) **Respond productively** without shame. Shame is a killer in this kind of environment. Credit effort, share recognition and reward.

In my hospital, we have made a big commitment to enhancing workplace psychological safety with a focus on reducing stigma related to race, mental illness, gender, and diversity. Every individual can be a champion of a healthier process. We have had a robust campaign which we call the ALLY campaign. All our staff are encouraged to be champions of a healthier process related to mental health issues, race, ethnocultural diversity, and LGBTQ status.

ORGANIZATIONAL CULTURE & CLINICAL OUTCOMES

Organizational culture has a huge impact on clinical outcomes (Falkenstrom et al., 2016; 2018). This is the part of the clinical and economical imperative I was referencing before. The culture of the organization influences what happens to frontline staff and for patients and may be contributing as much as 6% of the variance. To put that in perspective, therapists contribute 8% to the variance of good outcome in psychotherapy (Leszcz et al 2015). We are talking about a large impact on the variance of outcomes. Organizational culture relates to the shared norms, beliefs and expectations, shaped by the structure, by the leadership support, transparency and respect shown by our leaders. Organizational climate refers to the sense of psychological safety and security members of the organization experience. Recognize always the concept of isomorphy. What happens at one level of the organization gains an expression at every level of the organization. In other words, if you seek good patient care, create an environment where staff are looked after and feel validated and recognized. Better staff engagement improves the quality of clinical care significantly. In an environment where the quality of engagement by staff is low, high-quality care is reached only 20% of the time. When staff engagement is high, high-quality care is provided 67% of the time, a compelling finding published in HealthCare Quarterly (Lowe et al 2010).

COMPASSION FATIGUE AND BURNOUT

We must talk about compassion fatigue and burnout because these are big drivers of the stress that cause people to abandon our field. Burnout has three elements: exhaustion, a sense of futility, and a sense of distance or depersonalization which is not a psychoanalytic term but is a sense of "I just don't care." It is manifested in physical, emotional, cognitive elements (Maslach and Leiter 2016) Although it is experienced by individuals, it is a systemic and an organizational issue that amplifies and builds upon individuals' tendency to be perfectionistic, feeling of doubt, guilt and responsibility. Nearly 50% of physicians before Covid reported burnout (Hartzband & Groopman, 2020; Stapleton & Opipari, 2021). The figures now are all off the charts. Although it is true that prior mental illness or early life trauma are factors that contribute vulnerability to burnout, it is essential to not blame the victim. Burnout is an organizational malady. Burnout emerges when a health care worker lacks a sense of connection, lacks a sense of competence and lacks a sense of control (Hartzband & Groopman, 2020). Covid has generated that in an enormous quantity.

Redeployment has been a powerful contributor to burnout. Moving health care workers from one area where they know their colleagues, know their patients, and know what to do to another area where they do not have expertise, is a turbo charger for burnout. We need to be aware of these factors.

I would add that psychiatrists and mental health providers are particularly vulnerable to burnout because of the affective intensity of our work, the ongoing exposure to trauma, the limits of our skills and effectiveness, and the impact of patient suicides (Maslach & Leiter, 2016).

Burnout impacts individuals and our systems at three levels at least. At the personal level: it impacts by damaging relationships and by frank psychological distress. At the patient care level: it impacts with regard to less empathy, less patient satisfaction, poor communication. At the systemic level: it impacts by people leaving the workforce prematurely, high rates of attrition, early retirement, and absenteeism. It is much better to prevent burnout than to treat it. Again, we see the value of social connection, even the value of workplace civility. As I mentioned earlier, the more aligned the values of leadership is with frontline staff, the healthier the organization is going to be. Leadership matters: it needs to be cultivated and supported because it plays an essential role in HCWs' wellness (Stapleton & Opipari, 2021; Shanafelt, Trockel et al 2021).

HCWS AND INTERVENTIONS

There are a number of programs that have been employed. Every hospital teaches its staff how to manage hazardous material. I have never touched any hazardous material in decades as a psychiatrist. But what was more relevant to our staff is that they have training in psychological first aid (PFA) and how they could help and support one another without judgment, reduce isolation and provide some practical assistance. A whole host of programs launched just in the last couple of years, have been intended to help staff manage stress and enhance resilience. They involve elements we have been talking about this morning: peer support, validation, connection, mindfulness, resilience training, and ideally these are offered with a low barrier to access and broadly accessible (Rosen et al 2022; Robins et al 2022)

LEADING FOR WELLNESS COPS

I have some feedback from the *Leading for Wellness* COPs. I am now in my third COP and this will grow to 8 within the year. At this moment I have been involved with probably 35 people and this is feedback from the first two COPS. These were all experienced health care leaders, more than 70% of them have been in leadership for 11 years.

They reported the following:

> The COP was safe, supportive, engaging and promoted space for reflection and learning about coping and leadership skills (90%).
>
> There is an enormous value in sharing and learning from one another (90%).

Nearly two-thirds took away the following findings:

> They felt authorized now to advocate for wellness. These were legitimate with evidence informed approaches.
>
> They gained wellness and mental health literacy, language and skills to help promote wellbeing, and how to address "bad behavior" within the organization. In the feedback that I received, the phrase "Fighting fire with water, not fire" came up repeatedly.
>
> The final point is wellness initiatives promote and do not compete with the clinical and academic mission of the hospital. They enhance the academic and clinical mission of the hospital and university.

100% of the participants say that they would do this again.

CRISIS AND OPPORTUNITY

I am going to conclude with a few final thoughts:

> Don't waste this crisis: We should all aim to be better after. We need to move beyond resilience, which gets us back to where we were before. Let's promote post-traumatic growth in face of these existential confrontations (Taleb, 2012; Park et al., 2020; Brooks et al., 2020).
>
> There is good evidence that we can be better. A recent paper by Geertz et al. (2021) in JAMA [Journal of American Medical Association] talked about evidence-based consensus guidelines of planning for the future.
>
> Being better after: means greater mental health awareness, destigmatizing mental illness and personal vulnerability, committing to work-life balance, and enhancing interprofessionalism.
>
> And, creating an environment where social justice is the norm with regard to diversity, equity, and inclusion.
>
> We are gifted now with a unique opportunity to train the next generation of professionals.

In conclusion, what Covid has also taught us is that we are interconnected across the universe in every way and our emotional and physical health depend on trust and collaboration. We need to invest in our social capital to prepare for the future.

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Con ilusión,
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Psychodrama in the time of Coronavirus

Psicodrama en tiempos de coronavirus

Daniele Regianini (Italy)
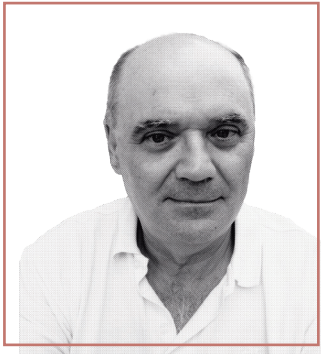
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Abstract

Our country, Italy, was the first country outside Asia to be hit by the SARS-CoV-2 pandemic.

As the virus increased in intensity and spread with increasing rapidity, the Italian government was forced to adopting a massive series of health measures, which strongly conditioned social interactions. For three months, normal group psychodrama sessions (other things) were banned.

In order to keep existing groups alive and, therefore, make the most of the beneficial effects of interaction between members, modern digital communication technologies were widely used. These means of communication allowed us to maintain relationships, albeit without direct contact or a physical presence.

By looking at a series of activities planned for one session (the fourth online session), this article endeavours to highlight how this particular kind of interaction can also promote interpersonal and intrapsychic dynamics according to the Morenian model.

Key words

supervision, group, videoconference, methodology, psychodrama.

Resumen

Nuestro país, Italia, fue el primero fuera de Asia en verse afectado por la pandemia de SRAS-CoV-2. A medida que el virus aumentaba en intensidad y se propagaba con creciente rapidez, el gobierno italiano se vio obligado a adoptar una serie masiva de medidas sanitarias, que condicionaron fuertemente las interacciones sociales. Durante tres meses, se prohibieron las sesiones normales de psicodrama en grupo (entre otras cosas). Para mantener vivos los grupos existentes y, por tanto, aprovechar al máximo los efectos beneficiosos de la interacción entre los miembros, se recurrió ampliamente a las modernas tecnologías digitales de comunicación. Estos medios de comunicación permitieron mantener las relaciones, aunque sin contacto directo ni presencia física. A través del análisis de una serie de actividades previstas para una sesión (la cuarta sesión en línea), este artículo pretende poner de relieve cómo este tipo particular de interacción también puede favorecer las dinámicas interpersonales e intrapsíquicas según el modelo moreniano.”

Palabras clave

supervisión, grupo, videoconferencia, metodología, psicodrama

A QUESTION TO START WITH

There is a question we intend to answer with this study: "Can we really work using online psychodrama?".

To find an adequate and satisfactory answer, we will develop observations and reflections on two parallel and connected paths.

On the one hand, we will refer to Moreno's theorizations that see the human personality as originating from action, that is, from the concrete manifestation of each human subject in bodily and mental interaction with others; in this way, we can better understand the possibilities and limits of an interpersonal action that does not see the direct and immediate participation of the bodily dimension.

At the same time, we will describe and analyse a real experience of psychodramatic activity carried out via telematics; through the evaluation of the effects on the participants, we will verify and appreciate some practical methods of implementation and their effectiveness.

Furthermore, we will take this study as an opportunity to systematise and describe a model for reading the constituent events of a psychodramatic session: an interpretative paradigm consisting of several dimensions: phenomenological, existential, methodological, and theoretical.

ANALYSIS OF INDIVIDUAL ACTIVITIES

Criteria for the observation and interpretation of events.
The role, the cornerstone of the Morenian epistemological paradigm.
It is undoubtedly well known that, in psychodrama, the role is considered to be the epistemological foundation of the entire corresponding theoretical system.

Epistemology is the research and study of the processes and principles that enable and govern the production of knowledge. This knowledge may be related to science in general or, narrowing the field, it may be the kind of knowledge that is a specific trait of human personality, namely self-awareness.

The epistemological paradigm on which this study focuses is therefore that concerning the processes of formation of the self, or, in other words, of human subjectivity.

To paraphrase Moreno (1964), it is from the role that the self originates and forms; it is the foundation stone on which being human is built, in terms of both individual personality and social identity.

The three fundamental properties of a role
A role is therefore defined by three fundamental aspects: *structure, operation,* and *meaning*.

As regards *structure*, a role corresponds to a form that, while contributing to the constitution and definition of reality, is clearly manifest and perceivable.

Operation is a defining characteristic of a role in that a role is dynamic rather than static. This is the aspect that distinguishes reality as *action* (Reggianini, Papi 2017) and interaction between multiple subjects and is, at the same time, a constitutional foundation of reality.

As a symbolic element or form of representation, a role is something else; a role has *meaning* incorporated into its form, in other words, its clearly

defined and characteristic structural dimension.

Two of these three characteristic elements of a role, namely the *structural* aspect and the *symbolic* aspect, therefore serve as essential points of reference when organising activities to investigate and interpret roles.

Our research will therefore be approached from two perspectives, which - while separate - are linked and interact harmoniously, namely from a phenomenological viewpoint and from an existential one.

The phenomenological interpretation of events
The phenomenological perspective directly concerns the structures of a role; it is based on the properties involved in the performance of our perceptual functions and on the beneficial consequences thereof. Thus, the phenomenological approach involves the observation of phenomena as they objectively appear and occur. The primary way for an observer to analyse a given occurrence from a phenomenological approach is through direct, attentive observation of that which is simply perceptible. This must be carried out impartially, without the conditioning of pre-established theoretical definitions.

The existential interpretation of events
This primary phenomenological focus is immediately accompanied by an *existential sensitivity*. When observing the personal dimension of an individual, this sensitivity is required in order to search for and bring out the meanings of that which is observed, taking into account the subjective aspects thereof fully and integrally.

Empathy and tele.
In Carl Rogers' view (1951), it is empathy that allows one party to reach an existential interpretation of the emotional world of another and of the underlying and embodied meanings. *Empathy* therefore, as an interpersonal connection, is a form of authentic and non-judgmental communication that allows one to connect with the inner world of another and capture and interpret it emotionally rather than through rationalisation and categorization.

In Morenian theory, the equivalent of empathy is *tele*, which is also defined as *two-way empathy*. *Tele* is an innate factor (but it can be fostered and developed through appropriate activities) which allows reciprocal interpersonal communication that is uninfluenced by conditioning.

Psychodrama is the quintessential tool with which to create relational fields, known as 'telic fields', structured according to the requirements described above. (Reggianini, 2020). By activating and using one's telic capacities, the observer (or the researcher) can comprehend the emotional world

of others. What is more, by putting oneself in their shoes and seeing things from their point of view, the observer can understand their thoughts and reveal their personal meaning system.

Generic existential interpretation and specific existential interpretation

All situations in life contain both general, collectively shared meanings and meanings that concern and are held by only a specific individual. These meanings are characteristic of that person, conditioned as they are by their individual traits and by their set of life experiences.

A *generic* or collective *existential interpretation* takes place when the world of meanings revealed, with respect to a specific event, concerns humans in general, in a universal way. In this case, the possible meaning of an event is interpreted in relation to its common, shared human dimension. For example, we might examine and define the common meanings shared by humans in general about experiences such as birth or - at the opposite end of the scale - mourning and loss.

An *existential interpretation*, on the other hand, is *specific* when it focuses on the precise and complex world of meanings relating to a single, specific subject at the time that person lives through certain experiences and events.

When analysing the series of activities comprising a psychodrama session, through which a session develops, we can adopt two other criteria with which to orient and organise our interpretations. If, when working through the various steps in the psychodrama session, our attention is focused on making observations and developing thoughts on the method and the application of specific techniques, then we are engaged in a *methodological interpretation*. If, however, the aim of our observations and subsequent reflective processing is to investigate and draw conclusions about theory, for example, the theory of personality, mental functioning, diagnosis, etc., we are involved in a *theoretical interpretation*. To remain within the structural limits of this research, the following pages focus exclusively on phenomenological and existential interpretations. These are discussed in general first and then, subsequently, taking into consideration one specific sense, by exploring the world of meanings of the particular members of the group under examination.

Analysis of the session: premise on instrumental aspects and theoretical-methodological consequences
A very special set.

In order to comply with the precise government directives issued in the field of health prophylaxis, the sessions are held through the use of modern online communication tools: computers and cable connections.

The participants are each in their own living environment, and the interaction therefore takes place electronically; the first significant consequence of this necessary choice is to have two different realisations of one of the fundamental elements of the psychodramatic set: the scene or stage. By doing psychodrama through videoconferencing, we have the simultaneous setting up of two stages: a real and concrete one in the place where each of the participants is located; the other stage, virtual and imaginary, is created through the possibilities of interaction and communication allowed by the specific telematic tools used.

One part of the action concerns what each participant acts and experiences in the environmental situation in which he finds himself; another part is intrinsically connected to the possibilities of communication and interaction with peers via telematics.

The intermediary objects.

An "intermediary object" (Rojas-Bermudez 1997) is an interaction and communication tool capable of acting therapeutically on a subject within a relationship, whether this is directly available or not.

In our case, therefore, we consider intermediary objects to be both the tools that allow remote communication between the participants in the videoconference session and the props with which each subject interacts inside the stage with its own specific living space.

Telematic connection and Telè

Alongside the 'distant communication' made possible by telic processes, there is also remote communication based on the concrete instrumental aids mentioned.

It is significant to underline that in the first scenic space, the one related to the place where each person is, all the perceptive channels of this person are stimulated and activated; in the virtual space created by the videoconference communication, only the auditory and visual channels can be used. We will see a little further on how to work through the methods described, considering the verified specific possibilities of exploitation.

General existential interpretation, activity by activity
Activity 1: Coming back together and group warm-up

Instructions from the director: "*Good evening everyone, welcome. To begin our meeting, I'd like you to take a good look at your screens.*

Listen to what is stirring within you and also reconnect with what is still there from the last session. Everyone, in turn, express yourself freely in your own words.
You start Stefania. You were the first to log on; when you are finished, hand over to whomever you want ".

Phenomenological interpretation. Upon instruction, people begin to speak, one after the other, in a circular sequence. At first, the attention is focused on the screen, i.e., directly on the technological medium that allows connection, communication, and interaction with one another. Next, a moment of introspection is encouraged, the aim of which is to find and define all the emotional and cognitive content left over from the previous meeting. Finally, the participants verbally express whatever they have drawn from their inner selves, speaking freely.

General existential interpretation. *The participants at the meeting experience what it is to re-establish and feel a shared (re)connection (visually and through communication) both with one another and with the emotional and cognitive residues still within them after the previous meeting.*

Technical and instrumental observations
Each participant, through his own monitor, concretely connects with the other people involved in the session; at the same time the visual stimulus produced by the screen and its contents evokes memories, experiences and thoughts relating to previous encounters.
Purposes, effects, and activated processes.
Welcoming group members, relating them to each other while activating their introspective attention.

Activity 2: Finding and presenting a significant object
"When I say so, everyone stand up. Spend a few minutes moving around the room you are in at the moment, looking at the objects around you. Some of these will have been with you in your life for a long time; some are more recent. Be aware. You will be especially drawn to one of these objects, by a sort of indefinable magnetism that attracts you. Go to that object, pick it up, and then come back in front of your screen."

People start acting according to a general bodily sensitivity as soon as they get up and move around, making contact with their physical surroundings. They observe and differentiate between the objects present. They then focus on one of these objects in particular because of the specific mental stimulation it has generated and they have perceived. They establish a definite, stable contact with the object, then immediately reconnect with the screen.

The attention shifts away from the screen and from the inner self of each of the participants towards the physical world, their real life. Within this new sphere, particular consideration is given to a single object among those present, as thoughts and affection flow towards it, establishing a meaningful connection, both bodily and mentally.

Technical and instrumental observations

The psychodramatic scene created here is that consisting of one's own living environment; the concrete objects present in the place where everyone is at the moment are constituted as props, tools for action of the particular subjective stage.

They have the ability to activate particular mental functions in connection with the delivery given by the director.

Through the monitor, an "intermediary object", each person can take on the image of their own face as a counterpart with whom to interact.

Purposes, effects, and activated processes.

Establish connections of identity—perceptive and introspective, spatial and temporal—before activating a projection on a particular object that takes on a significant and rich symbolic value.

Activity 3: Role reversal with the object and its presentation
"In turn, one at a time, each one of you will stand in front of the camera, holding the object so that it is clearly visible. You start again Stefania. Make sure your object can be seen by the others in the group. Imagine you are that object and, using your voice, tell its own story and the story of the life it has had here with you up to now and about the emotional and affective bonds between the two of you.
Standing sideways in front of the screen and holding their object in their hands, the participants reverse their roles with the object. They imagine they are that object and—talking in the first person, out loud—briefly tell its story and recount the experiences shared with the owner, making an effort to clearly describe the kind of bond that exists between them.

An object that has shared a significant part of the owner's life becomes a privileged witness to his or her existential events; thus, it becomes a catalyst for and a condenser of memories, experiences, and mental images. By taking the point of view of the object, through role reversal, the participants experience a strong urge to draw out

significant elements from the contents of their mind. What is more, they have the opportunity to go back and look at meaningful moments in their lives from a new perspective, from outside themselves. These activities generate an intense and fruitful mnemonic process concerning both affective and cognitive aspects.

Technical and instrumental observations
A chosen object, a prop, constitutes itself as a counter-role, thus allowing each subject to assume its point of observation; then, through the perceptual decentralisation experienced, the mental function of role inversion is activated.

Purposes, effects, and activated processes.
By putting oneself from the point of view of the chosen object, the connections previously established are defined, organised, and made explicit; an autobiographical reenactment is then stimulated. At the same time, group sharing is nurtured.

Activity 4: Perceptual decentralisation through the observation of one's own image on screen

"Put away your objects. This time you start Paolo. Everyone else turn off their cameras. Paolo, look at what is in front of you, at that face, and express, in words, everything that goes through you when you see that face—your face … your feelings and emotions, the thoughts that come freely to you. Then recount some episodes from the story of the life associated with that face. Tell us what you know about that face, or whatever you feel like sharing with us now". All the participants put their objects away and move back in front of the screen. All the participants, except the protagonist at that specific time in the action, turn off their cameras so that each one is now talking to his or her own face. The protagonist at this time is invited to decentralise themselves, taking on a purely and exclusively observational role. From this special viewpoint everyone expresses their thoughts freely and out loud, sharing the thoughts aroused by the act of concentrating on the reflection of their own face on the screen and thinking, once again, about their personal history.

In the same way as the significant object, one's face is also a witness and, at the same time, a concentration of memories and meanings about the collection of one's life events.

People engaged in this activity are able to decentralise perception by setting in motion, by themselves, a set of their own mental functions.

The participants are placed in a mainly observational role as they look at their own faces, which is a concentration

of elements of identity. Decentralisation allows you to distance yourself from these elements in order to obtain a sharper focus on yourself and to delineate and extrapolate meanings.

Technical and instrumental observations
Each participant in the session is the protagonist in turn; the companions turn off their video cameras so that the protagonist in turn has only his face in front of him on the monitor. Through the monitor, an "intermediary object", each person can assume the image of their own face as a counterpart with which to interact.

In this way, it is the latter that constitutes itself, in turn, as an intermediary object; each protagonist can assume himself as his own counter-role with which to interact in a process of self-definition.

Purposes, effects, and activated processes.
Taking a point of view outside oneself to stimulate perceptions and awareness of one's own historical and personal identity

Activity 5: Role-reversal and conveying a message from the object to its owner

"Now, taking turns, all of you will go back into the role of your objects for one last time while you see the reflection of your face on your screens. Let's start with you, Elisa, as you take on the role of your pastels. Look at the face of Elisa that you see on your screen and, talking directly to her, say whatever springs to mind to bring this meeting to a close."

Once again, the attention is diverted away from the screen, and the speaker becomes the significant object again in this two-way interaction. Each of the participants takes on the role of the object for the second time, swapping positions with it spatially too. From this particular spot, the participant whose turn it is to be the protagonist sends a message to himself or herself, saying whatever they feel moved to say at the time. The focus now, though, is on what has been experienced so far, and the words are spoken with the awareness that the session is drawing to an end.

A greater, more detached, decentralization experience is achieved when the participants take on the role of their object a second time. It allows them to change their point of view in order to reappraise what they felt during the various activities leading up to that time. This way, the contents of the psyche that have emerged through their experiences during the session are redefined and connected through a pro-active approach intended to add something more.

Psychodrama in the time of Coronavirus   Psicodrama en tiempos de coronavirus

Technical and instrumental observations
One's own person is projected and concretized in the intermediary screen object where one's face appears. The "internal participant" of the protagonist on duty, called an observer too, emerges concretely by placing himself in the role of the significant object chosen.

Thanks to this new role reversal, a highly identifying movement is activated for the protagonist on duty.

Theoretical/methodological observations.
The role reversal technique consists of two fundamental and co-essential steps: taking on a role "other than oneself" and, at the same time, stepping out of one's own perspective to place oneself in a different point of observation (perceptual decentralisation). In this way it is possible to assume, to experiment with, an identity "other than oneself" according to different progressive steps, such as role taking, role playing, and role creating; this constitutes an important, the most advanced factor of growth and development of the personality.

The "role reversal" technique is the essential prerequisite for the development of the mental function called "role reversal."

Purposes, effects, and activated processes.
Stimulate processes of intentional self-definition by assuming again an external point of view, centred on the significant characters condensed in one's own history.

Activity 6: Group comes back together for the last time and leave-taking.
"Let's have a round of verbal expression in which each participant addresses the whole group, sharing with the others their state of mind after receiving the message from their object."

Purposes, effects, and activated processes.
Stimulate introspection and contact with one's own emotions, leading to a further and final integrative synthesis of acquired awareness.

A final round in which each participant in turn will use words to send a personalised goodbye message to another member of the group ".

Purposes, effects, and activated processes.
Making intra-group identification processes explicit and enhancing them.

The participants focus their attention on the screen again, and now, for one last time and in a circular manner again, talk to the group and its members.

Each person describes their state of mind after receiving the messages and ends by saying goodbye to a co-member of their choice.

At the end of the session, the participants shift their focus away from the contents of their internal world and an imaginary dimension, towards the group and its members, thereby returning to a dimension consisting of a shared reality. From this existential location, they experience a further transition by establishing their final state of mind and connecting relationally with the specifically chosen co-member.

Technical and instrumental observations
The attention of each participant shifts, through the telematic connection, towards the common, virtual scene, made up of all the connected and active monitors; in this way, each member of the group becomes the direct interlocutor of the other participants; the group as a whole interacts and works to complete the session.

Specific existential interpretation
Meaning and techniques.
The aim of this section is to understand and focus on the subjective meanings that a specific person may have found within whatever they experienced during the session.

This exploration concerns two participants for each activity, to which we will refer using just the number and title.
The techniques which allow this kind of analysis involve the leader establishing a telic relationship with the members of the group.
This way, the leader can experience what the other is experiencing and give voice to the emotions at play using a technique known as 'doubling'. Alternatively, the leader may be able to 'see' the other person and represent him or her through reflective action ('mirroring'). These different methods show the significance that an experience (undergone through the proposed activity) may have for a specific person.

Activity 1: Coming back together and group warm-up
Elisa: "I couldn't wait until it was 6.30 and time for our psychodrama session. Now I can see you I feel better.... This week has been more stressful than the last few weeks."
Director, doubling: "I feel increasingly part of this group, and this makes me feel calmer, more peaceful. Sometimes I feel lonely and disoriented, and when commitments start to build up, I am afraid I won't be able to do everything, that I am not up to the situation. I feel a deep sense of inadequacy, along with anxiety and

stress. Here with the group, though, I feel accepted and can relax.

Activity 2: Finding and presenting a significant object.

Eva lingers in front of the monitor for a few moments with a thoughtful look about her; then, she gets up and heads in a specific direction; she thinks about it, goes into another room, then returns - almost excitedly - with the object she goes on to present.

Director, mirroring: "Eva appears to be someone who struggles to let herself go because of obstructive thoughts, which prevent her from connecting with her emotions on a deeper level. This leads her to be torn between what she thinks and what she feels. She shows she has great vitality, that she is someone who can recognise the conflict within her and motivate herself to seek her own authenticity without blocking himself.

Activity 3: Role reversal with the object and its presentation

Stefania: "I don't know if this is okay because I didn't want to choose such a cold object. Okay, I'll try... I'm Stefania's phone, and I was a present from her father for her 24th birthday. So I've been with her since the day before she joined the rehab centre, which was a turning point in her life. I am a great support for her when she feels lonely. even though sometimes the way she uses me is unhealthy, she becomes addicted, and then, when she realises we are spending too much time together, she turns me off and puts me in a drawer... I know she'd like to change our relationship, but she can't do it.

Director, mirroring: "Stefania seems lonely; she seems to be someone who needs a great deal of contact and presence, and she has a low frustration tolerance; this leads to her being dependent on the people and objects with whom or which she feels a connection.

Giovanna: "I am a book of poems about love and friendship and I was given to her by a friend. I stir all kinds of emotions in her: laughter, sadness, contemplation... she has kept me on her bedside table all the time over the last two years... every now and again, she reads me (perhaps when she is irritable) and I calm her down... she loves me because I am vast and complex, and Giovanna likes to ponder things... the effect I have on her brings us closer.... Never having enough time usually keeps us apart, but that is not a problem at the moment".

Director, doubling: "Receiving attention from others makes me feel important. When I receive external stimuli, I feel like I am part of things and am more in touch with my inner self. When I experience intense emotions, I feel disoriented and am scared I'll lose control. During these moments, I need reassurance; I need something from the

outside that makes me stop and take the time I need.

Activity 4: Perceptual decentralisation through the observation of one's own image on screen

Elisa: "I see a scared face, with a tense forehead and a frightened look. It's weird for me. Seeing that face makes me feel bad... I feel bad because I'd like to see myself as braver; I wish I took risks more often, but what I see is a fear that's always there in the background. I also see a knowingness in my look—a more attentive, lucid, more alert kind of look... I have just realised that until last month my gaze was more absent."

Director, mirroring: "Elisa seems to struggle to accept herself; she'd like to be different from how she feels she is. Despite her self-critical attitude, she manages to decentralise and reach a perception of herself that also recognises the evolutionary aspects."

Activity 5: Role-reversal and conveying a message from the object to its owner

Elisa: "We are your pastels; use us well because, thanks to us, you can bring out what you have inside...

Director, mirroring: "Elisa gives the impression that she is someone who needs to express herself, to show herself to the outside world; she is learning to be more in touch with herself, with her own resources."

Activity 6: Group comes back together for the last time and leave-taking.

Giovanna: "I feel happy, and I will try to read my book more in the future. (Saying goodbye to Elisa) I was so pleased to find out about how passionate you are about your pastels; I found it moving. Also, the fact that you haven't thrown them away and that you have been looking after them for such a long time... I found it very touching."

Director, doubling: "I feel satisfied with myself, and this gives me great confidence in the future. My co-members' words fascinate me, especially when they concern the past. I find being able to keep a link with the past very moving."

Utility and purpose of observation and interpretation data.

Through the specific existential interpretation, the director can gather different kinds of information depending on the role he or she has played in the interpretation. When doubling, the leader has access to the world of existential content and the participants' emotional movements. When mirroring, meanwhile, the leader can gather knowledge about the structure of the participants' personalities and their functioning.

All this information contributes significantly to the construction of the specific diagnostic process applied to individuals in psychodrama. At the same time, the data collected can help better orient the leader's interventions concerning the group as a whole throughout the evolutionary and therapeutic processes.

Concluding remarks.

The main objective of the research work we presented was to answer the questions concerning the possibility and consequent modalities of conducting therapeutic group work via telematic connection.

At the end of our research work, we think we have come to a clear and motivated positive reopening: yes, it is possible to develop productive therapeutic work through the channels under investigation.

Let us briefly recall that in Moreno's conceptualisation of the origins, development and modifications of the human mind and of personalities, at the basis of everything is **_reality_** in its concreteness; the space-time dimension where different existential forms interact reciprocally, stimulating and influencing each other's structures.

Psychodramatic theatre and the stage, which are both a scenic space and a context for interaction, constitute basic mediums for the realisation of personal development and therapy processes.

The group companions and all the concrete objects that make up the therapeutic set constitute the auxiliary world, which is fundamental for the development and modification of the subjective identity.

We have positively hypothesised and verified how the same conditions of therapeutic work in the presence are present and can be activated in online work; in addition, we can benefit from the useful availability of a few more elements: the common virtual space activated and supported by the telematic connection, which allows reciprocal connection and interaction at a distance; the additional intermediary objects constituted by the audiovisual tools; space and tools are the fundamental context and support for the development of communication and interaction between the participants.

Through interpersonal interactions and appropriate stimulation and accompaniment, relationships come to life and develop; from interpersonal relationships, the processes and structures of the mind derive life and stimulation for their own growth; in each of the online group activities described and analysed in detail, we have examples, evidence, and motivation for this.

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Psychotherapy from 1.0 to 5.0. transformations

Psicoterapia del 1.0 al 5.0. transformaciones

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Abstract

The past thirty years have seen a great evolution in technological and communication therapy modalities. This evolution has gone through various stages (from psychotherapies 1.0 to 5.0) which we will describe alongside several significant theoretical and technical changes. These changes enrich the resources that are available while presenting us with new challenges in group psychotherapies. We are able to imagine the future of online group psychotherapies 4.0 and 5.0 respectively. We will analyse four main features of the frameworks, theories and techniques of online interventions and psychotherapies: Interactivity, synchronicity, multimodality and hybridization (person-machine). Also, their previous implementations, psychotherapies (2.0.), and current (3.0), short-term (4.0) and long-term (5.0). Digitalization is a new process that requires adaptations of our practice in the field of mental health so that we are able to meet today's growing needs and, looking forward to the exceptional requirements stemming from the pandemic. Future transformations in mental health interventions, in the treatment of individuals, groups, children and adolescents and in the training processes in the field of group psychotherapy, form one of the most important challenges of this century.

Key words

Online psychotherapy. WWW. New concepts. New techniques. Future.

Resumen

En los últimos 30 años se ha producido una gran evolución tecnológica y de las modalidades de comunicación terapéutica. Esta evolución ha ido pasando por diversas etapas (desde la psicología 1.0 a 5.0) que describiremos y que evidencian cambios teóricos y técnicos significativos. Estos cambios enriquecen los recursos disponibles y nos plantean nuevos desafíos en las psicoterapias de grupo. Podemos imaginar el futuro de las psicoterapias de grupo online 4.0. y 5.0. Analizamos cuatro de las características principales de los encuadres, teorías y técnicas de las intervenciones y psicoterapias online: Interactividad, sincronicidad, multimodalidad e hibridación (persona-máquina). Sus implementaciones pasadas (psicoterapias 2.0.), actuales (3.0.) y futuras, acorto plazo (4.0.) y a largo plazo (5.0.). La digitalización es un nuevo proceso que requiere adaptaciones de nuestras profesiones en Salud Mental, para atender unas necesidades actuales crecientes, y más allá de los requerimientos excepcionales de la pandemia. Las transformaciones futuras de las intervenciones en Salud Mental, en la atención de individuos, grupos, niños y adolescentes y en los procesos formativos en el campo de la psicoterapia grupal, implican uno de los desafíos más apasionantes de este siglo.

Palabras clave

Psicoterapia en línea. WWW. Nuevos conceptos. Nuevas técnicas. Futuro

INTRODUCTION

The evolution of both technology and the evolution of the psyche have a two-way correlation. Profound technological changes affect the functioning of our psyche as well as our ways of relating to one another. Profound changes in our psychic and social evolution result in significant technological evolutions.

Since 1989 and the start of the internet 1.0, we headed toward towards the current stage of internet development, 4.0, from which we are now able to imagine 5.0. In this manner we may follow the evolution of the changes that have taken place in the psyche alongside the development of the internet, and it is possible to reorient and redesign the architecture of the internet depending on new psychic needs.

Technologies have developed primarily in the sectors of economy, commerce, entertainment and the exchange of information, yet much less so regarding human relationships in clinical practise, and it is in this latter direction that new developments seem likely to follow. The question of intersensoriality, the transmission of emotions and techno-biological hybridisation are examples of the important discoveries and advances that might be made in these fields. The combined relationship between machine and machine (m2m) and person to person (p2p) may signify, along with virtual reality (VR) and artificial intelligence (AI), changes that are difficult to imagine.

In this article we will review thirty years of internet history and its relationship to the evolution of online psychotherapies and its wide-ranging applications in mental health. Changes in technology and changes in the understanding of the mind have a significant, interpenetrating and mutually stimulating relationship, which we propose to explore in order to understand our changing world and that of young people and to enter into new theoretical and technical developments in psychotherapies and online interventions. The relationship between the evolution of technology and the mind has passed through different stages, and pioneers in the field of sociology and online psychology include Marshall McLuhan, Sherry Turkle and Nicholas Negroponte.

In *The Guttenberg Galaxy*, Marshal McLuhan (1961) attempts to reveal how the technology of communication (which includes the written alphabet, the printing and electronic mediums) affects cognitive organization, which consequently has profound ramifications for social organization.

In the early 1960s, McLuhan (1968) in *War and Peace in the Global Village* wrote that the visual, individualistic print culture would soon be brought to an end by what he called "electronic interdependence". In this new age, humankind would move from individualism and fragmentation to a collective identity, with a "tribal base". McLuhan's coinage for this new social organization is the global village.

In his posthumous book, *The Global Village: Transformations in World Life and Media in the 21st Century* (1989), McLuhan, in collaboration with Bruce R. Powers, offers a conceptual framework in order to understand the cultural implications of technological developments associated with the rise of a global electronic network. This is important work by McLuhan as it contains the most extensive elaboration of his concept of acoustic space:

"Acoustic Space has the basic character of a sphere whose focus or center is simultaneously everywhere and whose margin is nowhere." (McLuhan, 1989). The transition from visual space to acoustic space was not automatic with the rise of the global electronic network, but needed to be a conscious project. The "universal environment of simultaneous electronic flow" inherently favours the Acoustic Space of the right side of the brain. Nevertheless we are held back by habits of adhering to a fixed point of view. There are no limits to sound. We hear from all directions at once. However, the acoustic and the visual space are, in fact, inseparable.

Sherry Turkle carries out research into psychoanalysis and human-technology interactions. She has written several books on the psychology of human relations with technology, especially on how people relate to computational objects (1984, 1995, 2011).

In *The Second Self*, Sherry Turkle writes about how computers are not tools as much as they are a part of our social and psychological lives, writing that technology "catalyzes changes not only in what we do but in how we think." (Turkle, 1984).

She looks at how computers affect the way we look at ourselves and our relationships with others, claiming that technology defines the way we think and act. Turkle's book allows us to view and reevaluate our own relationships with technology.

In *Life on the Screen* (1995), Turkle presents a study of how people's use of the computer. The book discusses how our everyday interactions with computers affect our minds and the way we think about ourselves. Turkle questions our ethics in defining and differentiating between real life and simulated life.

In *Alone Together* (2011), Turkle would shift her position on the relationship between psychology and technology, not demonstrating the same optimism as in previous decades. We find it interesting to include this comment owing to the fact that we have found similar hesitations

in our relationship with technology have been found. It seems to us that we are still learning to use technologies for different aspects of our lives. Using them as an aid to improve our relationships with others is one of the avenues for further research.

Being Digital (Negroponte, 1995) is a book about digital technologies and their possible future, the book provides a general history of several digital media technologies, many that himself was directly involved in developing. The message is that eventually, we will move toward an entirely digital society.

A new language evolution, the creation of binary language, has a fundamental influence on the development of the architecture of this universal techno-representational system that is the internet (Negroponte, 1995). Another author, a discipline of McLuhan , Derrick de Kerchove (2006) explains that the digitalization is based on a language constructed of 0's and 1's organized in extensive sequences of information, non-information and pauses which allow representation, paradoxically, of the diverse modalities of information (text, audio, image) whereas with the alphabetical language (27 letters in the Spanish alphabet) we are able to represent texts but we are not able to represent images or sounds. This is how the binary code allows us to construct a multimodal representation of the world which can be fragmented and observed in parts or can be integrated and observed as a whole. *Atom (physical-chemical unit), Bit (information unit) and Representation (psychic unit) constitute a whole that allows us to establish the basis for understanding the phenomena observed in physical chemistry, digitalised information and the human mind in the Online World.*

Our theoretical and technical framework, synthetically, consist of considering the online psychotherapies and interventions, which are the psychological interventions mediated through communication technologies, establishing a transitional online space, part reality and part fiction, part inner and outer world, self and non-self. This transitional online space is registered through the digitalisation process transmitted by means of electromagnetic waves. The digitalization of information makes it possible to generate subprocesses of fragmentation and integration of different aspects of the self, through various communication modalities (sound, word, text and image) with an immense technological memory and reproducibility capacity, and with the possibility of interaction in small and large groups at a global level.

Digitalisation favours important innovations in online psychotherapeutic techniques that facilitate certain processes of mental transformation and establish specific indications and contraindications in the clinic.

Working hypothesis: From the study of the evolution of psychotherapy and communication technologies, can we describe the evolution of the theory and technique of online psychotherapies and make some predictions about the future of online psychotherapies?

How do these new theoretical and technical concepts influence online interventions and group psychotherapies?

EVOLUTION OF THE WWW FROM 1.0 TO 5.0

We describe the evolution of the Web throughout the history of the internet, and how this history is related to that of online psychotherapy. The World Wide Web (WWW) is the information network used worldwide. Created in 1989 at CERN in the city of Grenoble, the internet allows any person, through connection to the internet as well as a browser and a computer, to access the website of their choice through an internet connection. A webpage is a document or electronic information capable of containing text, sound, video, software, links and images adapted for the so-called World Wide Web.

Web 1.0 – *Web 1.0 works as an architecture of communication that connects people through the web, which is the starting point of static information.*

Web 1.0 was the beginning of the development of digitalised telecommunications. It first appeared in the year 1989, and at that time it was only possible to consume content. The created pages were in the HTML code, which were difficult to update and with zero interaction between users. The information could be accessed, but without the possibility of interacting; it was unidirectional. Web 1.0 is the most basic form that exists of text-only browsers, with few creators of content.

Web 2.0 – *Its architecture allows people to connect and collaborate with people, along with the emergence of collective intelligence as an information centre and the syntactic web (searches for information without interpretation of meaning and working only with keywords).*

In summary, its significant characteristics are:
- The web functions as a platform.
- It uses collective intelligence.
- It offers a participatory architecture.

Web 2.0, the second generation of the web, began in 2003 and gave rise to communities of users. It is also known as the 'social web' because of its collaborative and social construction focus. Information is constantly being changed and exchanged.

Blogs and social networks were on the rise. A significant feature was that they could be created by users with access to desktop publishing systems.

Web 3.0 – *Its architecture allows many diverse Web applications. Its architecture allows the use of various web applications which amplifies the possibilities and functionalities. People remain the centre of information and the Web is semantic. The term semantic web refers to aspects of the meaning, sense or interpretation of the meaning of a given element, symbol, word, expression or formal representation, working with defined and linked meanings.*

Web 3.0 originated in 2006, based on a more "intelligent" internet. User were able to carry out searches using language closer to their natural form. In the field of e-commerce, a range of companies used it to achieve more accurate data manipulation. Web 3.0 has also been used to describe the evolutionary path of the web leading us to artificial intelligence. In the sphere of social and psychotherapies relationships, the appearance of video conferencing systems, using image, sound and text simultaneously, brought about a significant qualitative leap. Zoom, created in 2011, allowed videoconferences of up to 15 people; nowadays it is possible to connect 500 people in interactive and synchronous video conferencing architectures. Its growth multiplied exponentially in 2019 due to the COVID-19 pandemic.

Web 4.0 – *It is an architecture of people connecting with people and Web applications ubiquitously, adding technologies such as Artificial Intelligence, making sites intelligent and capable of interaction. It includes voice as a vehicle for intercommunication to form a Total Web.*

Some of the characteristics of Web 4.0 are:
- Understanding of natural and daily language.
- Communication between devices (m2m, machine to machine).
- Use of related information (GPR, temperature sensors, etc).
- New forms of interaction between users.

Web 4.0 is all about bringing intelligences together. It is where both people and things communicate with each other to generate decision-making. For example, the GPS that guides vehicles and helps the driver to select the best route or to save fuel. Its risks may include the algorithmisation of society and dehumanising destructiveness, drone as weapons being an example of this.

Web 5.0 – *Coined the Sensorial Network, it correlates to a web in which equipment and devices will have the power to translate information, emotions and sensations into virtual and digital information. It requires human-machine hybridisation through bio-technological devices.*

	Web 1.0	Web 2.0	Web 3.0	Web 4.0	Web 5.0
Characteristics	• One way • Static information • Read-only	• Interactive and collaborative • The rise of blogs and social networks • Syntactic web • Desktop publishing	• Shift to the cloud • Evolution of multimodal communication modalities • Multi-device • Semantic Web	• New models of communication, machine to machine • Rise of the voice in the interaction through the technological interface	• Human-machine hybridisation through technological devices. • Sensory Web
Advantages	• The presenter of the information has the majority of control	• Allows sharing of information • Promotes shared learning	• Available from anywhere • Increases presentiality	• An increase in the possibility of social transformation	• An increase in the possibility of creativity, social transformation and economy
Disadvantages	• Read-only • No interactivity	• Eliminates physical interaction • Addictiveness • Problems of confidentiality, deception, impersonation and dissemination of identity arise	• Major security problems • More complex and costly technical requirements	• An increase in the possibilities of human destructiveness • Higher vulnerability and safety issues	• Risk of evolution toward unnatural beings

Table 1. Web 1.0 to 5.0. Characteristics, advantages and disadvantages.

TRANSFORMATIONS IN THE PSYCHE AND IN PSYCHOTHERAPY

Throughout the evolution of the internet, from web 1.0 to 5.0, transformations in the working of the psychic have also taken place, running parallel to the technological transformations. Some thinkers in the field of philosophy, such as the previously mentioned McLuhan, or in psychology, such as Sherry Turkle, were ahead of the curve in terms of the conception of social transformation and intersubjectivity by means of the technological network. Although in the field of applications, the network has developed much more in aspects linked to the economy, work and entertainment. In these three decades, the modifications produced include the ways of perceiving oneself, of perceiving others, and the modalities of relationships between people when they are produced through technological mediation. We can highlight an evolution that indicates transformations around some main ideas:

1) interactivity
2) synchronicity
3) multimodality
4) hybridization (person-machine)

These axes of evolution work in the form of an inverted conical spiral, which expands and allows for progressive and regressive movements in the use of the different online intervention resources.

For example, in the initial stages of online psychotherapies we can observe the importance of the use of written text, with a significant delay between the emission of the message and its reception of it, through fax chains or e-mails, and in the second moment, using Web 2.0 architectures, through textual forums and with different degrees of synchronicity. These archaic modes of operation of the network have shown us important utilities that are still proving fruitful nowadays. Let us give some examples where textual communication with different degrees of delay between message and response is useful: for neurotic disorders when we want to facilitate the development or growth of spaces for intrapsychic reflection before the spaces of inter-subjective relationship; in borderline pathologies with a predominance of impulsive functioning, it is useful to establish spaces of silence and waiting between one message and another; situations in which the presence of the image of one's own face or body becomes uncomfortable or disturbing.

1. Interactivity

In psychology 1.0, we can see a black segment (see figure 1) which represents an individual connected to a technological device through which she connects with a space that we call cyberspace and that, in the initial states of web development, was basically configured by organised databases and with different information search devices. It functioned in a unidirectional way, in the sense that it was difficult to interact with other participants in the communication phenomenon, except through the data or information contained in cyberspace, which was difficult to edit, let alone co-edit. Interactivity evolved in a significant way, in psychology 2.0, through forums with a short delay in communication; interaction with other participants connected to the network had appeared. Important issues arose relating to connectivity and the availability of devices with sufficient power to begin transmitting information with a much larger information load, such as sound or image files. In the more advanced versions of the forums, it was possible to exchange, with some difficulty, photographs and audio files. Following the surge of video conferences, the topic of interactivity has changed tracks and, something that years ago would have belonged to the realm of science fiction, became a tangible and common reality, at least in the exchange between two people, which was what the technology offered in the early days of online videoconferencing.

Subsequently, the number of people who would be able to participate in a videoconference was increased. 3, 4, 6, 8 and currently up to 500 people may be connected simultaneously with image, sound and co-editing capacity. In architectures such as a webinar, since not all participants are present via an image, there can be an audience of up to 10,000 people connected who can interact through written text or access the information individually.

The possibility of long-distance interaction with participants from different parts of the planet, nowadays in a synchronous fashion, opens new possibilities in the field of therapeutic communication, for example, in social or cross-cultural issues; in the field of training future professionals, the possibilities of transferring knowledge are increased, without spatial or language barriers. Furthermore, possibilities have been shown in the field of mental health with regards to prevention, through work in online or in hybrid groups.

Online psychotherapy groups have taken place throughout this technological evolution, and in previous research we can confirm the development of therapeutic processes and micro-processes through online participation (Vaimberg: 2010).
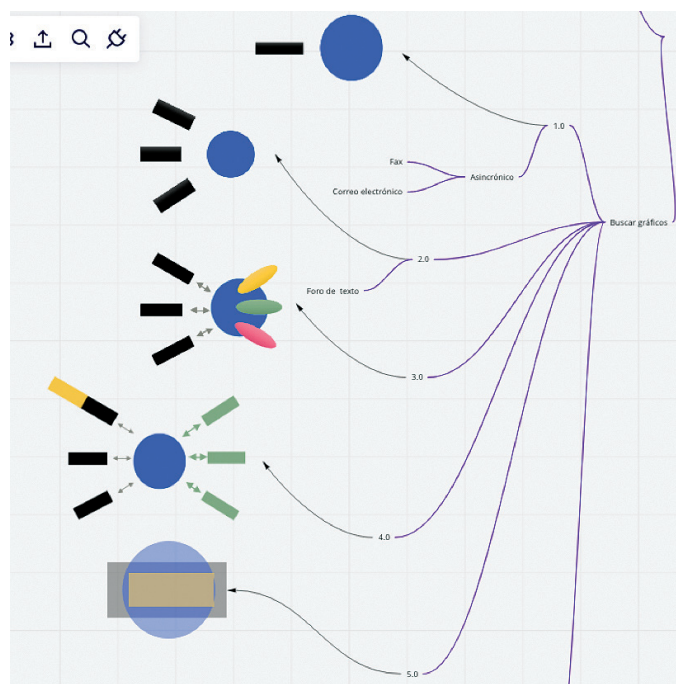
Figure 1. Socio-technological Architectures of psychologies 1.0 to 5.0. (Figure created by the author with a free and open access software) Blue circles: represent cyberspace; black segments: people connected through technological devices; coloured ellipses: web applications; green segments: machines; figure 5.0: biotechnological hybridisation represented by the overlapping of cyberspace, technological devices and the human body.

2. Synchronicity

The paradigm of synchronicity has been organised with the aim of reproducing online, as reliably as possible, presential communication, one of the characteristics being the simultaneous presence in time and space of the participants taking part in the communicative event. This question continues to be significant, but from the deepening of knowledge of online communication systems, we have discovered the many possibilities of fragmentation and reintegration of times, spaces and modes of language. These new technical possibilities offer different applications in the field of therapeutic interventions. We are able to reconfigure the temporal sequence by altering the timeline in terms of past, present and future. We can alter the delays in the communication phenomenon, ranging from the almost absolute synchronicity of videoconferencing to the time-spaced exchange in the manner of ancient epistolary communications. It is possible to fragment and integrate spaces, images, sound, text and the body itself, which offers a plethora of possibilities regarding the investigation and intervention in psychotherapy.

3. Multimodality

Static and moving images, sound, text, a word, are nowadays brought together in a single system for recording information, which we call digitisation. Multimodality allows us, in much the same way as synchronicity, to move toward the phenomenon of presentiality, although at the current moment of technological evolution, there still remains a long way to go in terms of questions of touch, contact and smell. The landscape of bi-dimensionality and tridimensionality have shown important advances in the last few years through the development of virtual reality devices.

The fragmentation of different language modalities also offers new possibilities in the development of therapeutic intervention and transformation devices. We can work with superimposed planes, altering the relationship between images, sounds, voices, or generating creative configurations that facilitate the work of therapeutic transformation. Such as when in psychodrama we use the technique of the double, we have various combination possibilities between the image of the protagonist and the different doubles they can possess, with or without an image. The psychodramatic mirror technique, when in online interventions we are faced with a real technological mirror, can be explored, also amplifies the possibilities of therapeutic transformation. We are moving in the direction of a multiple mirror which is formed of as many people that are connected to a given event, and we are on the way to configuring new identity modalities or different ways of perceiving oneself in the online world.

In the current state of online interventions, still predominantly two-dimensional, the multiple intersensory connection between the different participants of the event is hindered. For example, the impossibility in a multi-videoconference of direct and simultaneous looks between the participants in a group. Many of these difficulties posed by technologies require, on the part of the online psychotherapist, an active participation and a particular ability to 'three-dimensionalise the link' through the communication of the subjective experiences that appear in the here and now of the participants of the online event.

4. Hybridisation (human-machine)

In the last few decades, we have generated a progressive integration between ourselves and technological devices. We have named technological devices as 'technological prostheses'. Our relationship with technology has evolved from early stages of discomfort and uncertainty, frequent failures in online communication and increasing complexities in its operation. Slowly but surely, they have surpassed limits that were considered unsurpassable. In the early years, it was considered that if we spent more than two hours a day using or connecting to technological devices, we were in the realm of so-called abusive use or technological addiction. These days, we are connected through technology for extended periods of time,

sometimes more than we are in presential relationships. We now need to have our phones permanently with us as we move from one place to another, and it we don't it will cause discomfort. Based on this last observation, I believe that the conditions are ripe for the development of technological hybridisation devices, such as in-body devices like glasses and hearing aids or, even further, with the possibility of developing technological grafts below the surface of the skin and, probably, in direct connection with our nervous system. That moment would mark the beginning of psychology 5.0, as is imagined in one of the uncomfortable episodes of the television series *Black Mirror*. The future of online group psychotherapy allows us to imagine immersive, synchronous and collective virtual reality spaces in which we have advanced the possibilities of online intersensory connection.

CONCLUSIONS

In the online world we observe the rise of new modes of communication and relationships. Online psychotherapies require new theoretical concepts and psychotherapeutic techniques, as well as a necessity of training for professional who use online psychotherapy, as well as training for professional that use online psychotherapy,

both in new theoretical concepts and in training in the use of new technical possibilities. The new technologies broaden, through the various resources presented in this article, the possibilities of knowledge transference and the creation of spaces for learning and solidarity.

In online psychotherapy groups, modalities of purely online intervention, mixed (a combination of online and face-to-face interventions) and hybrid (a simultaneous online and face-to-face experience) have been developed. This range of technical modalities give rise to the possibility of different frameworks in small, medium or large groups and in ephemeral, short or and long-term interventions.

The changes in subjectivity and inter-subjectivity have been significant. As in other times, the emergence of the *new* brings up fears and ghosts, but perhaps in recent decades change has occurred at great speed. We are witnessing important possibilities for transformation and creativity and also risks that we need to address, especially in vulnerable populations in the field of mental health.

I would like to finish with a reflection. I think it is daring to try to study the relationship between the evolution of technology, psychology and psychotherapy, but this is the world in which we live and in which our young people live, a new online world, which we hope will help lead us towards a better world. The traumatic situations that have occurred on the planet in recent years have had online spaces that favour solidarity, collective listening and the organisation of action. This last year, with a certain strangeness, I have found myself walking between nature and computers, and I am thinking that perhaps they are not so far away, especially if we are the ones who actively move from one to the other. Atoms, bits and the capacity for psychic representation form a fluid whole that forms the basis of the online world.

Digitalization is a new process that requires adaptations of our professions with the field of mental health so that we are able to respond to the growing current needs and, looking forward, to the exceptional requirements stemming from the pandemic. Changes for the future, in the care of groups, children, adolescents, severe mental disorders and in the training processes in area of prevention and of psychotherapies, are creating one of the great and most exciting challenges of this century.

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"A Hopeful Memoir of the 'Baldwin/Buckley Debate' in 1965, in Cambridge, England"

"Un recuerdo esperanzador del 'Debate Badwin/Buckley' en Cambridge, Inglaterra en 1965"

Earl Hopper

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Abstract

The author recounts his experience of the debate between James Baldwin and William F. Buckley Jr. in 1965, in Cambridge, England. The debate, which has become "infamous" in the history of American conservative political thought and in the history of race relations, was characterised by unconscious mirroring and othering in connection with intersectionality and processes of prejudice and discrimination associated with it. The author also summarises some of his subsequent work on the topic of mature hope.

Key words

Mirroring, othering, the Baldwin/Buckley Debate, intersectionality and racism, mature hope

Resumen

"El autor relata su experiencia del debate entre James Baldwin y William F. Buckley Jr. en 1965, en Cambridge, Inglaterra. El debate, que se ha hecho ""tristemente célebre"" en la historia del pensamiento político conservador estadounidense y en la historia de las relaciones raciales, se caracterizó por el reflejo inconsciente y la alterización en relación con la interseccionalidad y los procesos de prejuicio y discriminación asociados a ella. El autor también resume algunos de sus trabajos posteriores sobre el tema de la esperanza madura.

Palabras clave

Espejismo, alteridad, el debate Baldwin/Buckley, interseccionalidad y racismo, esperanza madura

In this personal memoir I will outline some of the processes that characterised a formal debate in 1965, in Cambridge, England between James Baldwin and William F. Buckley Jr. The full debate can be seen on YouTube (Aeon Video, 2019). For those readers who do not know these iconic figures and their work, which during the last few years has experienced a renaissance in the United States and in England, Baldwin might be described briefly – if not cryptically – as a Black-American novelist, and Buckley as an intellectual leader – if not the Father – of the post-World War II conservative movement in the United States. Baldwin was very important for Reverend Doctor Martin Luther King, and Buckley for Ronald Reagan, who had not yet become politically prominent, at least not at a national level. Many of Baldwin's ideas about socio-cultural "mirroring" and "othering" stemmed from the work of Lacan (1966), which he is likely to have absorbed during his years in Paris after World War II. Many of Buckley's ideas about natural justice and social justice were absorbed during his years as a student at Yale University in New Haven, and subsequently in Manhattan, prior to the Civil Rights Movement and the War in Vietnam. I will also review some of my thoughts about mature hope in the context of political struggle that requires personal and collective engagement with success as well as failure.

The debate featured in Raoul Peck's (2016) documentary "I Am Not Your Negro". In his widely acclaimed *The Fire is upon Us: James Baldwin, William F. Buckley Jr., and the Debate over Race in America,* Nicholas Buccola (2019) described this debate as "famous". The debate and book are important source material for a film about the history of conservative political thought in the United States, the varieties of which range from the ideas of the Alternative Right to the ideas of those who profess to seek a degree of continuity and stability. The film was directed by Barak Goodman, and produced by Ark for American Masters. The debate has recently been staged in "Debate: Baldwin

vs Buckley" (Stone Nest, 2023) in the United States and in England.

As it happens, I was a member of the audience at this debate, and I spoke from the floor. I had forgotten about this event until I was contacted by Buccola in order to discuss my experience of it and my memory of what Cambridge was like at the time. Subsequently, I was contacted by Goodman in order to discuss various aspects of the debate, in particular how the mostly undergraduate audience responded to Buckley in the context of race relations during the 1960's.

Although Cambridge University was of global importance, especially in fields such as molecular biology, astronomy, and economics, it had come to be regarded as increasingly peripheral to the centres of academic power in Boston, New York, Chicago, and San Francisco, at least from the point of view of the power elite of America, who nonetheless, at least in my opinion, continued to genuflect towards the British "Academy". Nevertheless, the news of many world affairs had reached the high tables of the Fellows of most Cambridge Colleges. For example, we knew that President Kennedy was assassinated in November, 1963, as was Lee Harvey Oswald, who in turn, was killed by Jack Ruby. The War in Vietnam had picked up pace. It was clear that the American military was comprised disproportionally of "Negroes", most of whom had been educated in systems of education that were defined as "separate but equal". ("Negro" was regarded as the most-polite and politically correct term of reference; the other "n-words" were regarded as vulgar – if not yet politically incorrect; and "African-American" was rarely used).

1.
The motion of the debate was "The American dream had been at the expense of the American Negro". The debate was conducted in the traditional style of the Cambridge Union. Baldwin proposed the motion. His argument was based on his *The Fire Next Time*, which had just been published in England. He made the following points:
- The economic development of the United States depended on the availability of comparatively inexpensive land, minerals, and labour. The system of slavery was nothing if not a long-term source of cheap labour.
- This economic development also depended on extensive immigration from various peoples around the world who were seeking freedom and the opportunity to make a better life for themselves. However, they too were a source of cheap labour.
- The cohesion of this heterogenous nation depended on the existence of Black slaves and

Brown indigenous Indians who were not only an "under-class" in economic and political terms, but also an institutionalised "Other" who had become a container for the projections of many unwanted personal and socio-cultural characteristics.
- Such projections and their inevitable introjections deprived these slaves and indigenous people from realising their potentials, and, hence, from contributing to the common good, but also deprived the White colonialists and more recent immigrants from the full knowledge and realisation of their own strengths and potentials. These processes were based on mirroring and othering, which were not only interpersonal but also social-systemic.
- The continuing development of the nation and its citizens depends on a process of healing and making whole, not only in terms of economic development, but also in terms of political, cultural, and even psychological development, this last being a matter of accepting flaws and imperfections in those who we love, the capacity for sexual and sensual pleasure, and for being able to have various forms of intellectual and emotional sublimations.
- Such healing requires an acknowledgement of the existence of systemic mirroring and othering, both benign and malignant. It also requires an appreciation of the depth of suffering and anger, on the one hand, and the extent of arrogance and grandiosity, on the other.
- It is absolutely necessary to realise that the descendants of slaves could not and would not be deprived of hope for very much longer. If major changes were not soon forthcoming, the White Establishment would face the fire next time!

2.
In rebuttal, Buckley made the following points:
- Your argument about the economic development of the United States may have several elements of truth in it, but is much too simple.
- The American Negro has been free for almost a hundred years. (Actually, the American Emancipation Proclamation was signed into Law in 1865).
- The American Negro has been given the right to dream the American dream, and has been given the same opportunities that other people have been given.
- However, the American Negro has failed to realise this dream, not because he was blocked from doing so, but because he was unable to utilise what was and is available to him, mainly because his lesser intelligence, moral and other values, and natural and innate laziness, lethargy, and dependency

have meant that like a child he has really needed to be looked after.

3.

As seen in the video of the debate, which I had no idea was being made, a young man in the audience stood up and remained standing, in effect demanding to be recognised and to be given a voice. I was that man. I had begun to feel that based on his implicit comparisons of the American Negro to the British working class, Buckley would win the debate.

As a modern sociologist I knew the texts to which Buckley referred. Although his summaries of them sounded convincing, in fact they were based on outmoded English theories of genetically transmitted inequalities born of animal husbandry and of the statistical study of eugenics. Moreover, some of his innatist arguments were based on misreading these texts. In fact, the American Negro was blocked from using the accepted means for achieving the goals of the American dream, often legally, but even more often informally. In any case, his inability – if not his refusal – to use the accepted means was a function of centuries of slavery and the separation from his original cultures and societies, involving the myriad consequences of social trauma, including the introjections of projections of contempt and inferiority. This was entirely analogous to the widely accepted belief that the children of manual workers in England were unable and unwilling to make use of the educational and occupational opportunities which the Establishment had so generously made available to them. It was so hard for the Establishment to understand that many children from working-class backgrounds who had no books in their homes and no sense of themselves as being able and entitled to surpass their fathers in economic and social terms, would not be able to perform well on achievement tests at eleven years of age, or to impress a middle-class adult in an interview. The members of the largely middle-class audience were not sympathetic to members of the working class.

Buckley had also slid over a very simple fact: democracy absolutely depends on two pillars: 1) all citizens of a certain age must be able to vote without fear of the consequences of this; and 2) an optimal set of checks and balances concerning the consequences of populism must exist. In other words, when assessing the validity of the dream of any nation, the realities of power relations had to be taken into account.

4.

To me, Baldwin came across as authentic, speaking from both the brain and the heart. However, he also came across as the ultimate "marginal man" with respect to all the elements of intersectionality, i.e. of class, race, and gender, to which I would add a kind of rootlessness. As Baldwin often acknowledged, he had lived abroad in order to escape the racism and homophobia of American life. However, in so doing, he had become a Europeanised American, which was a very particular social category in the context of Europe as well as America, a social category with a very long history in both literature and political life. He was accused by Buckley of speaking in a newly acquired accent of an English gentleman, perhaps in readiness for his visit to Cambridge. He was neither a sociologist nor a journalist, but an "intellectual" and "cultural critic". He used the syntax of an orator/ preacher, poet, and novelist. His language was lyrical and "sexualised". Somewhat anxious in his demeanour, he was seductive, wanting to be loved and accepted.

In contrast to Baldwin, Buckley seemed to be totally at ease in the hallowed hall of the Cambridge Student Union. However, he had highly performative mannerisms, and seemed to be trying to sound less American and more English, of which he had accused Baldwin. In fact, his own accent was a somewhat confused amalgam of Texas, Connecticut, and New York. Afterall, he was from a Southern Catholic family of new money, clearly having struggled with "status incongruence" (Hopper, 1981). In his apparent denial and disavowal of so much about himself and his family background, he came across as a version of the kind of White man of post-war America who Baldwin had warned of "the fire next time".

Baldwin dressed informally, more or less like a Cambridge don. Buckley dressed formally, in the traditional black and white of the dinner jacket, black tie and of course white shirt. Baldwin had large and protruding eyes, the "whites" of which were very pronounced. They contrasted dramatically with the colour of his skin. Buckley appeared to have Northern European ancestry. Although he was not what was later to be called a "WASP", he was entirely waspish in his self-presentation.

I remember thinking that Baldwin and Buckley appeared to be so very different from each other. One was black, and the other white. No other colours were relevant.

Buckley's rebuttal of Baldwin's argument was a perfect example of holding up what Aiyegbusi (2021, 2023) has called a "white mirror", one in which the "other" in the mirror asserts that in racial terms the viewer does not perceive the other accurately. This white mirror could also be called a "Christian mirror" or whatever element of prejudice and discrimination is of primary concern. In any case, Buckley neither could nor would recognise Baldwin's perceptions of their interpersonal realities.

I also felt that Baldwin was hurt by Buckley's assertions.

5.

I would like to say a bit about myself as a witness of this debate, or at least about how I remember myself. In St Louis, where I was born and raised, I was very active in the Civil Rights Movement. During the late 1950's, I was the Chairman of the Student Chapter of the National Association for the Advancement of Coloured People (NAACP) at Washington University. At the time this was a fairly radical and militant organisation, although a few years later it was regarded as a movement of "Uncle Toms". In 1961, Martin Luther King gave his "I Have a Dream" speech at the Chapel of the University. After the speech, The Committee of the NAACP was invited to have coffee with King, his entourage and other university dignitaries. I still remember shaking hands with Dr King.

I also remember that around this time I had a discussion about race relations with one of my family's Negro maids who I loved and who I know loved me and my brothers. For most of her life she believed that she would find freedom and happiness in heaven. However, she was no longer certain that she either could or would be able to wait.

In August 1962, my wife and I and our baby daughter in a stroller were members of a protest against a bowling alley that refused to admit Negroes. The next day our picture was in a newspaper along with an article about the "disruptive" protest.

A few weeks later, we left for Leicester, England where I had been appointed to an Assistant Lectureship in Sociology at the University of Leicester. A year later, we moved to Cambridge. I had developed a special interest in the study of education and social stratification, the sociology of economic life, and in the sociology of mental illness.

Going back to the Debate, I felt that no matter how academically successful I might have been, I was still an outsider: an American in England, a Jew in a Christian society, and a loner among people who seemed to know one another fairly well. I was a Yankee in King Arthur's Court. Baldwin and Buckley were also outsiders, but I identified more fully with Baldwin.

6.

Whilst standing and demanding to be recognised and allowed to speak, all sorts of images came to my mind, mainly from 19th Century paintings in Washington, DC of Abraham Lincoln or some such figure standing up in the Senate and pointing a finger at his opponent in the conviction that although the Establishment was not at his side, truth and freedom would prevail. I felt compelled to enact what I realised only later in my life were my own "rescue fantasies". In fact, I was so anxious that I thought I might faint.

Although I was preparing myself to give a lecture about "effective intelligence", by the time I was recognised, Buckley had just asked a series of rhetorical questions to the effect of "What can we do about the American Negro?" and even "What can we do about *our* American Negroes?" Thinking that I had been recognised, I raised my right hand and pointed to Buckley: "Sir", I irrupted, "I will tell you what you can do about the American Negro: you can give him the vote in Mississippi".

The audience applauded. Buckley was visibly thrown off balance. He replied that it was not very important for more Negroes to vote in Mississippi. It was much more important for fewer White people to do so. At that moment in his rebuttal of the motion of the debate, Buckley, whether or not he was a racist, was perceived to be a kind of White male elitist who was against democratic process. Clearly, he was not a "meritocrat". Buckley had failed to understand that the English were both elitist and democratic. Subsequently, it was widely acknowledged that my interjection had been a turning point in the debate. Baldwin won with a handsome majority.

II- <u>What Buckley should have said to Baldwin and to the audience</u>

Given our understanding of mirroring and of othering, even then, what should Buckley have said to Baldwin? I would suggest something like the following: "Mr Baldwin, I see you and I hear you. I have absorbed your pains and sorrows. I recognise part of you as part of me, and I recognise part of me as part of you. I also recognise your concerns. Of course, it is true that slavery and its long-term consequences have been denied and disavowed, and many of the beliefs on which it was based still prevail. However, this is contrary to the American belief that all men are created equal before God and the Law, and that they should have equal rights to realise their potentials. The American dream was not and is not only about economic development. It is also about human development. You and I are each part of the American dream. We must work together to realise the American dream. Working together is actually part of the American dream. The colour of our skin is irrelevant. So, too, is our sex and our gender. Only together can we establish new beginnings and new possibilities. We have each been dehumanised by our projections and our introjections.

We each need to acknowledge this and to engage with it fully. Nonetheless, as is the case in all nations, social dreams are social aspirations. We will always fail our dreams. As Beckett once said, "Ever tried, ever failed, no matter, try again, fail again, fail better". In fact, we have made and will continue to make progress, which is precisely why we are in pain and will inevitably continue to be in pain". I believe that such a statement would have been correct morally as well as sociologically and politically. And if Buckley had been able to rise to the occasion, he would have also won the debate.

III – Subsequently…

A few days after the debate, Medgar Evers was murdered in Mississippi. Malcolm X, Martin Luther King, and Robert Kennedy were soon to be assassinated. A few months later, I was in Los Angeles and San Francisco giving lectures and seminars about social stratification, social mobility, and education. While flying into LAX, the pilot announced that if we looked out the window, we would see plumes of smoke rising from an increasingly widespread fire. This was the start of the Watts Riots and of a new phase of race relations in the United States (Wikipedia Notes, 1965). I wondered if this was an indication that Baldwin's prophecy had come true. Many other people wondered the same.

During the subsequent decades many more hopeful developments have occurred, ranging from greater educational and employment opportunities for Black Americans, especially in the media and in the professions, including those in medicine and the mental health fields in general.

I retrained as a psychotherapist, group analyst, and eventually as a psychoanalyst. I began to explore the topic of hope both in clinical work and in society and culture more generally. Distinguishing theological hope from secular hope, and infantile, pie-in-the-sky hope

from more mature realistic hope, I (Hopper, 1998/2003) argued that we might usefully define hope as the ability and willingness to exercise the transcendent imagination. "…(I)nterdependence requires authentic dialogue among people and groups who represent and convey the disavowed and missing parts and qualities of one another. …(A) renewed sense of completeness depends both on authentic dialogue across the generations and across the boundaries that define self and other, both personally and individually, and with respect to social groups, for example, those of stratification, ethnicity, and gender" (Hopper, 2005, p. xvii). The cohesion of the self and the cohesion of the group depend on the successful negotiation – if not the full resolution – of the conflicts between processes of "illusion-ment" and "disillusion-ment". Mature hope is born in this dialectical struggle.

For a presentation to the Israeli Institute of Group Analysis, I (Hopper, 2015) wrote that all human relations exist on a canvas of mother's mind and mother's body, marked by hotspots of love and desire as well as by those of rivalry and hate. The personal mother must be located within a wider context of the environmental mother. Competition for the control of the maternal cornucopia of scarce resources, including compassion itself, is inherent in the human condition. As acknowledged by several Israeli novelists, the mind and body of the mother is easily confused with the land itself.

Today, I (Hopper, 2022) would add that in attempting to realise our mature hopes, it is essential to relinquish the desire for retaliation and revenge, which are the main elements of the Monte Cristo Complex, which so often follows the injustices of social trauma and scapegoating. However, this requires the painful experience of remorse, restoration and restitution. We will always experience the pride of ascent and the shame of descent. The road to "Jerusalem" will always be uphill.

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Cultural Responsiveness in Group Psychotherapy:
A Case study in The Netherlands

La capacidad de respuesta cultural en Psicoterapia de Grupo:
Un estudio de caso en los Paises Bajos

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Abstract
Struck by the growing number of (in) voluntary immigrants worldwide and in my country The Netherlands, I want to describe if and how the term cultural responsiveness could be useful in Group Psychotherapy for clients from different cultural backgrounds.

Key words
cultural responsiveness, group psychotherapy, intercultural group

Resumen
Sorprendida por el creciente número de inmigrantes (in)voluntarios en todo el mundo y en mi país, los Países Bajos, quiero describir si y cómo el término receptividad cultural podría ser útil en la psicoterapia de grupo para clientes de diferentes orígenes culturales.

Palabras clave
receptividad cultural, psicoterapia de grupo, grupo intercultural

INTRODUCTION

The planet is full of people with myriads of identities. Universally human beings develop an individual side and a social side, in some cultures there is more emphasis on the social side, for instance in so-called collectivistic cultures such as in Asia, South America and Africa. Collectivistic does not refer to power of the state over an individual, but to power of the first group in our life the family and social groups. In different individualistic cultures such as in Europe, US, Canada and Australia individual interests and freedom prevail within a core family (Hofstede, 1991).

In Western countries babies grow up in a family, then enlarge their scope to social groups and only then become aware of being raised in a specific country. In African and Asian countries children develop their first years in more close contact with a mother (like) person but get nudged to others in the extended family and neighborhood (van Waning, 1999). It depends where you grow up if individual, familial, and social aspects are more emphasized. Ones place of birth is not the only determinant; global migration causes people to grow up increasingly somewhere else than they were born. Worldwide immigration grew from 173 million in 2000 to 281 million in 2020 (Pew Trusts 2022). In 2000 there were 2,36 million migrants living in the Netherlands. In 2018 there are 4,1 million migrants on a total of 17,5 million according to CBS (central office for statistics 2018).

People also develop a we-identity because of living in the same country. The colorful mix of individual, familial, social and we-identities has always fascinated me.

When I began my efforts to search out how to deal with clients from different cultural backgrounds in psychodynamic group psychotherapy, it was already clear to me that I would not be treating cultures but human beings. I attended some workshops about transcultural concepts and skills and informed myself about my client's cultural background. More professional material on the topic was being published by (Le Roy,1994, Scholz, 2005, Jessurun 2010 and Weinberg, 2003). Besides that, my colleagues from the board of IAGP (International Association of Group Psychotherapy) were a source of information, confrontation and universal wisdom.

In 2003 I started the first ethnically heterogenous intercultural psychodynamic group in English for global nomads, love pats (people with a Dutch partner) and expats. This group in Amsterdam consists of clients from my own private practice or referrals from colleagues and organizations. As my experience grew, I discovered the importance of three factors in working with intercultural groups: having cultural knowledge; using of appropriate methods and awareness of own cultural identity as psychotherapist (Shadid, 2000).

Before addressing knowledge, methods and awareness I want to present some concepts from colleagues with intercultural group experience. Then I describe methods and applications and lastly, write about awareness of my cultural background.

2 vignettes follow as illustration and then final conclusions.

DEFINITION OF CULTURE AND THEORETICAL CONCEPTS

For the purpose of this article, I define culture as a system of information that contains the way in which groups of human beings interact with their physical and social environment. Groups can be families, circles of friends and other societal groups. Interactions happen according to a set of rules, regulations, and ethics. These need to be learned, are not genetically transmitted. I resonate the most with the communicational definition set out by group analyst (Scholz, 2005):

> A tentative definition of culture could be: Cultures are historically developed and developing contexts sharing common sets of rules and regulations, systems of interactions and symbols, including the related patterns of thoughts and emotions as well as unconscious fantasies. This definition includes conscious and unconscious levels and implies a time dimension. Cultures are seen as possibly indefinite and open processes (not as given unchangeable and impermeable entities), marking the fundamental other, in the same way as before the term "race").

(Foulkes, 1990) the founder of group analysis puts forth a notion of "foundation matrix". He states that a group of strangers being of the same species and more narrowly of the same culture share a fundamental mental "foundation matrix." To this fundamental matrix is consistently added their closer acquaintance and their intimate exchanges forming a current, "an ever-moving and ever-developing *dynamic matrix."* (Dalal, 2002) takes Foulkes definition further by clarifying the internal and external world

perspectives between the individual and the social. Dalal also proposes power relations between individuals meaning that individuals are not only shaped by internal drives and projections but also by power relations in society. For him identity is not a possession owned by a person, but the name of a relationship between people. He suggests that "who I am" and "what I am" is the same as "where I belong." Belongingness implies multiplicity of conflicts from outside as well as from the inside. I consider individual and social identity as interwoven and equally important in working within psychodynamic groups. Depending on the kind of group and the phase the group is going through, emphasis on one perspective or another will shift. This includes group dynamics that must be attended to within the therapeutic setting (Le Roy, 2019). Participants in a group can feel aggression being mobilized in the group but express this by scapegoating one person. These dynamics require attention.

A communicational definition of culture and the attention for personal as well as power relations between people seem conducive in working with psychodynamic groups because therapist and group members already bring their ways of relating individual with him/herself, with family of origin, with social groups such as schools, sport groups, churches, and society at large.

CULTURAL COMPETENCE AND CULTURAL RESPONSIVENESS

The terms *cultural competence and cultural responsiveness* were first coined in the USA and Canada where the Asian- American brothers Sue and Sue (2008) were forerunners for multiculturalism and eradication of racism especially in mental health. They encourage psychologists to move towards cultural competence by recognizing that- Power resides in the group that can define history and reality- in this case, White Americans. Mental Health systems that value independence over interdependence and separate mental functioning from physical might not be compatible with the cultural belief systems of immigrants. The Canadian psychiatrist Kirmayer (2012) contrasts these expressions with the prevailing value system in psychotherapy saying:

> *Cultural competence* has emerged as an important counterbalance to the movement for evidence-based mental health care, which tends to lead to a "one-size-fits-all" approach. Efforts within health care systems to develop cultural competence or other modes of responding to diversity represent potential sites of resistance to the forces of assimilation and marginalization of minority groups.

My preference for the term responsiveness transpired from Kirmayer's (2012) words:

Cultural responsiveness, like the term cultural competence, promotes an understanding of culture, ethnicity, and language. The difference between the two is that responsiveness does not imply that one can be perfect and have attained all the skills and views needed to work with culturally diverse clients,"

The American Psychological Association offers Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017), conceptualized from a need to reconsider diversity and multicultural practice within professional psychology with intersectionality as its primary purview. They incorporate broad reference group identities (e.g., Black/African American/Black American, White/White American, and Asian/Asian American/Pacific Islander) to acknowledge within-group differences and the role of self-definition in identity.

The call for cultural competence and responsiveness in The Netherlands began around the turn of the century on the wings of important movements like feminism and LHBTQ+. Many publications around therapy for categorial groups such as for women of different cultures, homosexuals and traumatized refugees appeared.

KNOWLEDGE / METHODS / OWN CULTURAL IDENTITY

Working over the years in a culturally competent and responsive way entails becoming knowledgeable about backgrounds by reading original novels, seeing films, listening to music, and tasting food. It is vital to become non verbally as well as nonverbally acquainted. By being in contact with clients, one becomes aware of aspects that are culturally defining not only for the client but also for oneself! Those aspects have impact on development of treatment process like intake and diagnosis. I met clients diagnosed as borderline while they suffered from cultural shock and acculturation stress expressed in a non-Dutch way. Developing a wider view on the social context of clients as to issues of gender, hierarchy, race, role of family and attitude towards time and nature is necessary (Jessurun,1991, 2018; Falicov, 2016; van Waning, 1999).

In my international work within IAGP I noticed that psychodrama works better than talking therapies in more collectivistic cultures due to direct contact, action and moving together and putting that into words. This does not imply other approaches cannot be used but adjustment could help. For instance, the concept of separation has a different meaning in various cultures. In collectivistic cultures the time for separation from parents probably takes place in a later stage. Having theories and concepts about culture and responsiveness is one thing but translating them into clinical interventions for group psychotherapy is something else. Eager to find useful methodologies, I investigated if material used by family therapist might be useful for group psychotherapists in a multi-cultural setting.

SHOWING INTEREST

In my private practice, I prefer an open contact with someone from another cultural background. It turns out to be helpful not to be silent about obvious differences. I realize that I am seen an insider as an expert with a lot of power, privileges, who speaks the language and knows the social codes. I ask, "How is it for you to work with a white, western, female therapist?" I always ask for a written life story and a drawn genogram. Discussing the life story and the genogram together shows interest in how life and family kinships are for the client and gives clues about the impact of this on the client. Not only traumas and losses but also strengths in a family of origin. Describing rituals used for transition phases in life helps to develop a working relationship.

QUESTION METHODOLOGY

I try to ask contextual questions along with psychodynamic questions (Jessurun & Warring, 2018).
Psychodynamic (asking for causes):
"What do you feel, want?"
Contextual (asking for results):
"Who knows about your complaints?"
Psychodynamic: "What do your complaints look like?"
Contextual: "Who is doing what? What helps?"
Psychodynamic: "Where do your complaints come from?"
Contextual: "Who in the family has similar complaints?"
Psychodynamic: "What did you do so far with your complaints?"
Contextual: "What are the results of the complaints?"
Psychodynamic: "What does your day look like?"
Contextual: "If no one knows how do you keep it secret? Is it a custom in your family/culture to solve things alone?"

This way of asking questions shows the difference between psychodynamic or I- focused individual / linear approach and We- focused contextual/systemic approach. Cultural responsiveness does not transpire by accident. It is a quality that needs constant development by study, InterVision, and practical experiences. It means making mistakes and learning from them.

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In the same time frame that cultural competence and responsiveness become hot issues, group psychotherapists, family therapists and psychiatrists also look out for anthropological views on culture and dynamics in society. The overall tendency in mental health area is to pathologize or to culturalize in working with people from different backgrounds. Anthropology is the study of mankind especially of its societies and customs and of structure and evolution of man. Dutch anthropologists, working in mental health organizations, discovered that concepts as liminality and rites de passage are important for immigrants. Liminality (the vulnerable, disorientating middle phase in an immigration process) and *rites de passage* are metaphors to make the transition that migrants go through (Bekkum et al, 1996) visible. The metaphors help to deconstruct psychosocial complaints that developed during migration process and to place them in a more social perspective. It is normal to miss goodbye or welcoming rituals.

Family therapist/group therapist Jessurun (2018) points out in the anthropological Model of Kluckhohn and Strodtbeck (1961) that all human beings have four relationships with the self, with others, with time and with nature (universe). Research about how people interact with each other, and their environment brought them to a *Value Orientation Theory*. Relations are imbued by value orientations and the four relations define how people look at problems differently. Relation with self can be I or we focused, relation with other can be autonomy and equality based or connected and hierarchic, relation with time can be oriented more to past, present, or future, and relation with nature can be dominant or in harmony submissive. Many African people say for example we *are* time and many Westerns say I *have* time. This leads to conflicts as to expectations about showing up at appointments together at the same time. Nature /Universe make space for spiritual orientation.

The Belgian psychiatrist and group analyst J. le Roy (1994, 2009) who worked for years in the Democratic Republic of Congo with families, groups and institutions, combined this work with British oriented group analytic work. He realized that our way of life is defined by the personal, unconscious (the singular differentiated part of ourselves), but also by our symbiotic embedding in groups and in social institutions (the undifferentiated part of ourselves). He was also connected with French Ethno-psychiatrists who favor the anthropological concept of envelopment or embedding as a metaphor for activating a supporting network within extended family systems. Practically I use Tjin A Djie, K. & Zwaan, I. (2007) concept of embedding.

She coined the term *Protective Coats*. When you envelop people metaphorically in the extended family/social groups they belong to with a protective coat, they are able to somehow reposition themself. Old skills, strengths can be re-used in the new country. Such as listening to familiar music from their culture or baking bread and relishing in reassuring smell. A disoriented Mongolian client experiences some parts of the Dutch coast as resembling Mongolian landscape.

OWN CULTURAL IDENTITY

Born as the eldest child of four in a Dutch middle -class family I was raised Catholic and grew up with values like justice for all and do not do to others what you don't want to be done to you. It was okay to develop your own ideas as long as you discussed it. In the family of my father and my mother there were relatives who had lived and worked in other countries, two aunts as missionary nuns in schools, and an uncle who worked as nurse in Indonesia. Some cousins married partners who came from Africa or South America. I went to a white elementary school where there were children who had immigrated from Indonesia after the Independence Declaration of Indonesia. They lived with their Indonesian /Dutch parents in a repatriation hotel. I remember that my parents talked about them in a worried way. I did not understand and thought these children were lucky to live in a fancy hotel we couldn't afford. Hospitality in our house was an important value. Over the years we had several foster kids living with us for a while. At a young age I was exposed to many difficult family situations. Raised in freedom and with clear boundaries I become easily angry about injustice and hypocrisy. I grew up in a country that is viewed as free and ideal. It is true that on the World list of happiest countries (2021) we have been ranked one of the ten happiest countries for ten years. But happiness does not mean the absence of problems such as illness and conflicts in the family or the "white innocence" denial of my country's history regarding slavery, colonization and becoming rich over the backs of others. We hear the statement that compared with other people in the world we are privileged. In history lessons we learn that The Netherlands is a tolerant country where the nuclear family is a cornerstone in society. A collectivistic example of Dutch culture is that it is not a good idea to brag about yourself or elevate your head above the other plants in the field. (Or your head may be mowed off.) Which means do not think or feel you are more important than anyone else.

This might have to do with the social unconscious of The Netherlands a flat country full of water. As far back as the twelfth century, the fight against water inundation

brought Dutch people to organize the first official groups of locals to prevent water from overflowing land, houses and humans, the so-called Water authorities (Waterschappen). If one person does not commit to the endeavor, all can drown. This model is used in politics as polder model which entails endless talking to get as many people on board before making decisions.

It is important to be in contact with one's own culture to sense better how others view you and vice versa. If impact of colonization gets denied in your culture it is easy to overlook it. Awareness of one's own cultural identity with its values and holy cows is necessary to understand social domains of others such as color, class, gender, age and hierarchy.

When one becomes familiar with those domains and discover blind spots one poses more sensitive questions from a position of knowing as well as not knowing. The group therapist needs in the group the   capacity to balance experiences of universality and many differences.

Vignette 1

In the following section I describe a group conversation in the Intercultural group in 2007. The second is a special session before Christmas 2021 in my current group.

Over the years the group consists of clients with problems of depression, anxiety, identity confusion and relationships. The age range is from 25 to 55. Referrals come from colleagues, GPs and   clients from my practice; eight people in total. The group composition has alternated between people coming from Europe, Asia, North-South America, Africa and Australia. With everyone I did an intake with a written life story and drawn genogram and checked if trauma treatment was necessary before entering the group. In 2007 the intercultural group was working well. After an easy-going early phase, they surpassed a boisterous oppositional phase and landed in an intimacy phase with strong cohesion where group members see their own problems and start to help each other in a more autonomous way. Reciprocity in contact had developed and the group therapist stayed more in the background. Personal and cultural issues were shared and recognized.

A: "What a relief to talk English in this group about the American part of me, the school, the landscape, the atmosphere. It feels more nearby."

F: "Well how is it with the Austrian part in you? What are you thinking of?"

F: (Laughs awkwardly but starts talking about her experiences with boy and girlfriends) "I was bullied but they also found me exciting and interesting. Most difficult was how to belong didn't know how to do that."

A, and F. ask B: "How is it with your African part, the part you don't talk about?"

It becomes silent in the group and then an impressive story is told by B.

B: "I found it so awful over there I felt so ashamed about apartheid. fearful to be looked down upon. I am white as is my mother."

The whole group listened very intensively and warmly said in one voice, "How terrible for you."

The exchange about identity was a recurrent topic for months. Everyone's multicultural/hybrid identity got explored. There was a depth and clarity about the boundaries of their identity. This topic was especially important for B. who lived for several years, as a young girl with her white mother in South Africa after the official ending of apartheid. Her white father, divorced from mother, lived outside South Africa. B. has been very angry with me in the group she hated the sharp-sounding Dutch language. (Afrikaans and Dutch are similar.) I symbolized for her white Dutch speaking, colonial mother figure. I never was so scolded for being Dutch and she avoided all exploration about that. Due to my tolerance of her transferential anger and shame and with help of the group, she felt safe to face her personal anger towards her mother as well as her social disgust about apartheid and her anxiety in social groups like school and neighborhood. The acceptance and curiosity of group members elicited a softness in B. Her attitude towards me changed. Intertwinement of traumatic personal and social aspects began to unravel. She talked about living in a society as a white child after the leadership of Mandela. A differentiation could be made between inner self-experience and realistic harsh social realities around her. The support of this group helped her to feel belonging somewhere. Only then could she look at her difficult relationship with mother and me. I accepted her anger and restrained from interpretations until she was ready. Le Roy's (2009) comment was helpful that a psychotherapist discovers afterwards if and in which way earlier experiences of a person, family or social group influenced transference and countertransference in therapy.

Vignette 2

The group consists of four women, two men would join after New Year. The session took place just before Christmas/New Year in December 2020 during Covid lockdown. Group members could not visit parents or friends. The first hour of the session we worked as usual. The second hour we decided to have some celebration. Two members were online and two live in my practice. The group had reached a considerable level of trust after eighteen months of working on personal and social issues. I noticed veiled blues,

A: "Well maybe it's not so bad I cannot go home my mother is hardly at home with the holidays, she has to play the violin."

B: "Oh in my family we celebrate holidays by having a nice dinner. Now I don't have to put up with all the successful accomplishments of others or try to be funny."

A: "I am disappointed that due to stupid lockdown the performance I direct in a school cannot take place." With a hesitant voice, she admits, "I miss applause."

B: "I identify with you I too love applause. As for me I have to wait again to find a job I am so glad to be here with you guys."

C: "I quarreled online with my boyfriend. Luckily, I stood up for myself. I did not disappear in him but felt what I felt and said that, thanks to you ladies."

D: "Online we have a family dinner but I want to be with you all. I am happy. I got a new job as vice president- luckily in Amsterdam."

The atmosphere was adapting, missing and wanting to be seen and heard. We start again in the second hour but now everyone has typical holidays food, drinks or sweets in front of them, I served tea and decorations. They take turns in telling the names of food, drinks, and sweets and are very interested in the background, the according habits and rituals and proud to show what they brought with them from their own culture. Members tried to pronounce difficult names of dishes and associated family stories. It is as if we recreated our own transitional holidays celebration in the group. The show piece was a warm delicious smelling bread baked by A. Elegantly she walked around for everyone to admire. Three of us tasted and showed it the ladies online. They presented fish dishes particular for Christmas. A spontaneous close atmosphere developed. One woman had firecrackers with her as her family always used them. The veiled blues seem to have found an outlet and developed into a grateful togetherness with space for laughter. The diverse identities of four ladies mingled for one hour under the tingling light of four small golden angels, rotating due to the warmth of candles. A hybrid family meal created from a blending of ingredients. My feeling about it was that between group and therapist there was a good enough working relationship. I viewed it as a human decision used in extraordinary circumstances not a recurrent event.

Responsiveness in both vignettes is that I know about

-Client's family/societal background which they told me in their own narrative and the genogram explored together.

- Pose contextual questions beside psychodynamic ones.

- Alertness for microaggression (van Hest & Vitale 2022) like so - called" funny jokes from group members". I call upon the one who attacks as well as the receiver.

CONCLUSIONS

The reason to write this article was to explore cultural responsiveness in Group psychotherapy. I noticed that a lot was written about it but not how to realize it. That could have to do with the fact that cultural responsiveness requires not only knowledge about different cultures but some adaptation of methods and awareness of one's own culture. Having knowledge and adaptation skills is fine but in contact with group members it will be an attitude, sensitized by awareness of one's own culture, that creates more responsiveness. It means relativization of the own cultural defined theory and practice of mental health care beside respect for theory and practice in client's culture.

Curiosity and sharing both from a knowing and not knowing perspective helps to create a safe space.

A focus on personal development as well as on social development will bring power interactions, micro aggression, stereotyping and exclusion into the group conversation (Weinberg, 2022).

Enriched by explanation of anthropological concepts about relations with self, other, universe and time, group members learn that people have different responsibilities due to other kinship bonds which requires understanding, not attacking for being stupid or immature. A group therapist should realize that working with this population carries risks of victimization, exoticizing and over-identification (Haans, Lansen, ten Brummelhuis, 2004).

Working with clients from abroad as well as with Dutch clients I came to painful realization of unconsciously using language viewed as racist; avoiding to share shame. Group psychotherapy is a modality that intrinsically provides learning how to deal both with individual and social selves. An ongoing culturally responsive process of falling down and standing up trying to learn to co-exist as universal human beings with differences never ends. If we don't learn there where then?

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Abstract

Since the beginning of humanity, questions about our identity, purpose, and origins have been at the forefront of our existential concerns. This case study article aims to approximate practical answers to these questions. Drawing upon the Morenian theoretical perspective that posits that our identities are shaped by the roles we play, arguing that becoming aware of those roles can enable us to make informed decisions about how we think, feel, and act. By noticing and paying attention to our roles, we can pause and reflect on our behaviour, recalibrate our actions and emotions, and strive towards becoming the person we aspire to be. The Play of Life technique, which utilises 3D physical or digital figures to access subcortical and non-verbal areas of the brain, can be particularly effective in this regard. By bypassing rational constructs, this technique can reveal new insights about ourselves that would otherwise be obscured. Rather than simply asking for more information, the Play of Life practitioner asks the participant to "show me" using these 3D images, which can serve as a reflection of themselves. The Play of Life app is readily available for free at www.app.Playoflife.com.

Keywords: Psychodrama, Play of Life, Family – Group Therapy, Psychotherapy, Coaching, Pastoral Psychology

Resumen

Desde el principio de la humanidad, las preguntas sobre nuestra identidad, propósito y orígenes han estado en primera línea de nuestras preocupaciones existenciales. Este artículo de estudio de caso pretende aproximar respuestas prácticas a estas preguntas. Basándose en la perspectiva teórica moreniana que postula que nuestras identidades están conformadas por los roles que desempeñamos, argumenta que tomar conciencia de esos roles puede permitirnos tomar decisiones informadas sobre cómo pensamos, sentimos y actuamos. Al darnos cuenta de nuestros papeles y prestarles atención, podemos detenernos a reflexionar sobre nuestro comportamiento, recalibrar nuestras acciones y emociones y esforzarnos por convertirnos en la persona que aspiramos a ser. La técnica Play of Life, que utiliza figuras físicas o digitales en 3D para acceder a zonas subcorticales y no verbales del cerebro, puede ser especialmente eficaz en este sentido. Al pasar por alto las construcciones racionales, esta técnica puede revelar nuevas percepciones sobre nosotros mismos que de otro modo quedarían ocultas. En lugar de limitarse a pedir más información, el profesional de Play of Life pide al participante que "me muestre" estas imágenes en 3D, que pueden servir como reflejo de sí mismo. La aplicación Play of Life está disponible gratuitamente en www.app.Playoflife.com.

Palabras clave: psicodrama, Play of Life, terapia familiar - de grupo, psicoterapia, coaching, psicología pastoral

INTRODUCTION

The big questions of existence, like "Who am I?" and "What's my purpose?" have been on our minds since the beginning of time. One reason for this is that humans are unique in our ability to think beyond just our basic needs and senses. Our advanced neocortical system drives us to seek answers to deeper questions. We also have strong analytical skills that allow us to overcome physical limitations and control our environment through tools like fire, steam power, and global communication.

But while we can manipulate the world around us, we struggle to control our own minds and emotions. Even though we can create technology to ward off mosquitoes, we can't always silence the thoughts buzzing around in our own heads. Unlike our physical surroundings, the inner workings of our minds can be elusive and difficult to manage.

In a Hassidic tale, a group of students of an elderly Hassidic sage sought his advice on whether they should visit a young Rabbi who had recently arrived in a nearby town. They also wanted to know how to determine if he was a wise teacher. The sage encouraged them to go but suggested they ask the young Rabbi if he knew how to prevent intrusive thoughts during prayer. If the young Rabbi claimed to know how to do so, he is likely a fake.

Although some people may believe they have complete control over their minds, the truth is that our thoughts and emotions are not entirely controllable. However, the objective may not be to control them but to live a gratifying life that brings us closer to our ideal selves, even in times of difficulty and suffering. As a writer, I am discovering how to discern my expectations and desires and detach myself from anything restricting my freedom. This journey is a process of self-discovery, where I aim to become the best version of myself and find happiness and fulfilment by staying true to my identity. Nonetheless, the fundamental question lingers: Who am I truly? Who am I, really?

WHO AM I?

There are a variety of perspectives and traditions that attempt to answer the fundamental question, "Who am I?" Two notable frameworks include the Hellenistic view (Griswold Jr, 2010), which emphasises individual self-knowledge, and the relational model, influenced by Jewish (Hatch & Fairbairn, 1890) Eastern (Hatch & Fairbairn, 1890) and African traditions (Battle, 2009), which focuses on the connection between oneself and others. These differing views have important implications

for fields such as philosophy, psychology, anthropology, and spirituality-theology, and our everyday lives centred on the relationship between the I and the other. (Buber 2012)

The contrast between these perspectives extends beyond just semantics to deeper ontological and phenomenological distinctions.

In the temple of Delphi, the inscription "Know thyself" invites and appeals to all who pass by to practice self-reflection, embodying the Greek belief that one should examine their life. Plato's Apology, quoting Socrates, emphasises the importance of examining oneself and others, stating that "the unexamined life is not worth living." (Nicholson, 2002) Socrates positioned himself as a role model for this way of thinking, as he made the pursuit of knowledge a central part of his life and worldview. However, he also acknowledged his own limitations in achieving this goal, admitting in Phaedrus that he was "not yet capable to know myself." (Moore, 2014)

This way of thinking involves the subject examining both themselves and others, making judgments based on observed qualities. The subject becomes the examiner of themselves and others, creating a closed system of thinking. Bertalanffy (1988) argues that this closed system is isolated and does not interact with its surroundings, whereas an open system is dynamic and interacts with its environment.

According to Heschel (1951), a Jewish Rabbi and scholar and some Eastern philosophies, particularly those of China (Gupta, 2011) and Africa (Battle, 2009), propose a relational view of identity. This view considers the self not as an isolated entity but as including the other. Therefore, the self requires the other to understand oneself fully. In this relational model, identity results from the person's perception of oneself in a relationship with the other, which includes the other's perception of themselves as seen by their community, environment, values, and so on. The crucial aspect of this model is that the "who I am" is found in the in-between, which is constantly changing and not static. This view requires self-reflection and feedback from others and is an open system of thinking.

Additionally, Moreno and Buber's perspectives on relationships provide further insights into the importance of self-reflection and feedback from others in shaping one's identity (Briefly analysed).

Philosopher Martin Buber's book "I and Thou" (2012) emphasises the importance of the relationship between

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the Self and the Other. Buber's collaboration with Moreno resulted in the concept of the encounter and the emotional space of the meeting, highlighting that individuals are continuously engaged in interpersonal relationships (Marineau, 1989). Buber's relational approach aligns with Moreno's sociological perspective on the development of Sociometry (Fox & Moreno, 1987), which is also supported by other theorists such as Rojas-Bermudez (1979), Levinas (1998), Damasio (2010), and Mead (2015). All of these theorists agree that the essence of life does not lie solely in the self but rather in how we relate through the roles we play.

According to Moreno (1953), behaviours or actions can be considered as roles, a combination of individual and collective elements (p. 75). Moreno further argues that roles do not arise from the self, but rather, the self emerges from a person's roles (p. 76). In other words, a person's identity is shaped by their roles in a given moment rather than their intentions. This suggests that individuals are defined by their actions and behaviours, including their thoughts and feelings, within their interactions. The roles they play have the power to influence and shape not only themselves but also those around them. Therefore, it is important to recognise individuals' roles, as they can contribute positively, enriching, or negatively, draining, to society, with global consequences. Ultimately, our roles shape who we are and how we impact the world.

I AM THE ROLES I PLAY.

From a relational perspective, one's identity is determined by the roles one assumes at any given time. This aligns with Morenian theory, which posits that our actions and behaviours are determined by the roles we play (Moreno, 1953). Moreno's theory suggests that rather than roles emerging from the self, the self emerges from our roles throughout our lives. This is an important philosophical point, as our identity is tied to the role we play at any given moment, which shapes the person we become and the relationships we develop.

Rojas-Bermudez (1979) expands upon Moreno's perspective on the Nucleus of the Ego, which describes the development of self and role since birth. Rojas-Bermudez argues that social roles emerge from a person's psychosomatic roles during infancy. This supports Moreno's theory and highlights the importance of early experiences in shaping one's identity and role in society.

ABOUT ROLES

Roles such as father, mother, son, daughter, uncle, policeman, mailman, doctor, friend, nurse, plumber, and electrician are examples of familiar or social roles that

describe a person's function or occupation. However, the way in which these roles are carried out can vary greatly and is known as Active Roles. For instance, a police officer who stops someone for speeding may behave as either a compassionate and patient educator or a domineering prosecutor-briber. Likewise, when attending to a distressed patient, a doctor may act as either an empathetic and warm healer or a detached and clinical problem-solver. Although both approaches may yield similar physical outcomes, the experiences of those involved will differ. As Moreno (1953, p. 162) notes, the latter approach is akin to a robotic fixer, while the former is more akin to a spontaneous creator.

In his work, Raimundo (2019) explores the concept of Active Roles and how they shape our relationships. Active Roles combine feelings and actions, such as being gentle or calm while acting as a traffic educator or prosecutor. These roles can be categorised as constructive, fragmenting, or ambivalent. Constructive Active Roles benefit both the person and their relationships, while fragmenting Active Roles drain and weaken them. Ambivalent Active Roles combine conflicting feelings and actions that can create confusion, disharmony, and burnout. For example, a person may feel resentful and angry while trying to be helpful. Recognising the different types of Active Roles is important to understand how they affect us and those around us. (Raimundo, 2019)

MAKING IT PRACTICAL

Using a previous theory as a framework, we attempt to define our identity and understand how others perceive us. However, understanding oneself clearly is challenging due to the brain's tendency to filter out experiences that cause feelings of failure or uncertainty (Raimundo, 2020). According to neuroscientist Antonio Damasio (2010), our brain stores all our experiences and responses to them in non-conscious and non-verbal areas of the brain. Additionally, cognitive neuroscientists Robert Burton (2008) and Michael Gazzaniga (2011) propose that the rational part of our brain, the frontal lobe, communicates with lower emotional areas of the brain, a top-down communication. This communication process creates a sense of knowing, which may result in cognitive biases that justify our actions or cover up failures. In cases where an experience involves failure, trauma, or uncertainty, the story created by the rational brain may not align with the actual experience. The purpose of constructing a story is to avoid feelings of inadequacy, resulting in the sense of knowing that it is difficult to challenge because it is constructed within our minds, a closed system of thinking.

In the same way, we cannot see our faces or our behaviour. Instead, we create a story, a narrative based on how the rational brain evaluates what we do, which must filter a sense of failure and create a sense of certainty and knowing. This is like imagining how we look before looking in the mirror. The image in the mirror will reflect images that will confirm my perception of myself, resulting in a satisfied grin on my face and the words, "I look good!" Or, "Yes, I knew I needed to look at my hair." However, this will also reflect what we did not know or expect, causing us to be disappointed or surprised. The therapy or coaching process aims to assist the person in discovering hidden behaviours; however, it is laborious and frequently almost impossible to achieve when relying solely on verbal communication. By accessing the emotional brain, where the experiences are imprinted in images, 3D visualisation can facilitate the process of knowing oneself better and faster.

THE PLAY OF LIFE

The Play of Life is a 3D mirror reflection of one's identity. It enables players to tap into subcortical and non-verbal regions of the brain through physical or digital 3D figures. The client constructs images to represent the symbolic relational dynamics between players and how they feel and behave in their relationships.

According to research, The Play of Life is a process that operates beyond language and rational constructs. It enables individuals to uncover novel insights that might otherwise be filtered or blocked by their rational minds. Instead of prompting clients to provide additional verbal information, practitioners using this approach ask them to "show me" through the use of small Playmobil® figures, digital templates, props, and protocols. These tools help individuals transition from a verbal narrative to a 3D visual representation, facilitating access to non-rational areas of the brain. As a result, previously suppressed experiences, ways of living, and behaviours are revealed through visual, tactile, and playful (Lúdico in Spanish) experiences.

The Play of Life involves representing one's story or narrative in 3D symbolically, which accesses non-verbal areas of the brain due to the process occurring in silence. The creation of a 3D image informs the rational brain, resulting in bottom-up communication and the development of new knowledge This new visual information validates and exposes hidden dynamics, expanding one's understanding and potentially leading to "aha!" moments. Visualisation of a 3d image also facilitates self-reflection and expands the closed analysis system into an open system of thinking. Additionally, when utilised in family or group therapy, the process allows for exploring how others perceive the individual in a 3D representation, further enhancing the therapeutic experience.

The process is further expanded when the player can see, in 3D, how others perceive them, carried out in family or group therapy. Creating an image improves the person's understanding of their emotions and behaviours, as well as their awareness of the impact of their actions on others. It provides new knowledge and awareness of one's behaviour, empowering individuals to choose what to do to build their desired life. This is the essence of Emotional and Social Intelligence, as Goleman and Boyatzis (2008) proposed. In addition, the Play of Life, using the This is Me! process approximates how to get to know ourselves better in relationships. This understanding allows the player to reflect on current behaviour and determine if it builds their best self or feeds their not-the-best of them. It helps the player come closer to answering the existential question of "who am I," who they are and facilitates the steps towards becoming the person they desire to be.

THIS IS ME!

One of the Play of Life training techniques is called "This is Me." This technique allows individuals to visually represent two aspects of themselves in 3D: their Best and Not Best selves. This process aims to give seekers a deeper understanding of themselves through a visual and experiential approach. The two pictures represent a spectrum from the best to not the best of oneself; life happens within that spectrum.
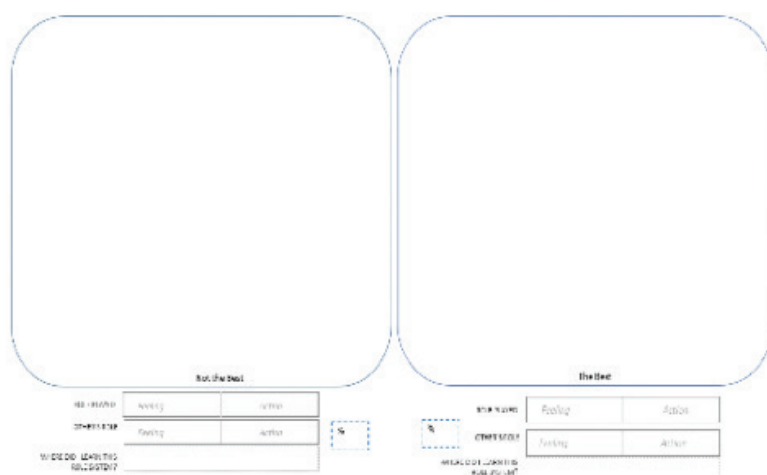
The physical Play of Life employs a template (Fig. 1) with two squares side-by-side in which the seeker depicts in 3D the Not Best of Me on the left and the Best on the right. Next, they use small Playmobil® figures or digital app and place a figure that represents them on the stage to represent their perception of the Not Best in themselves symbolically. Finally, they position the figure in any position that could represent how they feel in the chosen situation after placing it.

Jaime G Rojas Bermudez (2017) developed the Image Technique, which involves creating static and symbolic images on the stage in a dramatisation of psychodrama. This technique is employed at the start of a dramatisation or during a pause in the performance. The protagonist uses auxiliary egos to assume their role and construct an image of the situation. This provides the protagonist with a phenomenological experience by viewing the image from the outside and being part of it later. The Play of Life also utilises this technique using figures instead of auxiliary egos. The digital version used in this article uses a similar process on a computer screen, making it suitable for online and face-to-face sessions. This approach is especially popular with younger, tech-savvy individuals.

A CASE STUDY - "THIS IS ME" BY KARL.

Karl is in his late forties and is in the process of a sad separation after a long marriage. He is emotionally distressed, trapped by how he has been living and yearning for freedom. One day, during a time of self-reflection, he imagined wishing to be like Moses, the biblical character that crossed the Red Sea, liberating his people from slavery. Karl wanted to be free of those feelings too. While he was imagining being Moses, metaphorically, suddenly, a thought came to his mind in the form of a message, "before you're a Moses, you need to see the Pharaoh in you." That thought disturbed him, and he tried to push it away, but it kept coming. Karl considered himself a strong but kind, loving, generous, and fun person deserving of freedom. Hearing "you must see the Pharaoh in you, was daunting. He thought I felt like Moses, but I needed to see the Pharaoh in me. Who am I? Karl seeks professional help to clarify this dilemma and someone who could accompany him on this journey.

The meeting with the Companion was online. In the first session, companion (C) heard Karl's (K) story about Moses and Pharaoh and his wonder about "Who am I?" Instead of discussing the situation, the companion used the This is Me! Technique from the Play of Life method. Instead of asking him to tell him more and listen to a long story, he asked to show him.

C.- Karl, you mentioned what it is like to be Moses and

seek freedom, but a strong thought came to mind like a message saying, "you need to see the Pharaoh in you," something that has distressed you.

K. - Yes, this is a very weird feeling. I'm not a Pharaoh. I'm not an insensitive, cruel oppressor. In my life, I defended the oppressed and what they needed the most. I've been in big trouble with authorities and many Pharaohs for my attitude toward the poor and those in need.

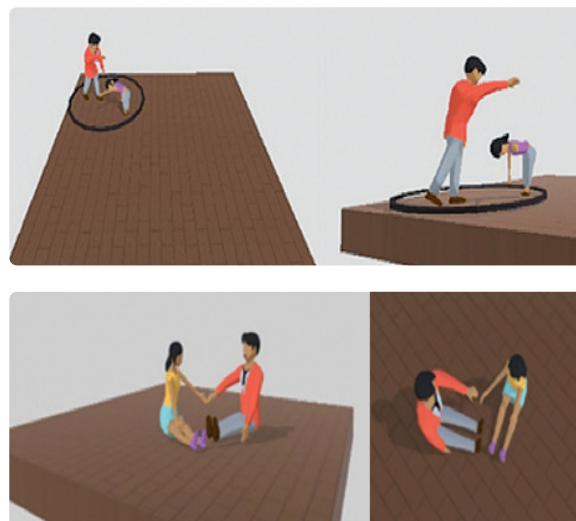C.- To clarify, what does a Moses or a Pharaoh represent for you?

K, - Moses, Mandela, Gandhi, Martin Luther King Jr, and Jesus are role models for me. But I don't know what to do with Pharaoh.

C.- I'd like to use a way to understand better what you're saying. We'll use the Play of Life on the computer screen to have a picture of what it is for you to be a Moses and a Pharaoh.

The Companion opens the This is Me! Technique from the Play of Life App on his computer and shares the screen.

The This is Me! technique explores, in 3d, two opposites ways a person perceives The Best and Not the Best of themselves. Instead of using this terminology, he invites the player to look at him as Moses and Pharaoh. The Companion guides Karl through the process. Karl directs the Companion on which figures and avatars to use and how to place and position the figures on the stage, a type of online or digital psychodrama.

Karl creates the first picture, the Pharaoh (Fig. 2), on one stage (left) and Moses (Fig. 3) on the other (right).

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Karl can look at each picture separately from different angles, while C rotates the stage using the app.

> *Karl is looking at a mirror. How often can we see ourselves in a mirror from a third person's perspective? This is a transcendent moment for Karl. This process had been carried out in silence. The picture represents how Karl perceives himself in a relationship created by bypassing cognitive biases.*

Karl can see both pictures together, side by side:

> *C.- Karl, what do you see?*
> *K.- The figure of the Pharaoh is terrible. I can see myself there. It is hard to face and accept. I am there shouting, imposing, making the other person feel small and without a way out.*
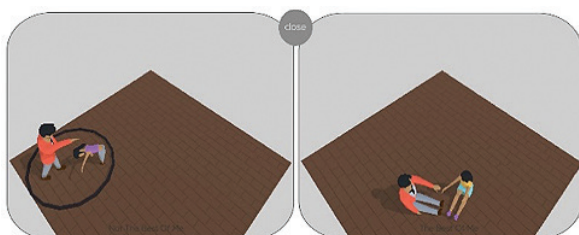
C.- Tell me more about it.

> Karl's brain is working differently now. Instead of the rational brain (frontal lobe) seeking information from top to bottom, interpreting and justifying his behaviour, the emotional brain "informs" the rational brain in bottom-up communication. This is one of the key strengths of the Play of Life process.

K.- It is hard to accept this, but I can see myself there. I feel embarrassed.

C.- Place yourself in the picture that represents you. What do you feel about that position?
K.- Angry and powerful.

C.- you mentioned you are shouting. Putting together what you say, you are an Angry, Powerful Shouter in this picture.

Karl is shocked; he cannot argue about what he sees; it is what he created. He has created a "picture that tells a thousand words." He recognises this behaviour in him but has never associated it with "who he is." The description of the feeling and action is the Active Role he is playing.

An important step follows; Karl is invited to put himself in the other person's shoes, called Role Reversal. Observing a situation from the other person's view means including the other in how I perceive myself, a fundamental point in a relational approach to identity.

C.- Place yourself now in the other person's place. Project yourself in that position, what you feel, and what you are doing.

K.- I feel fearful and trapped and can only see the floor. It is scary. I feel I need to shrink and be very tiny, insignificant.

C.- Write the feelings and actions into the template.

On the template, he writes:

Role Played: Angry Shouter

The other's role: Fearful, trapped Shrinker, nobody.

He identifies where he learnt that role dynamic: His father and the country.

Now that Karl has the experience of being a Pharaoh, he is invited to experience being Moses and follows the same process of reflecting by experiencing this way of relating.

In the Moses scenario, he sees himself as a happy, relaxed companion, to which the other person responds as a content, open sharer. This is what I want, says Karl. He writes those active roles on the template too.
He also reflects on what he sees. On the left, I can make a woman feel like a small, scared girl, but on another scenario, the woman feels like a woman.

> *Karl reflects on the "system" at play in the scenario and connects where he has learnt those ways of relating, which are also written on the template.*

C.- Karl, if this represents the Best and Not the Best of yourself, which one do you prefer?

K.- Dah!!!! Obviously, Moses is the Best.

C.- Karl, do you want to be a Moses or yourself?

K.- I want to be me, the Best of Me.

C.- How much do you live in the Best and Not the Best? The companion changes the language from Moses to the Best of himself.

K.- Now that I can see it, I think that, without knowing, I live 80% in Not the Best and 20% in the Best. I feel sick in my stomach.

C.- Karl, this can be the beginning of a journey of discovery for you.

Looking at the two scenarios, which one are you?

K. – I am the one on the right.

C.- Karl, you are both; we are both the best and not the best of us. Karl Jung, the same name you have, calls the shadow of ourselves. Something we need to know, accept, and notice.

You have, in front of you, a representation of who you are; you are both and in between.

K.- This has been a revelation, but how can I apply it in my life?

C.- Good that you ask.
First, I will send you a screen picture of both scenarios from different angles. I suggest you use the Best of You as a screen saver on your phone and computer. Then what you have identified as the Best of you can be a permanent reminder of the person you want to be.

You will also have access to the Play of Life app and the technique we have done today. You can play with it and create other scenarios.

You have a snapshot of the Best and Not the Best and have practised naming what you did using emotions and actions; these are the Active Roles you play.

You can pause at any time and reflect on what you are thinking, feeling, and doing, and reflect, do that feed the Best or Not the Best? Life happens in the immediate present, and it is at that moment that you not only can empower yourself in choosing the role you are playing, but you can also choose who you are.

K.- That seems like some homework for me.
C.- Yes, it is it's a journey to learn how to live better.
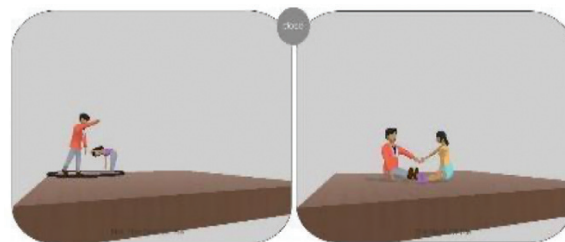
CONCLUSION

In this case study article, the Play of Life is introduced as a 3D visualisation technique to gain insight into one's own and others' emotions and actions. The technique, called "This is Me," represents the best and not-so-best aspects of a person's perception of themselves in relationships. The approach is grounded in rigorous research on neuroscience and the importance of using nonverbal methods to assess personal experiences while bypassing cognitive biases. The Play of Life techniques are based on ongoing research on experiential approaches to therapy and communication, and the use of small figures both physically and digitally offers new avenues for research connecting insight and behavioural modification with various fields, including neuroscience, phenomenology, philosophy, therapy, coaching, and education. The Play of Life techniques have been used professionally worldwide with individuals, couples, families, and in corporate work. It has also been used with refugees to help them deal with trauma and resettlement, bypassing language and cultural barriers. Visualising personal feelings and actions has also been used in meditation, mindfulness, contemplation, and prayer. Active Learning International is conducting ongoing research on the efficacy of the method and its combination with AI artificial intelligence.

Note: Readers can access Play of Life digital by visiting www.Playoflife.com and downloading the application for free. Email to Info@Playoflife.com to receive a copy of the file of the session with Karl.

This is me! Becoming the best of be: A case study

¡Este soy yo! Llegar a ser mi mejor yo: Un studio de caso

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Reflections on Online Freudian Analytic Psychodrama

Reflexiones en Psicodrama Analítico Freudiano

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Abstract

The article explores the main challenges that occur in Freudian analytic psychodrama groups, in the transition to online therapy. I introduce the literature on Freudian analytic psychodrama groups and then -based on clinical examples from my experience with online groups- I address changes and challenges in 4 areas of the therapeutic processes. The experimented setting shows that the body drives are conditioned by the online mode in order for us to experience an intense and new emotional condition. This practice reveals that challenges fully invest our identity, our reflective and symbolic capacity. We easily adapt to take on and maintain the unconscious dimension.

Key words

uncanny, unconscious, online setting, representation, body drive.

Resumen

El artículo explora los principales desafíos que se presentan en los grupos de psicodrama analítico freudiano, en la transición a la terapia en línea. Introduzco la literatura sobre grupos de psicodrama analítico freudiano y luego -basándome en ejemplos clínicos de mi experiencia con grupos online- abordo los cambios y desafíos en 4 áreas de los procesos terapéuticos. La puesta en escena experimentada muestra que las pulsiones corporales son condicionadas por el modo online para que experimentemos una intensa y nueva condición emocional. Esta práctica revela que los desafíos invisten plenamente nuestra identidad, nuestra capacidad reflexiva y simbólica. Nos adaptamos fácilmente para asumir y mantener la dimensión inconsciente.

Palabras clave

lo siniestro, inconsciente, entorno en línea, representación, pulsión corporal

FROM THE UNCANNY TO THE PERTURBATION: STARTING THE ONLINE SESSIONS

The 2020 world crisis of the coronavirus (COVID-19) pandemic has affected the lives of all of us. Strategies for supporting patients with online therapy during the COVID-19 pandemic can be found in several psychotherapeutic disciplines (S. Geller 2020; A. Lemma 2020; V. Lingiardi 2008; J.S. Scharff 2020; D.A.Nesci 2021), including group psychotherapy (S. Baron 2018; R. Biolcati 2022; H. Weinberg 2020, 2021).

With the arrival of the pandemic, with many colleagues, we wondered how to proceed in the conduct of our Freudian analytic psychodrama groups that are of various levels: therapeutic, training of psychodramatists, continuing education.
The dilemma was: how to recreate in a 'virtual setting', in the physical absence of bodies, the possibility of representation as we have always understood it?
We tested a 'setting' in which the sensory nature of the body was altered (hearing and voice) and in some cases distorted (body movement, gestures, perception of smells).
The emotional relationship, the therapeutic alliance and the social bond made it possible to hold on to the unexpected and the uncanny event, both in the therapeutic and in the training setting.
The paradigm used in the practice of Freudian analytic psychodrama opens up to something that we could call 'the words to the rescue'. We do not mean here the word not only as an analytical act, but rather the word as a substitute form of what of the body drive has been deprived of in the virtual setting.

The irruption of the real (J. Lacan, 1969-1970), shows itself, both at the social level and at the level of the practice, as a 'perturbing' and 'disturbing' element, a concept that we could frame, with its implications, in Freudian theory.

In the essay, "The Uncanny"(1), Freud highlights some fundamental aspects characterizing psychoanalytic epistemology: the return of the repressed, the castration complex and the figure of the double.

The disturbing is the return of something that was buried, in the form of the stranger (unheimlich) of what is familiar (heimlich): it is not so much the content of the repressed as the return of the same, but the 'coming alive again' that produces estrangement (unheimlich) because we witness the return of the same as different.

The theft of the eyes operated by the magician "Sandman", according to the story by Hoffmann, to which Freud refers, has to do not only with the symbolic equivalent of castration and with the anguish about the alienating character of automata that presents themselves as human; but, more broadly, considering the entire psychic economy, it recalls the subject's relationship with freudian *Das Ding*, a question that constantly recurs in the subject's encounter with the external world.

This disorienting encounter, during the pandemic, becomes even more topical since we have been living for some time in a world increasingly immersed in the virtual. This relationship leads to the impossible mission of finding the first pleasure through the discovery of an identity of perception in the relationship with an object (Winnicott, 1969). The disturbing question of the double refers, like any other disturbing phenomenon, to an overall repositioning of the subject, not only in relation to the world, but each time also in relation to its narcissistic balances and internal structures.

This value of repositioning of the subject is interesting because it shows us how the reverse of the disturbing is to be found in a function of reconstruction, processing and renewal if we can preserve the entire psychic system from disintegration.

The idea of uncanny proposed by Freud remains current, in the moment in which it is considered a real sensor of detection of cognitive dissonance and 'non-sense' that is in us, especially in an era in which we are less and less defined subjects, polymorphous and multidimensional, absorbed in technological contact with other subjects.

INTRODUCING FREUDIAN ANALYTIC PSYCHODRAMA

The Freudian analytic psychodrama is a device that is practiced in group and is characterized by representing, through a scene, what the subject brings to the session as a subjective issue that is a problem. The theoretical reference by which it is inspired is the 'fort-da' game described by Freud (2). In fact, repetition, in the fort-da game, is connected to the symbolic function that the game performs for the child, in order to re-propose a sort of inner scheme or model, regarding the absence and the presence of the object, on the background of the loss of the object. Thus, the movement of absence and presence is represented in the game as a metaphor for the possibility of 'handling' loss.

The process of symbolization does not work, however, in the case of a split between the 'fort' and the 'da'.

A psychodrama session is conducted by an animator and an observer who both have a therapeutic or didactic function and alternate in the two positions, with two different styles: this interchange reduces the vertical transference. The two conductors of the group avoid becoming objects of identification and therefore occupy the position of the ideal ego.

The scene is constructed according to the indication given by the animator who identifies and 'punctuates' a significant aspect of the subject's discourse carried as a narrative that questions the Other.

When the play is proposed, the participant gets up and comes in, occupying occupies the empty space inside the circle that refers to the absence of the object.

From that moment, the level of the narrative changes and it is translated into representation.

The player person in question chooses characters who are assigned a script which they must follow, a choice that is often unconsciously dictated by identifications.

The character called to play performs the function of 'auxiliary self'.

During the play, the animator intervenes, by introducing a punctuation, an interpretation, a silence, in any case an analytical act that shifts the register from the imaginary to the symbolic level with tertiary elements.

The animator can also propose to the player a change of role, thus let them experience the encounter with an Other inside and outside themselves that is different and, at the same time, to see themselves from a different position.

Another possibility, is to double the person in question or the players themselves: the participants in the group can get up from their seats, position themselves behind the person they want to double and say something. This movement amplifies the resonances, affecting, with unexpected elements, the dubbed character, giving depth to their position, opening new questions. It is interesting to note that, at the same time, the dubber brings into play his or her own subjective question, because while dubbing one always says something about oneself under the illusion of saying it to the other.

At the end of the performance, the participants go back to their seats and the speech starts to circulate again.

The session always ends with the reading of the observation that returns the significant topics circulated in the group, leaving unanswered questions that can activate the work of elaboration between one session and another. In the psychodrama groups, the scopic drive assumes primary relevance because vision in a physically present group, in addition to being circular, benefits from a space in which there is depth. This gives the participants an actual and imaginary 'all-round' perception, which is equivalent to both a unitary perception of the group and an internal representation of one's own body placed in a three-dimensional space. In addition, there is the possibility of catching the other's gaze, which corresponds to the perception of being able to see and be seen in a direct way, with a drive that moves in a circuit of back and forth in which the response is immediate, both in the meeting and in the diverting of gazes.

In reference to space we recall the famous aphorism of Freud, who said: "The psyche is extended and knows nothing about it. [...] Spatiality is a projection of the psychic apparatus"(3). With this extension of the psyche and with spatiality we have to deal continuously in the practice of Freudian analytic psychodrama.

ONLINE DIFFERENCES: WORDS TO THE RESCUE

Online group therapy implicates several changes and challenges in the following elements.

1. Change of Setting

The transition to in the online mode**,** has brought us face to face with the intense emotional experiences of conductors, as well as patients and training participants, because "the distinction between real and virtual content tends to disappear: the simulation is not limited to amplifying one of our senses but totally invests our identity, our reflective and symbolic capacity"(4).

On the other hand, thanks to the therapists' experience of non-loss with the shift to the online setting, experiences of despair have been reduced and new avenues for finding lost beloved pulsional objects and/or processing grief have opened up.

The space of virtual presence cannot be considered a classical third space, since the online session takes place, simultaneously, in several real places and in several 'topoi' or metaphorical mental spaces.

Therefore, the first issue is the overcoming of space/time limits that induced, at an unconscious level, an antidepressant effect and created an opening to hope on the one hand and the omnipotent idea that everything is possible on the other.

Only the face of each person appears, while the body is off-screen, this partial image, being what remains most visible, gives us an unprecedented access to the closeness of the face and its expressiveness that is less possible to perceive in a 'live' group.

2. Vision: the double, dubbing and the space of the other

The simultaneous double vision on the screen, besides being disorienting, offers a return of the image of the subjects, allowing them to see their own image as in a mirror and to 'reflect', readjusting their face, in the recovery of an 'authentication' which we all need. It is as if we were immersed in contininus exposure to the Lacanian 'mirror phase'(5).

Freud had explored the theme of the double following the reading of Rank's work (1914): "The relations between the double and the image reproduced by the mirror are investigated, between the double and the shadow, the tutelary genius, the belief in the soul and the fear of death [...] The double originally represented a bulwark against the disappearance of the ego, an 'energetic denial of the power of death', and probably the first double of the body was the 'immortal' soul."(6).

This reconstruction of the figure of the double can be linked not only to one's own image, but also to dubbing in analytic psychodrama, which acquires even more importance in the online mode: in addition to giving depth to the dubbed character, it assumes a more effective cutting function since the intervention is mediated by the word that preliminarily accompanies it. This is because, since there is no physical proximity, you are forced to designate your double by saying: "I would like to double, such and such". This statement, produces a significant emotional resonance both with those who do it and with to those who receive it, as there is an activation from the 'call' by name.

Another aspect found, is the reciprocal vision of the 'space of the Other' which fulfills an unconscious desire, often revealed in patients' dreams, to be in one's own house with the psychotherapist. This novel aspect stimulates 'exploration of the Other's outer/inner world', fostering the possibility of new insights or breakthrough moments.

3. The gaze and the gesture

"Psychodrama is the place of identifications, [...] it dynamizes and organizes the group since everyone is exposed to the gaze of the other"(7). In online sessions, one experiences an 'overexposure' of the gaze that tends to reflect on one's own image and on the set of images rather than intersecting with the gaze of others.

The therapist who animates the group must verbally solicit the participants and this affects the directionality of the gaze. In the construction of the representation, 'a trick' was found to turn off the cameras of the non-participants in the scene just to recreate a situation of exchange of glances limited to the characters directly involved.

In the online setting, making a transition to the symbolic requires careful articulation of the scene that must be accompanied by many more words from the psychotherapist, which perhaps takes away some of the improvisation and surprise from the shifts and the gestures that participants would make in presence.

Moreover, the gesture is accompanied by the word, revealing the implications of emptiness, pause, rhythm, contradiction. The animator, by grasping these aspects in detail, can reveal to the subject the unconscious discourse that lies behind the conscious speech.

By familiarizing with the new device, we have progressively rediscovered that the subject is not only a body, but that it is the speech that gives the subject one.

In the change of role, has for the subject the value of experiencing themselves in the place of the Other. In the virtual condition, we are not able to physically move, we have to introduce the variant of asking, to declare who is dubbed and to provide the actual movement of the body with a small change of position within the room, and then speak from that place. The result, in this case, did not always prove effective, especially in cases where the subject has difficulty mobilizing the imaginary, there is a risk of tracing the 'fiction' style, rather than enacting the 'as if'.

4. The body, the silence and the words

To return to Freud and the material extension of the psyche, we can say that the ego is an ego-body. for there to be psyche there needs to be a body, but also that the psyche by its existence produces something of the body, even when it is distant. Moreover, if we think of the group as a social body, the on- line dimension has put us in front of a completely different representation that has opened us to the thought of 'multiplicity'.

In this regard, I will consider two significant excerpts of observations made in a therapeutic group of online analytic psychodrama, in March 2020, just when what has been called "social distancing" began.

O.: "Sharing exists in the inside, but the outside moves to remind us that in every home the movement continues... to remember our origins...".

S.: "Bodies change too, and unlike the limited movements of the normal group setting, here the bodies are constantly moving."

Listening was also modified by a change in auditory perception, since normally the sound is modulated by the architecture of the room, by the orientation of the voice depending on how the heads of the speaker and the listener move. The sub-liminal return is immediate and fast in physical presence. Online we experience that the sound is artificial because it is completely dependent on electronics and microphone quality. The orientation of the voice is unidirectional and the sub-liminal return is not present. In this arrangement, silence has become

more difficult to interpret. Often, in the face of a long silence, one has experienced the perturbing anguish of loss, in fact one says: "the connection has dropped, the connection is not working!".

These incidents, which also include image distortion, as we continued to use this online media tool were experienced as more familiar and their effects became the object of analysis. As for the sense of smell, we were faced with an even more radical situation, since smell is a more primitive sense, in the carnal sense like touch and taste, with powerful effects of attraction and repulsion at the affective level, so much so that olfactory memory is the one that remains most imprinted and lasts longest in life.

CONCLUSIONS: EXPERIENCES AND DREAMS

In summary, I believe that the outcome of this experimentation with the online system was positive, since the impact on analytic psychodrama, with regard to the creation of new environments (new but ancient setting, heimlich/unheimlich), could improve its effectiveness both in psychotherapy and in training. It will be interesting to continue the research on the use of words in the Freudian analytic psychodrama and which future frontiers will be crossed.

To conclude, I would like to draw attention to two fragments of dreams brought by patients from different clinical groups during the transition phase to the online setting. These excerpts are meant to describe how the process of change resonated in individuals, in their perception of the group and in the position they assumed.

D. recounts a dream she presented saying it was a nightmare. It was a long dream of which she remembered only 'a final flash'. It was set "in the ward" of a hospital, there were two men, one stronger, one weaker. The thinner man was inside a glass room, he had some drips attached, but these drips had no supports. There were no patients or staff in the ward.

There is an obvious allusion to the absence of structure in a condensation that refers to a 'feeble' chance of survival for both patients and caregivers. The absence becomes pervasive, the presence of the two men alludes to a dual juxtaposition, the room with the glass window refers to the video, and a strong anxiety of death is perceived.

T. recounts the dream in which he was out and about with a group of people moving from land to water. She says they were on a raft and she positioned herself on the edge. There was a group of people on another part of the raft. In the distance she saw dolphins approaching towards land, these animals turned into goats.

In this case, it seems that the group's water journey has to do with a transit situation, two groups on the same raft, the reference is to a 'beading' of the subject. The vision is a scene of evolutionary transformation, from aquatic

animal to terrestrial. It is as if they represented the experiences of the participants in the group, so much so that the associations on the two animals in the dream highlight the nature that characterizes them: from playful animal to climbing animal.

The two fragments, taking us back to the beginning of the pandemic, give us both the dimension of the historical time that has passed since then, and the 'timeless' dimension, typical of the formations of the unconscious. We can see in these examples how "[…] The uncanny can be observed as a psychic phenomenon that describes the mind's attempt to construct a narratively coherent 'theory' capable of containing the anguish it experiences in the course of its development. […] The anguish moved and activated by the perturbing object is, however, intertwined with an aesthetic form, or rather, the aesthetic form of the perturbing work [the dream] provides the anguish with a narrative track on which to move in order to find […] transformative pathways and 'exchanges'"(8). We have been able to feed on these new forms of exchange for a long time as leaders of Freudian analytic psychodrama groups, by working on a sort of narrative de-construction of communicative processes coming from external reality, by bringing subjects back to the assumption of a statute of unconscious reality. The disturbances experienced in the virtual world have left a remnant, a trace on which to continue to develop thought.

NOTES
All the quotes are translated by the author of the paper. The numbers of the pages mentioned in the quotes are referred to the italian text.
1. Freud S. (1919), pp. 81-118.
2. Freud S. (1920), pp. 192-246.
3. Freud S. (1938), p. 566.
4. Caronia A. (1996), p. 6.
5. Lacan J. (1937), pp. 87-94.
6. Freud S. (1919), pp. 96-97.
7. Lemoine G. and P. (1972), pp. 55-58.
8. Moroni A. (2019), p. 103.

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