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**Interrupted continuity – the transgenerational
transmission of resettlement trauma**

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I would like to start my paper with a quote: *"Above the tenement, as if above a ship, dreams hovered like cormorants or bats, they would come at dawn and drop bombs like in a terrible War, whose phantom still tormented the oldest sleepers, or like Exile, driving them far in a black ghost of a train, they would come to wail at windows like a white Wraith of Famine and Frost, a shapeless flame rising from the snow. Finally, in the middle of the night, Murder would come pounding at windows with a rifle stock or an axe. As morning approached we dreamt of Banishment..."*

That was a fragment from "Twelve Stations" a narrative poem by Tomasz Różycki. It's a story about the protagonist's journey, during which he experiences the gravity of history, memory and longing and tries to keep and preserve the image of the perishing past. Historical events such as displacement and deportation, migration-related family traumas like dreams, hallucinations, and fantasies about 'the other side' of reality shaped the perceptions of people from Lower Silesia, as did the act of experiencing the tangible, actual geographical space.

In my paper I would like to share my thoughts on working on the transgenerational accounts of trauma caused by the displacement from Eastern Borderlands to the so-called "Recovered Territories".

As a result of Yalta and Potsdam agreements Polish borders were moved 250 km westward. That decision resulted in mass migration on an unprecedented scale. Overnight, Lwów became a Ukrainian city and German Breslau turned into Polish Wrocław. Many more towns on either side of the Polish-German border suffered the same fate. Apart from its historical and social repercussions displacement from the Borderlands had serious psychological consequences for many families who were forced to leave not only their homes but also their families. They arrived in unfamiliar places and moved into houses left behind by expelled German families. Very often a Polish and German family lived under the same roof for a year or two. Germans, who had been native to Lower Silesia up until World War II, experienced similar displacement trauma. It was a tragedy that affected the two nations equally. Historians who have studied these events write about accounts from German families on how they dealt with displacement to Germany.

Those from the first generation declare that they have never felt at home in the places to which they were displaced; a feeling shared by the Poles, who were moved into German houses. "Back home, in the East" can still be heard in later generations. And it still means the same thing – a yearning for their "little fatherland" lost forever. The grandchildren of the displaced often say that when they were kids, they didn't understand what "back home, in the East" meant, nonetheless they feel close to it and they know it symbolizes something long gone.

But those families' tragedy wasn't caused solely by the displacement itself. Before it happened, many Poles and Ukrainians suffered personal tragedies as their loved ones were victims of mutual massacres committed by the Ukrainian Insurgent Army (UPA).¹ The quote taken from Różycki's poem illustrates what I'm talking about very well. Images which appear in the protagonists' dreams form a sequence. The fact that banishment comes last, at dawn, is no coincidence. Those who managed to escape death were often caught by the Germans. They were deported to Germany, where they were forced into labor or placed in labor camps. Only after 1945, after years in exile, did they find their families in the so-called "Recovered Territories". Unfortunately, not all of them were able to reunite with their loved ones after the war.

There was also a collective aspect to this resettlement, in the form of the so-called "Eastern Enclaves", which were a very common phenomenon in Lower and Opolian Silesia. These are villages, inhabited by the displaced, who even tried to recreate the exact topography of their home towns, for example by moving in next to their former neighbors. The story of Karguls and Pawlaks from an iconic Polish comedy "Our Folks" ("Sami Swoi") is not just on-screen fiction. It really did happen. As Caroline Garland writes in her book "Understanding Trauma": *"In spite of their understandable wish to put the past behind them and to spare their loved ones the knowledge of the worst of what they*

¹ While talking about these events one should not forget the complexity of the Polish - Ukrainian relations and the fact that throughout history both nations had inflicted a considerable amount of suffering on one another. Having said that, the political context of the so called 'bill of wrongs' is not relevant to the topic of this paper.

have been through, it seems in many cases that areas of hidden or denied parental devastation becomes a burden that may have to be carried unconsciously by the children, even grandchildren of survivors (Garland, p.4)."

The term trauma stems from a Greek word meaning rupture of skin, damage to the body surface. Sigmund Freud was the first to use it in relation to a damaged or wounded psyche. He believed that the mind is surrounded by a shield which protects it from overstimulation. When this shield is suddenly broken, the functioning of the psyche is severely disturbed. The traumatic feelings which are too difficult to deal with are repressed. According to Freud, when faced with trauma, the ego loses the ability to recognize the so-called signal anxiety: *"When a sufficiently extreme external event impacts on the mental organisation, its effect is to obliterate all defences against anxiety (Garland, p.17)."*

Winnicott (1971) writes about the interruption in the continuity of being in the mother-child relationship; he refers to permanent changes in the structure of the child's ego, which are caused by the said interruption. He writes about the trauma of unthinkable fear" in a child whose mother suddenly disappears for a long period of time. Bion calls it the "nameless dread". As Winnicott states, after such an experience: *"after 'recovery' from x+y+z deprivation a baby has to start again permanently deprived of the root which could provide continuity with the personal beginning (p.97)."* I think this idea can be applied to people who likewise experienced an interruption of continuity when they were deprived of their homeland, roots and identity and whose families went missing or were murdered during World War II at the Borderlands. Those displaced to the Recovered Territories had to "start again, permanently deprived of the root".

In my paper I would like to consider how the experiences of past generations became a part of the grandchildren's psychological reality and how those accounts affect their analytical processes.

I will use an example of a patient in her forties, whom I'll refer to as Ms M, to illustrate my thoughts on the subject at hand.

Ms M came to me right after she broke up with yet another partner. She told me she was not capable of having a good relationship and she feared she would end up alone, just like her mother and grandmother had before her. She wanted to understand, why she destroyed every relationship, even though she wanted to be with someone.

Ms M is the oldest of three siblings. Her mother divorced her father, when she was a toddler. Violence prevailed at her home. The patient remembers running from her drunken father with her mother, who carried the younger siblings in her arms, and she had to run after them trying not to fall behind. Since her parents divorced she has not seen her father again. Even as a child, Ms M always helped her mother with house-keeping and looked after her siblings when she was at work. The children were often alone at night. The patient feared that someone would come and hurt them; she held her breath and lay still.

Treatment

When the patient was lying down on the couch after we began the analysis she would sometimes have trouble breathing. I interpreted it as fear of the analysis, as she was lying motionless and kept repeating *"I don't know, I don't know anything."* From the very start of our work together, I had a feeling she was shutting me out from her internal world; I too was mentally paralyzed, I "didn't know anything" either. I would catch myself holding my breath as if waiting for something terrible to happen. Ms M doesn't remember her childhood apart from the traumatic events involving her father. As a child she was afraid that if she were disobedient, her mother wouldn't come back home. Ms M finds her mother cold, distant and uninterested in her. She said: *"She didn't care about me at all; sometimes I think that she only needed me to run errands."* She was afraid of World War II, the subject would often come back during our sessions. She told me that as a little girl, she would dream about situations when she was alone and tried to find a way to survive or hide. Sticking to my interpretive line, I saw it as her need to hide away from me – a person she viewed in transference as an oppressor, as somebody who was trying to invade her internal world. I interpreted this as a paranoid fear of losing her Self in the analysis. Some-

times I wondered, how could such a young woman be afraid of a war, which ended so long ago. I thought she was a person who has been abandoned all her life and she lives in constant fear of it happening again. Ms M would have short-lived affairs with different men. It was always the men who left her.

After the first summer break Ms M said that she had started an affair with a married man when I went on holiday. They had a tumultuous, on and off relationship. The topic of unsuccessful relationships and constant abandonment returned. The patient told me her dream: *"I dreamt about my father. In my dream I come back home, and my father is there, as if he came back from a long journey. I think all my life I have been counting on some kind of a miracle to happen, I'm waiting for him to appear at my door."* We could focus on Ms M's emotions related to her father. She told me how hurt she feels, but she misses him terribly at the same time. She fantasized about getting him back by some miracle. We started talking about why it is so difficult for her to establish a good relationship. We talked about how she longed for a perfect father, how she hated him for abandoning her and how she recreated it in each relationship. During one of the sessions, when she lay on the couch, she remembered an image from her early childhood: *"I'm sitting between my parents on a couch."* That memory surprised her, the fact it was so good and the fact that she remembered it means that there had been a time when her parents were happy together. I told her that it's also about her being happy. I thought that it brings the possibility of recreating a happy family. That session was moving. Crying, she said how she longs for someone to hold her. In the following sessions that closeness was gone forever. I told my patient that her unfulfilled childhood desires could have scared her. All the sessions were similar; she would tell me a lot about what was going on in her life on the external level. She blocked both herself and me from her internal world, I said it was her resistance to a deeper analysis. My comments irritated her. She would say I keep on repeating the same thing over and over again and she didn't know what I wanted from her. I often felt helpless, I tried to lift her defenses with my comments, but she resisted and boiled everything down to facts. Now I think that she didn't understand my interpretation of her resistance, because it presupposes an active opposition against an idea and drive, which,

in my opinion, was beyond the patient's reach. We were suspended in parallel worlds, which had little chance to meet. I began to wonder what it is I actually expect from my patient and what I expect from myself as an analyst. I started to think that I expect more than she can give me, and I'm trying to give her what she is not able to take. I often felt hopeless and wanted to let this patient go. Ms M felt that all my transference interpretations were oppressive, she put me in the position of a harsh superego, which criticizes, demands and threatens with punishment. A few weeks before another holiday break she started to fear for the future of her relationship. She was afraid that something would happen, that she would be alone again. She didn't believe in her partner's commitment. I thought she couldn't see he wanted her. In that context I thought about her ability to commit to deeper relationships, including the analysis itself.

When we met after another holiday she told me a lot about what happened during that time. At one of the sessions she said she was afraid to tell me she was happy, because she didn't want to hurt me. She would say that all the "evidence" shows that I'm a lonely person. I understood that she has created a situation in her mind where she is a woman who has it all. It seemed it was something she wanted to get back through the analysis. She preferred to view me as she views her mother – lonely and bitter. The patient's envy was clearly at work – she projected the feeling onto me, I was the one who was supposed to be envious of her happiness. I thought how envy could be the driving force behind Ms M's relations with other people. I became a woman, who has nothing to offer, because in her eyes I was just like her mother – lonely and miserable.

The first weeks after the break revolved around Ms M's fears for her relationship, which were mainly connected with her inability to control her impulsive and aggressive behavior towards her partner. She was afraid of this side of herself, she would often ask if something could be done about it, if one can get rid of it? She was worried that I wouldn't be able to help her. At one of the sessions she commented on the maintenance work being done in the building where my office is: *"they forgot to paint the ceiling, but when they do, it's going to look nice... at my home we always painted one layer over the other"* – I related this remark to myself,

that perhaps I'm going to overlook something, I'll paint over it, and she feels that there's something deeper. Soon after she came with a dream: *"She had her nails painted red and wanted to paint them green, but no matter how many layers she applied, the red would always show through."* Again, I interpreted this as her desire to hide her true self, the aggressive one that can't restrain her impulses. At the same time I thought that it's aggression of a lost child, one that can't find its place and so feels powerless and helpless. I also believe that Ms M tried to show me that she was under severe internal pressure to uncover what was underneath, not just hide it and lacking any other tools she utilized her phantasies and dreams.

Ms M's input was substantial, but I often felt that what she said and how she said it was not consistent. Despite external changes in her life, I couldn't get rid of a sense of absence, elusiveness and nonexistence in our work together. Between the two of us there was no room for a real connection, a dynamic exchange. I was wondering about my patient's memory of her and her parents on the couch. To me, the image is perfect, but static and lifeless. I started to think that perhaps her problem originates in her omnipotent childhood fantasy about a perfect reality. This is where life is "locked up". Everything else, here and now, is a mere pretense, and peace and happiness are somewhere in an undetermined place and time. I felt that this sense of elusiveness and absence was the main obstacle in our work.

Around that time Ms M told me that as a child she was fascinated by the figurines inside Christmas snow globes; she dreamt of that kind of a fairytale, perfect world, but she knew that there was no life inside. I thought she was describing her dead, bereft internal world. I felt that we are both stuck in complete immobility, even breathlessness, and nothing can be moved forward. We were trapped in time, but on two separate sides of a snow globe. I didn't know much about Ms M's family, I only had some information about her parents and siblings. If her grandparents were mentioned, she would dismiss it saying it wasn't important, they were dead anyway. Besides, why would it matter to her?

At the same time she would come with recurring dreams she had been having for a long time: there's a war and she's in a house, which is attacked by some

people, they want to kill her daughter and her. Sometimes the attackers would be people she was sure she knew, but she couldn't recognize them. They run, each time they become separated, they get lost and then she wakes up terrified. She said that the dreams had been recurring ever since she could remember; the setting was always similar, and the leitmotif identical – escape and separation from a loved one. Each time I interpreted those as her internal world, where murderous and destructive objects try to annihilate what is alive inside her. I also interpreted the attack on our doctor-patient relationship where I am seen as someone who is trying to tear her away from her ways and rob her of all that which gives her structure. She would agree, but I felt my interpretations bounce off the wall of glass around her. When she came with yet another dream where she was running away from attackers and got separated from her child, I thought that in her dreams she was recreating her childhood experiences, when she ran from her father and was afraid to get lost because her mother would forget about her. I related it to our relationship in analysis: she could be afraid, that being busy with my own matters, I would lose her. At some point, due to my own loss, I left my patient for a few weeks. After we resumed, she completely ignored my absence, it was as if we had never had that break. I think that acknowledging my disappearance would be equivalent to living through the sudden interruption in the continuity of our relationship. For my patient, it might have been like reliving the trauma once again. I mentioned it to Ms M and she replied *"it's me who gets lost, like those kids."* I asked: "what kids?" She said: *"my grandmother's wartime kids, somewhere in the East during the war, they had never been found, it's some kind of a weird family secret, I don't even know how I know about it."* Her answer surprised me, I was so moved I remained silent for a long time, finally she asked me if I was there. I was trying to examine my feelings in countertransference, I was afraid and a feeling of emptiness came over me. I thought that the fact she asked if I was still there might have been connected to her fear, that her sharing the secret would make me grow distant, just like her mother and grandmother. I didn't comment, because I wasn't sure if the emotions were hers or connected to my own family history. Later, when I was analyzing that session, I thought that perhaps I also subconsciously blocked the "exposure" of Ms M's tragic family events, because I was afraid of strong emotions myself. It took me some time to be

able to come back to my patient. I didn't learn much more then. Ms M knew from her mother that her grandparents came from Volhynia; after tragic events and wartime exile the grandmother and grandfather found each other in Lower Silesia. Then I thought that my patient couldn't recognize my interpretations of her dreams about oppressors, escape and being lost in the context of pathological organization, because most probably she dreamt dreams that weren't her own. In "Beyond the Pleasure Principle" Sigmund Freud writes about post traumatic stress and refers to dreams of people who experienced trauma: *"Now dreams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright. (...) the patient is, as one might say, fixated to his trauma. (...) I am not aware, however, that patients suffering from traumatic neurosis are much occupied in their waking lives with memories of their accident (p.13)."* One can reckon that in the case of Ms M's family trauma the unwanted traumatic content was forgotten, denied and the whole history was printed onto her psychic reality. I cast my memory back to my patient's story about her constant fear of war and ways to survive it. Something I had been ignoring started to bear more meaning. It could also be applied to the dreams which I had interpreted from the position of "here and now", mostly as defense against development and dependence in the analysis. I started wondering why I was unable to refer more directly to Ms M's dreams. After all, she tried to show me that there is something that needs to be heard, someone's experience she didn't know about. I think this was mostly the effect of the technique I used with this patient. The images of a few years of working with Ms M started to fall into place. In "Understanding Trauma" Caroline Garland writes: *"Survivors of traumatic events have often witnessed the death of others, even relatives and loved ones. Added to the impact of the traumatic event is the task of mourning the death of others important in one's life - under any circumstances, but made more so by the guilt evoked by having survived (...) Mourning is always immensely hard work (...) The individual might feel he simply does not have the internal resources to do this work in the context of feeling that his own personal world is in pieces. Some of that mourning, as has often been pointed out, must be for himself - for his own lost world, his own pre-trauma life and identity. (...) The task of mourning for both*

the pre-traumatized self and the other, the lost object, particularly in a world that seems irrevocably damaged, is felt to be unmanageable. Some survivors turn away from this task, and instead, make an identification with the dead object. Rather than mourn the dead, or mourn the loss of their own earlier undamaged identity, they will descend into a pathological substitution for mourning - melancholia (Garland, p.17-18)." Garland mentions the process, which Sigmund Freud described in "Mourning and Melancholia", which is still the basis of all subsequent psychoanalytical discoveries related to trauma. I saw my patient's grandmother, a woman who couldn't work through the mourning – she gave birth to Ms M's mother but wasn't able to love her daughter because she identified with her lost (most probably murdered) children. My patient's mother, overwhelmed by depression all her life, didn't have any space for her daughter. In transference and as a result of holding on to one interpretation, I became the absent mother lacking in understanding. I started wondering about the transgenerational identification in the family. Then I remembered Prophecy Cole's paper "The Transgenerational Pattern of Trauma Transmission", in which the author writes about "secret identification" with parents' dead siblings. I thought that Ms M could have been stuck in this kind of identification all her life.

Many authors, who focus on the issue of transgenerational trauma claim that children take on their parents' or even grandparents' suffering, even when it is not mentioned. In Ms M's family the trauma of children being separated from their mother is constantly present, but kept in the form of a subconscious transgenerational message. It had caused it to become a mourning which hadn't been worked through; a state from which the following generations could not escape. The sense of nonexistence and elusiveness, which accompanied me throughout the work with Ms M could be understood in that context. I believe that my patient's mother, who was born after the war, was convinced all her life that she was her parents' only child. Even if she has been told the truth about her missing sisters, she had to create a world without siblings in order to be able to live through this and avoid contact with survivor's guilt. Prophecy Coles writes: *"the idea that children can set about trying to make their parents better by a 'secret identification' with a dead relative whom the parents had lost and could not speak about. This 'secret identification' is meant to serve as a com-*

fort to the bereaved parent. It is as though the child believes it can really bring the dead person back into life, through becoming the dead person (2014, p116)."

M's phantasies about the necessity to survive in case of war, were, in my opinion, a secret identification with her mother's dead sisters. It was an attempt at reviving her lost siblings, which caused her inability to live her own life. She couldn't have any ability of symbolization, she couldn't take on any transferential interpretations, because her mental reality, in my opinion, was submitted to massive projections of her mother's unwanted parts. Her mother, in turn, was submitted to her own mothers' projections. My patient's reality was full of projections, which in my opinion, were a subconscious and brutal invasion on her psyche. In the article entitled "The Telescoping of Generations: Genealogy of Certain Identifications" Haydee Faimberg writes: *"In the intrusion function, when actively expelling into the child all that they reject, the internal parents define him by his negative identity. Thus the child is hated not only because he is different, but above all, and paradoxically, because his history will be congruent with the parents' history and with all that is not accepted by them in their narcissistic regulation. There is no psychological space here for the child to develop his identity, free from the alienating power of the parents' narcissism (1988, p.107)."* She also writes about the function of usurpation, which would explain my patient's emptiness and nonexistence: *"In the appropriation function the internal parents, when identifying themselves with what pertains to the child, appropriate for themselves his positive identity (p.107)."*

Haydee Faimberg calls this the "telescoping of generations". A sort of identificational process occurs, in which the identifications are detached, and as a result inaccessible for the therapist until they are revealed. She calls these identifications "alienated", because they do not belong to the patient's generation. In this context she touches upon the issue of impasse in analysis, when the patient's and therapist's lack of knowledge prevents any progress in the analysis: *"How can two people talk about something when one of them (the patient) does not think it concerns him, and the other one (the analyst) is in ignorance of it? (p.102)."* And, as a result: *"Complementarily, how can a patient be involved in a story that belongs to someone else? (...) How can the transmission of a history which at least partially does*

not belong to the patient's life and which is clinically revealed (as under the conditions I have described) as a constituent of the patient's psyche be explained? How can this double, contradictory condition of a psyche that is empty and at the same time „over-full“ be accounted for? In other words: on the one hand there is a failure to acknowledge the object relationship in the patient, and on the other there is actually an excessive or never absent object (p.104)."

I believe that a similar situation took place in Ms M's analysis. I worked with a borderline patient and mostly focused on the attempts to interpret her self-destructive ways and trying to fill her mental emptiness with that interpretation, dealing with the trauma only in the context of the repetition compulsion, which was destroying my patient's life. It was the discovery of Ms M's family's tragic generational trauma that made me understand that the feelings of emptiness and absence were caused by the fact that her internal world was filled with projections of the grandmother's and mother's unwanted knowledge. This, in turn, helped us to start a slow process of recovering, perhaps even building, my patient's own identity. A space for dynamic exchange of thoughts and emotions, connected with her internal world emerged in our work together. Once the "secret" had been revealed, we were relieved. Ms M, from somebody who had lived in suspension, a kind of deadness, has slowly started becoming a person curious about herself, her past and life in general. On the external level, she engaged in finding her family: *"I want to know who my grandparents were and where they came from, because then I'll learn who I am."*

I wanted to share this experience, because it showed me how easy it is to overlook something that originated a long time before the analysis started, when one focuses on the situation "here and now" in the consulting room and holds on to the theoretical construct in clinical work. As Dana Birksted-Breen (2012) says: *"The focus on defence analysis has often led to a decline in the perceived value (of evenly suspended attention)."* Obviously, I couldn't know the patient's family history before she decided to share it with me, but I think that the petrification of my thought process in working with her was described very well by what she said about painting over layers of paint. Just as in Ms M's family new layers were applied to cover traumatic experiences and to detach from the trauma, I applied

layers made of interpretations based on my theoretical knowledge, and as a result I detached myself from what was underneath. I believe I didn't listen to my patient carefully enough to see that it was the real experiences of past generations that had written her internal history. A history hidden deep in my patient's subconscious and although it was present from day one of the analysis in her dreams and phantasies, it was discovered almost by accident. As I mentioned at the beginning of my lecture, I wanted to show how the transgenerational message influences not only the patients, but also the analytical process. What I mean is that the therapist has to be prepared for something unexpected and must not assume that he knows the patient's psychopathology and its etiology. The theory which we employ has a special registration in each of our patients. I am referring to the patient's creation of internal representation of objects. Previously they consisted mostly of her grandmother's and mother's introjected projections. It was only after the "secret has been revealed" when Ms M could dismiss those projections inside, creating a space for establishing good, internal representations. I also wanted to show the perspective of technical disruptions, which prevented me from the possibility of exploring the patient's internal world.

Finally, I would like to share one more observation. It's amazing how working on this paper opened up the dynamics in my work with the patient. I started off by following the "message of trauma" and theoretical references to the issue. However, it turned out that the initial assumption is giving way to a completely different matter – just like it did in my work with Ms M. A text about trauma has slowly morphed into something about the ability to listen to the inaudible and a reflection on bringing back the capacity for reverie.

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