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2	Fiammetta Cosci: Editorial
3	Driss Moussaoui: Editorial from the IFP President
5	François Ferrero: How to explain the amazing success of psychotherapy in Switzerland?
9	François Ansermet and Pierre Magistretti: Neurosciences and psychoanalysis: a contemporary challenge
13	Carlos Rodríguez-Sutil: Relational Psychotherapy Institute
16	IFP Research Committee
19	IFP Research Award: Call for Nominations
21	United Nations Secretary – General’s message on World Mental Health Day and United Nations Chief’s message on the launch of the policy brief on Education and COVID-19
22	Obituary
24	Congress Calendar

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## EDITORIAL

Dear Colleagues,

The IFP board is glad to send you this latest Newsletter.

The present issue first presents an editorial from President Driss Moussaoui which addresses the relevance of culture in taking care of patients as well as the relationship between psychotherapy field and social psychiatry and the reciprocal benefits that these two fields may have if they interplay.

After this, Francois Ferrero, Board member of the International Federation for Psychotherapy, illustrated the historical, cultural, and political reasons of a wide diffusion of psychotherapy in Switzerland. The hope is that the virtuous example given by Switzerland may be replicated in several other countries in the world.

François Ansermet, Professor Emeritus of Child and Adolescent Psychiatry at the University of Geneva and at the University of Lausanne, and Pierre Magistretti, Professor Emeritus at the University of Lausanne and EPFL, illustrated the potential link between neurosciences and psychoanalysis in the framework of a contemporary challenge and encouraged us as readers to welcome neuroscience in order to learn more in psychotherapy.

Then, Carlos Rodríguez-Sutil presented the relevant interests and several activities of the Relational Psychotherapy Institute which is based in Spain (Madrid) and is an IFP society member. Congratulations for the many interests and proposals you continuously make to your affiliates!

A report from IFP Research Committee is provided, IFP Research Awards are presented and Call for Nominations is launched. For the current year, nominations are invited for the Young Researcher Award. The deadline to present for the award is the 15<sup>th</sup> of January, 2021.

We have lost a great human being, a leading figure in psychiatry and psychotherapy, as well as a dear and loved friend.

In the end, the obituary of Professor Mony Elkaïm, Université Libre de Bruxelles, is proposed as a recognition of a great human being, a leading figure in psychiatry and psychotherapy.

The IFP Board wishes all of you a pleasant reading.

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**EDITORIAL FROM THE PRESIDENT**

Driss Moussaoui, M.D.  
*President, International Federation for Psychotherapy*

The Covid-19 pandemics will change in a significant way the world and how it functions. This will have an impact on the field of Psychotherapy.

Psychotherapeutic practice is usually seen mainly as a relationship between the psychotherapist and the patient/client/user, which is always highly specific to this relationship. An important fact is that the patient, as well as the psychotherapist, is the product of his environment. Culture is not self-evident, because it changes geographically speaking, even at a micro-level, and historically as well. It is hence fundamental to take into account culture as essential for the understanding of what is at stake in the psychotherapy relationship.

Already in 1904, Emil Kraepelin visited Java Island and visited asylums during his trip in Singapore when he stopped there. He considered that mental illnesses had different presentations in different cultures. At the same time, the founder of psychoanalysis, Sigmund Freud, was very much interested in archaeology, in the meanings of religions, and his friend, and after 1914, opponent Carl Gustav Jung (founder and first President of the International Federation for Psychotherapy in 1934) was extremely interested in anthropology, religion, myths; in other words, in culture.

On a more recent note, Mony Elkaim, founder of the European Association of Family Therapy in 1990, who unfortunately passed away on the 20th of November 2020 (see Obituary in this newsletter), was among those who considered that psychiatric institutions in the 1960s which were asylums, stripped off patients from their humanity, because they were isolated from family and society. He then oriented

his interest to families of patients and society perception of mental disorders through Family therapy.

In Brazil, Adalberto Barreto created groups of community therapy in rural and suburban areas that are so helpful in solving individual and collective problems, that other countries in the world, especially Portuguese speaking ones, asked for creation of such therapeutic movement at home. Social Psychiatry is becoming a major trend in Psychiatry worldwide. One of its aspects is the creation of associations of families and of users who lobby for better access to care, including all types of psychotherapy. This is the reason why the International Federation for Psychotherapy decided to strengthen relationships with the World Psychiatric Association, as well as international associations in Social Psychiatry and Psychosocial Rehabilitation. Widening horizons by collaborating with colleagues from these fields is in the best interest of the Psychotherapy domain, without losing its specificity and the importance of the very special relationship between the patient and the psychotherapist.



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## How to explain the amazing success of psychotherapy in Switzerland?

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This work proposes to understand why psychotherapy became so popular in Switzerland during the 20th century. For a general review of the development of psychotherapy and the establishment of the International Federation for Psychotherapy (IFP), see Heim (2010).

If it arouses interest, this work could be the first in a series devoted to history of the development of psychotherapy in different countries.

Switzerland is a small country of 8.5 million inhabitants spread over 26 Cantons and 4 linguistic regions. It has a long-lasting teaching tradition and has renowned university centres. Its particularly stable political system, based on a confederation of cantons, ensures each of them a great deal of autonomy while promoting the search for consensus.

However, who could have imagined at the end of the 19th century that psychotherapy would manage to occupy such a place in the healthcare system within a few decades?

One of the main reasons is undoubtedly several exceptional personalities who, from the last quarter of the 19th century, have contributed to the development of the psychological approaches. One of the somewhat forgotten pioneers is Paul Dubois (1848-1918) who worked as a doctor in Bern where he studied. He gained great fame for his writings, his teaching and his treatment of neurotic patients which consisted mainly of moral and philosophical discussions of Stoic orientation (Müller, 2001). At the same time, in Zurich, a few psychiatrists developed a passion for the study of the psyche and for the psychological dimension of care. Among them, Auguste Forel (1848-1931) and his pupils, Eugen Bleuler (1857-1939) and Adolf Meyer (1866-1950), then Carl-Gustav Jung (1875-1961), Ludwig Binswanger (1881-1966), and Hermann Rorschach (1884-1922), (Ellenberger, 1970, 1995).

Thanks to Auguste Forel, psychological approaches became able to penetrate for the first time in a University Psychiatric Hospital, the Burghölzli in Zürich, which he directed from 1879 to 1898. This famous brain anatomist, who was

also an anti-alcohol activist and an entomologist, took an interest in hypnotism and developed a dynamic conception of the mind. His work on alcoholism, perversions, sexuality, mythomania was then authoritative. He also created an ambulatory care department to treat patients with hypnosis. Bleuler, who succeeded him, transformed Burghölzli, along with Jung, into one of the most famous psychiatric centres in the world and was also the first to introduce certain ideas of Freud. However, following the breakdown of his relationship with Jung, Freud maintained an ambivalent relationship with Switzerland despite his friendship with Pastor Pfister and with Ludwig Binswanger (Heim, 2010).

By comparison with Zurich, Freud's links with Geneva were even more marked by his scepticism. He knew Theodore Flournoy who, shortly before him, had proposed a model of the unconscious psyche based on what he referred to by the terms "subliminal" or "subconscious". Flournoy was interested in what was then called the "Psychic Sciences" which included phenomena such as hysterical and hypnotic states, mediumistic trances, personality splits, telepathy, automatic writing, glossolalia etc. His work "From India to Planet Mars", published in 1900, met with extraordinary success (Vidal and Barras, 1996). Freud also knew Edouard Claparede who became the first President of the Psychoanalytical Society of Geneva founded in 1920. Claparede is the Founder of the Jean-Jacques Rousseau Institute in which worked Jean Piaget and Sabina Spielrein who was his psychoanalyst. It seems likely that one of the causes of the rather distant relationship that Freud maintained with Geneva was the closeness that existed between Flournoy and Jung who always recognized him as one of his masters alongside Janet (Shamdasani, 1996).

### Some key steps

- 1888: Psychiatry becomes a mandatory component to obtain the title of doctor (on Forel's proposal).
- 1895: Foundation of the Swiss Psychiatric Society.
- 1931: Psychiatry becomes an independent discipline compared to neurology when the titles of specialists are created.
- 1935: Foundation of the first two psychotherapy societies (Fussinger, 2005).

That same year, at the first meeting of Swiss psychotherapists in Zurich, Walter Morgenthaler proposed to create a "Psychotherapy Commission" within the Swiss Psychiatric Society in order to prevent psychiatry and psychotherapy

from following different paths. For his part, Jung, who was then president of the brand new International Medical Society for Psychotherapy, the ancestor of IFP, proposed to create an autonomous society, without formal links either with psychiatry or with medicine. He was convinced that the differences of interest between psychotherapists and psychiatrists were too great to lead to a fruitful collaboration. This would result in the constitution of two associations, the aforementioned Commission and the Swiss Society of Practical Psychology of Jung which would mainly attract non-doctors (Fussinger, 2005).

-1948: The Psychotherapy Commission becomes the Swiss Society of Medical Psychotherapy, whose first president, Medard Boss (1903-1990) was very interested in training issues. He wrote: "Let us admit that psychiatrists who have not acquired the notions possessed by psychologists on the fringes of official medicine know less than these. As a result, and insofar as they are familiar with the methods of in-depth analysis, it is not the non-medical psychologists who are the real laymen, but the majority of the doctors... When we will have doctors trained in psychotherapy in sufficient number, when there will be enough psychotherapy institutes and polyclinics for all patients, insured or not, the problem of non-medical psychotherapists will resolve itself ...".

Under his chairmanship, this Society took 2 initiatives which would play an essential role in the development of psychotherapy: it indeed asked the five faculties of medicine and the political authorities to make mandatory a theoretical and clinical teaching of psychology and psychotherapy during training in psychiatry. It also asked for the development of psychiatric polyclinics throughout the country in order to facilitate access to psychotherapy also for low-income people. The small size of the country and the existence of personal relations between the main stakeholders certainly contributed to the acceptance of these two requests.

-1957-1960: Adult psychiatry and child psychiatry split into two specialties which would officially introduce psychotherapy into their training. The training then lasted 5 years, two of which were to be largely devoted to psychotherapy.

Other characteristics have also helped promoting the development of psychotherapy: one of them is the long tradition of collaboration that exists between psychiatric hospitals and university centres. In the university cantons, the director of the hospital who occupies the chair of psychiatry is also

responsible for the public service which receives the patients requiring hospitalization. This fostered the development of exchanges with professors of other specialties and contributed to attracting medical students to psychiatry. Swiss psychiatry has in fact not known a gap between cantonal asylums, then psychiatric hospitals and university centres and many psychiatrists, like Bleuler or Rorschach, have gone from one to the other during their careers.

In addition, as the titles of specialist physicians are awarded by a professional association and not by the faculties of medicine, the latter have never held a monopoly on training. Even today, all psychiatric hospitals and polyclinics, whether university or not, public or private, can be recognized as training centres provided they meet certain criteria.

For their part, the teachers of psychiatry, despite often different training, orientations and interests, have continued to reaffirm their attachment to this double title, while proposing some adjustments. Several are also strongly committed to the various reform projects of medical studies. They managed to give an important place throughout the course of medical studies not only to psychiatry, but also to medical psychology, psycho-social and psychosomatic medicine and psychotherapy.

#### **What conclusions can we draw in 2020?**

More than 60 years after the decision to introduce compulsory training in psychotherapy for psychiatrists, it seems obvious that this choice has greatly contributed to facilitate access to psychotherapy, including for the most modest people. These treatments are covered by mandatory health insurance: there is only one price, based on the duration of the sessions, whatever the qualifications of the therapists or the financial situation of the patients who assume 10% of the cost as for any ambulatory medical treatment. Over time, several changes to the training regulations have increased the requirements and have also made it possible to recognize different models of psychotherapy (see the current program on the website [www.psychiatrie.ch](http://www.psychiatrie.ch)). Most of the time, this development took place on a consensual basis, including the decision to make continuing education and personal experience of psychotherapy imperative (Ferrero, 2000, 2006, 2009).

Access to psychotherapy is also facilitated by the fact that the country has a high density of psychiatrists-psychotherapists who are themselves the prescribers. The Association

of Psychiatric-Psychotherapist Doctors has more than 2,000 members, making it the second group of medical specialists after the one of internists-generalists. This rather exceptional offer is further increased by an even larger number of psychologists-psychotherapists who have followed a demanding training to obtain the right to practice it.

### Some outstanding questions

However, essential questions of research development will not be addressed, as they go beyond the scope of this work, which is essentially devoted to clinical practice.

- Should we favour nonspecific psychotherapeutic treatments, which we designate under the term of "Integrated psychiatric-psychotherapeutic treatment"? These treatments leave a wide margin of appreciation to each physician depending on their own training, theoretical references, history and values. As Despland and Berney (2012) suggest, we could see in this a form of return to what Schneider (1971), one of the masters of psychotherapy in French-speaking Switzerland, had defended: any psychiatric treatment can be enriched by a psychotherapeutic type of reflection as well as by the use of psychotherapeutic techniques or tools.

-How to distinguish psychotherapy from the countless approaches of personal development? On this point, the Federal Social Insurance Office has given its own definition of psychotherapy: these are "therapies treating psychic and psychosomatic illnesses which are based exclusively or mainly on oral communication, systematic reflection and a sustained therapeutic relationship, which are based on a theory of normal and pathological behaviour as well as on an etiological diagnosis, which provide for regular and planned sessions and which aim at a defined therapeutic objective".

-How to certify training institutes and solve the problem of the ever growing cost of training? Many centres, including Universities, have developed a variety of offers allowing psychiatrists-psychotherapists to improve their skills throughout their professional life.

- Should psychotherapeutic treatments carried out by psychologists be reimbursed by health insurance? Although the practice of psychotherapy by psychologists has long been accepted, it is still subject to certain conditions that some consider unacceptable: with some exceptions, psychotherapy can in fact be covered by insurance only if it is carried

out under the form of "delegated psychotherapy", the prescription of which must be made by a psychiatrist, carried out under his responsibility and on his premises. For years, the question of the empowerment of psychologists-psychotherapists has been under discussion at the political level and it is likely that the situation will evolve. However, the very wide variety of approaches practiced by psychologists-psychotherapists, the requirement of a clinical training of at least three years in a recognized institution and the fear of a sharp increase in the overall costs of health insurance could further delay this project.

### Conclusion

The exceptional development of psychotherapy in Switzerland undoubtedly owes as much to the decisive commitment of a few personalities as to the existence of political and historical conditions specific to this country. Among other positive consequences, psychotherapy has profoundly influenced the health system and the education of medical students, which has contributed to a positive change in the way the population and professionals view patients and psychiatry in general.

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## Neurosciences and psychoanalysis: a contemporary challenge

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It is important today for psychoanalysis to engage with current developments in the field of neurosciences. Rather than assuming a position of opposition or resistance, it is a matter of identifying the developments that are relevant to psychoanalysis and embracing them, looking to go beyond any reductionism. Neuronal plasticity and homeostatic processes in particular offer some fruitful reflections with the hypotheses of psychoanalysis. Similarly, the neurosciences would also benefit from integrating into the framework of their research some of the hypotheses of psychoanalysis, such as the Freudian unconscious, and the concept of the drive. With regard to the concept of drive, an important question to revisit would be the concept of death drive. The death drive, which holds such an important place in the contemporary malaise, whether individual or collective.

Thus, neurosciences and psychoanalysis could appeal to each other in a novel way: what remains is to take up that challenge.

### Principle of incommensurability

To take up that challenge it is however necessary to move away from a logic of proof, away from the argument for proving the relevance of psychoanalysis on the basis of the neurosciences. On the contrary, it is a matter of recognizing that there is no simple, direct relationship between a biological fact and a psychological one. For example it would be meaningless to try to identify the molecular basis of the Oedipus complex! Without this principle, which we could call that of incommensurability, we risk making reductionist analogies that take away the dynamic relevance of each of the two fields.

We could take as an example the confusions that can occur around the concept of the unconscious. The unconscious in the neurosciences is most often described as a cognitive unconscious (Kihlstrom, 1987); amongst other processes, it refers to subliminal experiences, proprioception, and procedural memory (Kandel, 1998). Whereas, seen from psychoanalysis, it is first and foremost a non-conscious. The Freudian unconscious is of a different order, it points to a different

kind of psychological mechanism, characterized by being adimensional with regard to time and space, by the absence of contradiction, the absence of negation: a logic totally different from that of consciousness, or of the non-conscious specific to the cognitive unconscious. The question is, how to introduce this way of understanding the unconscious into the neurosciences' program, alongside the efforts made to grasp the cognitive unconscious.

### Neuronal plasticity: trace and somatic markers

Neuronal plasticity can be defined as the brain's capacity to be modified through experience. Over the past thirty years, data from experimental neurobiology have revealed the main molecular and cellular mechanisms of plasticity, an achievement recognized by the Nobel Prize awarded to Kandel in 2000. In a book that looks at the link between the neurosciences and psychoanalysis, written jointly with the neurobiologist Pierre Magistretti (Ansermet and Magistretti, 2007), we discussed in detail how the subject takes shape through the mechanisms of neural plasticity, and the inscription of the trace on the basis of experiences.

The neural trace, however, does not exist by itself. With the trace appears also another dimension, that of the somatic state with which the trace is associated from the moment of its inscription: Damasio introduces the term 'somatic marker' (Damasio, 1994). The experience, which leaves a trace in the neural network, is thus associated with a particular somatic marker, which can evoke a state of pleasure or displeasure. In this way, there is on the one hand the perception registered by the exteroceptive pathways, and on the other hand a link to the body conveyed by interoceptive pathways, both of which constantly inform the brain about the state of the body (Craig, 2002; Ansermet and Magistretti, 2007).

In a nutshell, the inscription of an experience occurs at the interface between the somatic and the psychological. There are similarities here with the way in which Freud presented his theory of drives as a concept on the border between these two fields. This point of convergence also leads to a reflection on the role of the homeostatic processes (Arminjon, Ansermet, and Magistretti, 2010), their regulation and their dysregulation, as occupying an important place in the functioning of the psychological apparatus.



### **The paradoxes of plasticity**

The idea of plasticity, of the traces left by an experience and the destiny of those traces, lead to a series of paradoxes that force us to rethink subjectivity beyond a simple, direct, and continuous connection between a biological causality and a psychical effect; thus, opening the way to a novel dynamic between the neural and the mental.

The first paradox is that of *discontinuity*: the traces that result from an experience, once inscribed, then combine with each other, irreversibly creating a separation from the experience which contributed to producing them. The traces in turn themselves become stimuli, be it through the memory processes or unconscious repetitions. We therefore find ourselves confronted with a paradox where, simultaneously: everything is preserved, the experience leaves a trace, and everything is transformed, the traces recombine among themselves to form new traces. It is thus that the inscription of the experience distances from the experience, while at the same time liberating from that experience, since plasticity paradoxically introduces a discontinuity beyond the continuity that presided over the inscription of the experience.

The second paradox could be called that of *the ever-changing brain*. The neuronal network is constantly remodelled in ever differing ways according to experiences (Kandel, 2000; Kandel, 2001): it cannot be seen as a structure that is determined once and for all, on the contrary it is subject to continuous remodelling. We never use the same brain twice.

In this, plasticity completely overthrows the traditional opposition between psychical causality and organic causality. The fact that experience leaves a trace in the neuronal network introduces the possibility of a psychical causality that would participate in determining the organism. This also takes into account the fact that experience is not only the tangible incidence of the environment: it also involves the subject him/her-self, who, through his/her actions and choices participates in molding his/her own brain, determining what he/she will become.

The work of Yadin Dudai or Cristina Alberini (Alberini, 2005; Tronel, Milekic, and Alberini, 2005; Dudai, 2006) on the phenomenon of “reconsolidation” is consistent with this idea. Reconsolidation refers to the idea that a mnemonic trace, once it has been reactivated, becomes momentarily modifiable; something that has been experimentally demonstrated. By being reactivated through the act of remembering, the trace

is shown to be labile, open to new re-associations, beyond what initially governed its inscription.

### **Predetermined not to be predetermined**

Through the ever-singular interplay of the re-association of traces, the universal mechanisms of plasticity result in producing a unique individual, different from any other. We could say that, paradoxically, plasticity results in determining unpredictability, in opening opportunities for becoming. Plasticity, which repeatedly remodels the neural pathways, results in that even an identical stimulus can give different responses according to the state of the brain. Like a game of chess, everything depends on the moves that came before. Plasticity introduces a variability that moves away from the idea of a unique response which would be determined by a rigid and static system.

Thus, we would be biologically determined not to be completely biologically determined; we would be genetically determined to be free. At all events, the idea of plasticity makes it necessary to rethink determinism in a completely new way (Ansermet and Magistretti, 2007).

### **The question of becoming**

Generally speaking, we can therefore observe that despite remaining two vastly differing fields, the neurosciences and psychoanalysis do nevertheless meet around the unavoidable question of singularity. A question common to them both, and up against which they respectively come. A singularity which goes hand in hand with a becoming that is always unique, meaning that each one of us discovers him/herself to be different and irreplaceable.

Plasticity, therefore, beyond any developmental aspects, raises the question of what an individual may become. Beyond development however, there is each individual's personal journey, where each is the author and actor of what they may become, beyond what may determine them, beyond their developmental framework.

At present, the challenge that needs to be addressed, is the dialectic between becoming and neurodevelopment: becoming which is played out beyond genetically or socially determined development. That is the wager brought about by plasticity: to reflect on the interaction between genetically determined *development* and experience-driven unpredictable *becoming*.

Plasticity, a phenomenon that is both determined and determining, implies therefore, paradoxically, a far-reaching re-think of determinism through the question of becoming. We could say that plasticity results in what we might describe as a determinant of the unpredictable. It allows for the emergence and impact of an ever unique, ever unpredictable subject, on the basis of something that is not determined, and which is left open beyond the laws of either biological or psychological determinism.

Thus, there would be both a plasticity of the organism, and a plasticity of the subject who is potentially active in determining what he/she may become. What the subject becomes is not reduced to a function of what determines him/her. Beyond determinism, plasticity opens up a space where nothing is determined, where everything remains possible. Even if their foothold rests on what came before, on what determines them, the question of knowing what the subject will make of what determines them remains an open question. It is there that the crux of both the subject's freedom, and our therapeutic hopes, lie.

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*Research activities focus on perinatal clinical practice, prenatal and early trauma; on the consequences of new advances in biotechnologies in the area of medically assisted reproduction, and pre-conception and perinatal predictive medicine; on disorders of sex development (DSD), and clinical practice with transgender patients; and finally, within the Agalma Foundation in Geneva ( www.agalma.ch ), created with Pierre Magistretti, which aims to study the links between the neurosciences and psychoanalysis, as well as links between the arts, sciences and psychoanalysis.*



*Professor Pierre Magistretti*

*Pierre J. Magistretti, received his MD in 1979 from the University of Geneva and his PhD in Biology in 1982 from UCSD. He is Distinguished Professor and Dean of the Division at Biological and Environmental Sciences and Engineering at KAUST, Professor Emeritus at the Brain Mind Institute at EPFL and at the Departments of Psychiatry of the Universities of Lausanne and Geneva. Pierre J. Magistretti's laboratory has discovered some of the cellular and molecular mechanisms that underlie the coupling between neuronal activity and energy consumption by revealing the key role that glial cells, in particular astrocytes, play in this physiological process. These findings are particularly relevant for understanding the origin of the signals detected by functional brain imaging, and are revealing a role of astrocytes in neuronal plasticity and neuroprotection. He has been interested in establishing a dialogue between neuroscience and psychoanalysis. He the past-president of the Federation of European Neuroscience Societies (FENS) and of the International Brain Research Organization (IBRO).*

## Relational Psychotherapy Institute

*Carlos Rodríguez-Sutil, Spain*

I gratefully make use of this opportunity to introduce our Association. The Instituto de Psicoterapia Relacional (IPR) is a training and scientific-professional association, founded in 2006 in Spain as an evolution and transformation from others devoted to Interpersonal and Group Psychoanalytic Psychotherapy since 1975 to 2005. We have a close link between IPR and IARPP & IAPSP activities since our foundation. Some of our senior members are also IARPP & IAPSP members.

IPR provide a forum for the ongoing discussion, study and elaboration of Contemporary Thinking and Practice of Psychoanalysis and Psychoanalytic Psychotherapy (Mainly Relational and Contemporary Self Psychology) to Spanish speaking professionals worldwide. More than 120 members join currently our association, and our meetings attendance range from 120 to 300 people.

IPR main site is in Madrid (Spain) (Ágora Relacional: Alberto Aguilera, 10 28015-Madrid, Spain) and has other Associate Centers in Barcelona, Sevilla, Cáceres, Salamanca, Pamplona, Valencia, where we are developing a variety of opportunities through Training Programs, Lectures, Case Presentations, Supervision, and others.

Last ten years we have had regular seminars on Ferenczi, Winnicott, Mitchell and Kohut's Thinking and many other contributors. The focus on Kohut Works and thinking, and the developments of Relational & Contemporary Self Psychology is one of our main themes.

Between our international guests for Lectures and Seminars we have invited last years a number of distinguished professors, many of them relevant to Contemporary Psychoanalysis such as Robert D. Stolorow, Donna M. Orange, Joseph D. Lichtenberg, Rosemary Segalla, Frank L. Summers, James L. Fosshage, Howard Bacal, Shelley Doctors, Joyce Slochower, Sandra Buechler, Margaret Crastnopol and many more. Our members gain access to these training activities with reduced fees.

IPR sponsors several publications:

-an open-access e-journal on psychotherapy and contemporary psychoanalytical thinking published in Spanish:

CLINICA E INVESTIGACION RELACIONAL [CeIR]

([www.ceir.org.es](http://www.ceir.org.es)) now in their 13th year, CeIR is DOI referenced, included in Latindex and CCH-CSIC databases, between others;

-a series of books on "Relational Thinking" now with 22 volumes, including Spanish authors originals and translations from English of main Works. See the complete list at: [www.psicoterapiarelacional.es/publicaciones.aspx](http://www.psicoterapiarelacional.es/publicaciones.aspx)

Since 2009 we met yearly or biennial in Conferences, along the Spain main cities or historical sites. A summary of these meetings are:

- 2009 – Las Navas del Marqués (Ávila, Castilla y León), with Hazel Ipp and Joan Coderch
- 2010 – Barcelona, with Shelley Doctors
- 2012 – Sevilla, with Jessica Benjamin
- 2013 – Barcelona, with Susie Orbach and Karlen Lyons-Ruth
- 2014 – Cáceres, with Michael Eigen
- 2015 – Valencia, with Susanna Federici and Malcolm Slavin
- 2016 – Salamanca, with Peter Fonagy, Joan Coderch and Alejandro Ávila
- 2018 – La Granja de San Ildefonso (Segovia, Castilla y León), with Andrew Samuels, Phil Ringstrom and Joan Coderch
- Next, announced: 2021, Barcelona, with Jan Abram, Angela Joyce & Joan Coderch.

Updated information concerning our all activities can be available at: [www.psicoterapiarelacional.es/IPR.aspx](http://www.psicoterapiarelacional.es/IPR.aspx)

Contact: [ipr-s@psicoterapiarelacional.com](mailto:ipr-s@psicoterapiarelacional.com)

Current Board Members (2017-2021):

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Honor Chair: Alejandro Ávila-Espada



*Carlos Rodríguez-Sutil, Dr in Psychology Universidad Complutense, Madrid. President of the IPR (Relational Psychotherapy Institute) and a member of IARPP-Spain and IAPSP. Blog: <http://crsutil56.blogspot.com.es/> .*



## IFP Research Committee

The Research Committee of the IFP consists of four members: Chiara Rafanelli (Chairwoman, Bologna, Italy), John M. De Figueiredo (New Haven, CT, USA), Helene Nissen-Lie (Oslo, Norway), Xinghua Liu (Beijing, China). The Research Committee organizes every year a research call for giving awards addressed to researchers involved in psychotherapy research.

You can find below a brief presentation of the Research Committee members.

**Chiara Rafanelli** is currently Professor of Clinical Psychology at the University of Bologna, Italy, where she also serves as Director of the School of Specialization in Clinical Psychology and as Dean of the Master Course in Clinical Psychology. She took her medical degree in 1990 and her first specialization in Clinical Psychology in 1994 from the University of Bologna. During that time, she carried out her internship at the Psychological Unit directed by Professor Isaac Marks at the Maudsley Hospital and the Bethlem Royal Hospital in London for five months and became experienced in behavioural treatments of patients affected by anxiety disorders. Since 1995, she has been Associate Director in the Affective Disorders Program headed by Giovanni Fava at the Department of Psychology of the University of Bologna, for the treatment of depressed and anxious patients by cognitive behavioural therapy. She received her PhD in Clinical Psychology in 1999 and her second specialization in Psychiatry in 2001 from the University of Bologna. At the same University in 2012 she became Professor of Clinical Psychology. Her research interests concern the psychopathology of mood and anxiety disorders, their cognitive-behavioural treatments, the promotion of psychological well-being through the well-being therapy, the psychological aspects of medical disorders, with particular reference to cardiovascular and metabolic disorders. She currently serves in the Editorial Board of *Psychotherapy and Psychosomatics*, published by Karger (2019 IF = 14.864). She also serves as referee of several international journals. She is author and co-author of 126 papers published in peer reviewed journals; 19 chapters of books, and 1 monograph. She has received grant support from Compagnia di San Paolo for performing the study on Cognitive-behavioural treatment and well-being therapy of depressed patients with acute coronary syndrome. She is involved, as partner, in a research

project granted by the European Community on the evaluation of a patient-centred biopsychosocial blended collaborative care pathway for the treatment of multimorbid elderly patients.

**John M. De Figueiredo** is currently Clinical Professor of Psychiatry at Yale University School of Medicine, New Haven, Connecticut, USA. He took his medical degree in 1973 from the University of Bombay and his specialization in Psychiatry in 1980 from Johns Hopkins School of Medicine. Between 1973 and 1977 he did research in psychiatric epidemiology and graduated with the degree of Doctor of Science in Mental Health from Johns Hopkins University. At Yale University, he became Clinical Professor of Psychiatry in 2015. His interest in psychotherapy is both qualitative and quantitative. His theoretical orientation is humanistic, and, in particular, existential. His fields of interest are clinical epidemiology, psychosomatics, and sociocultural psychiatry. He has devoted himself to the study of demoralization as a transdiagnostic unifying concept that brings together all schools of psychotherapy and involves both distress and subjective incompetence. He has been studying demoralization and psychotherapy within the biopsychosocial framework and the varying roles played by biological, psychological, social, and cultural variables depending on the observer's perspective and the context of the observation. The focus of his research has been on the processes and mechanisms by which psychotherapy not only relieves demoralization, but also prevents its progression to helplessness, hopelessness, and suicide, increases resilience, and fosters an improvement in prognosis and the quality of life. He has published many articles in peer reviewed journals and authored or co-authored books and book chapters on these topics. He is a Distinguished Life Fellow of the American Psychiatric Association and Fellow of the American College of Epidemiology and the American Psychopathological Association. He is currently the Principal Investigator of several studies on demoralization and psychotherapeutic strategies designed to promote euthymia in patients with cancer, other terminal illnesses, or Parkinson disease. He received grant support from the World Psychiatric Association.

**Helene Nissen-Lie** is employed as Associate Professor at the Department of Psychology, University of Oslo, where she teaches clinical master's students in relational skills, psychotherapy research, and supervise advanced students



in psychodynamic psychotherapy as well as serving as academic supervisor for several PhD candidates.

She took her Bachelor's degree at Royal Holloway College, University of London, in 1997 and graduated as psychologist at the University of Oslo in 2002. She obtained her PhD from the same institution in 2011. In 2014, she was granted status as a Specialist in Clinical Adult Psychology (Norwegian Psychological Association). The focus of her research from her PhD and onwards has been the contribution of the psychotherapist across clinical settings, patient diagnoses, theoretical approaches (i.e., psychodynamic, integrative, and cognitive behavioural), and treatment modalities (i.e., individual and group) and using a range of research designs and data analytic approaches (i.e., RCTs/naturalistic designs, quantitative/qualitative methods, theory-building case studies, etc). She has proceeded to explore the role of other salient common factors (such as the therapeutic alliance/working alliance in psychotherapy) and the interplay between therapeutic techniques (across therapeutic schools) and the therapy relationship. In this work, she has collaborated with researchers from Sweden, Norway, and the USA using different clinical samples. Other areas of interest include patients' experiences of psychological treatments and the effects of attachment relationships (i.e., attachment avoidance and attachment anxiety) among participants in analytic group psychotherapy. She serves as project manager of a new collaborative study on the common mechanisms of change in psychotherapy (the CAMP study) conducted at Modum Bad, Norway. In this study, the researchers address the role of a wide variety of common factors (treatment credibility, treatment goals, therapist expertise) across patient diagnoses and therapy models. A recent area of interest has been evidence-based treatments (EBT) and the status of psychodynamic psychotherapy. She is involved in a new project, Depression Forefront (DFront), investigating the treatment of chronic/persistent depression, e.g., comparing the effects of combinations treatment and psychotherapy for persistent depression. Nissen-Lie holds a part-time practice as psychotherapist in Oslo and serves at various editorial boards of scientific journals specializing in psychotherapy (such as

Psychotherapy Research; Psychotherapy: Theory Research and Practice).

**Xinghua Liu** is currently Tenured Associate Professor of Clinical Psychology at the Department of Clinical and Health Psychology at School of Psychological and Cognitive Sciences (SPCS) in Peking University, China, where he also serves as Associate Dean of SPCS, Director of Department of Clinical and Health Psychology, and Director of Beijing Key Laboratory of Behaviour and Mental Health. He took his Bachelor degree in 1998 in Psychology and PhD in Clinical Psychology in 2006 from Peking University. From 2005 to 2018, he worked at the Department of Psychology in Capital Normal University (CNU). In 2012, he became Associate Professor in CNU. He also worked with Dr. David Barlow from 2007-2008 and Dr. Stefan Hofmann 2015-2016 as visiting scholar at Center for Anxiety and Related Disorders, Boston University. In July 2018, he got the position and become Tenured Associate Professor in School of Psychological and Cognitive Sciences (SPCS) in Peking University. Since 2018 he has been Associate Dean of SPCS. Since 2019, he has been Director of Department of Clinical and Health Psychology in SPCS. Since 2020, he has been Director of Beijing Key Laboratory of Behaviour and Mental Health.

His research has focused on develop mindfulness-based intervention for anxiety and depression distress, assessment of the effectiveness of the intervention, and investigation of the mechanism(s) behind the effectiveness. He developed a protocol of mindfulness-based intervention for people with emotional distress and he is also developing a web-based self-help mindfulness program for them. He currently serves as associate editor of *Mindfulness*, published by Springer (2019 IF = 3.581). He also serves as referee for several international and national journals. He is author and co-author of 60 papers published in international and national (with peer review) journals. He has received grants support from National Natural Science Foundation of China on mindfulness intervention. He also serves as Associate Director of Cognitive Behavioral Therapy Committee, Chinese Mental Health Association and Associate Director of Division of Clinical and Counseling Psychology, Chinese Psychological Association.

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## ANNOUNCEMENT

Dear Presidents and Secretary generals of IFP member societies, Dear members of member societies, Dear IFP Individual members,

One of the aims of the International Federation for Psychotherapy is to promote research in the field of Psychotherapy. It resumes the IFP Award of research in this field. With a nomination deadline of January 15th, 2021, the award will be given and published in Spring 2021. While the award rotates between different categories of recipients, **for the current year, nominations are invited for the Young Researcher Award**. Candidates for this award must be within 9 years of completing their main research training.

Nominations can be made by:

- (a) member societies represented by their officials,
- (b) individuals who are members of IFP member organizations, and
- (c) IFP individual members.

The IFP Research Committee, which also serves as Awards Committee, looks forward to nominations. Please pass on this information to all members of your society.

You will find further details in the document below or on the IFP homepage  
<https://www.ifpnet.org/ifp/ifp-awards>

With best regards,

Driss Moussaoui  
IFP President

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## IFP Research Award: Call for Nominations

Dear IFP Community,

This is a call for nominations for the 2021 IFP Research Award. IFP Research Awards seek to foster a broad spectrum of psychotherapy research that furthers the purposes of IFP, with special emphasis on studies relating to cultural issues, psychotherapy delivery, clinical excellence, and training.

The IFP Research Committee accepts nominations for the following three awards, which will rotate each year:

1. Young researchers who have completed a doctoral dissertation and published a minimum of 3 research papers in refereed journals;
2. Mid-career researchers who have conducted and published important research beyond the post-dissertation level;
3. Distinguished senior researchers whose research and publications represent a lifetime of significant achievements.

### For the current year, nominations are invited for the Young Researcher Award.

Candidates for this award must be within 9 years of completing their main research training.

Nominations can be made by:

- (a) member societies represented by their officials,
- (b) individuals who are members of IFP member organizations,
- (c) IFP Individual members.

A nomination must include: (1) a completed nomination form (found on the IFP homepage), (2) a letter of recommendation by the nominating person/society, (3) a current Curriculum Vitae, (4) copies of the publications on which the decision will be made, and (5) a brief statement by the nominee summarizing his/her work and explaining how it is

related to the aims of IFP. Additional letters of recommendation may be included or submitted separately by any colleague familiar with the nominee's work.

All documents should be sent as email attachment to the IFP Awards Committee Chair, Prof. Chiara Rafanelli (e-mail address: chiara.rafanelli@unibo.it)

### The deadline for nomination is January 15th 2021.

The IFP Research Committee, in its function as Awards Committee, will propose an awardee and the IFP Executive Board will decide about the proposal. The award will be granted in Spring following the submission with a diploma, as well as an official declaration in the IFP Newsletter. The awardee and her/his work will then be presented at the IFP World Congress of Psychotherapy (which takes place every 4 years) following the distinction. If feasible, the recipient of the award will be invited to this meeting.

There are several ways that you can assist us with selecting best candidates:

- disseminating the information via your professional listserv,
- posting the information on your professional website,
- forwarding this document to your colleagues,
- nominating researchers you believe deserve this IFP Research Award.

For questions, please contact the IFP Research Committee Chair via e-mail (chiara.rafanelli@unibo.it).

10 October 2020

**United Nations Secretary – General’s message on World Mental Health Day**

“Around the world, nearly 1 billion people live with a mental disorder. Every 40 seconds, someone dies from suicide. And depression is now recognized as a leading cause of illness and disability among children and adolescents. All of this was true, even before COVID-19. We are now seeing the consequences of the pandemic on people’s mental well-being, and this is just the beginning. Many groups, including older adults, women, children and people with existing mental health conditions are at risk of considerable medium- and long-term ill-health if action is not taken. Addressing mental health is central to achieving Universal Health Coverage. It deserves our commitment. Too few

people have access to quality mental health services. In low- and middle-income countries, more than 75 per cent of people with mental health conditions receive no treatment at all. And, overall, governments spend on average less than 2 per cent of their health budgets on mental health. This cannot go on. We can no longer ignore the need for a massive scale-up in investment in mental health. We must act together, now, to make quality mental health care available for all who need it to allow us to recover faster from the COVID-19 crisis”.

**United Nations Chief’s message on the launch of the policy brief on Education and COVID-19 can be seen at [https://www.youtube.com/watch?v=wt81QWg49M0&feature=emb\\_title](https://www.youtube.com/watch?v=wt81QWg49M0&feature=emb_title)**

## Obituary

*Edith Goldbeter<sup>1</sup> and Julien Mendlewicz<sup>2</sup>*

<sup>1</sup>*Faculty of Psychological Sciences and Education, Free University of Brussels*

<sup>2</sup>*Department of Psychiatry, University Clinics of Brussels, Free University of Brussels*



*Mony Elkaïm, Professor at the Université Libre de Bruxelles, past Head of the Institute of Family and Human Systems Studies, Brussels; Founder of the European Family Therapy Association; past President of the European Association for Psychotherapy*

Mony Elkaïm, is an internationally recognized psychotherapist and family therapist who died in Brussels on November 20 at the age of 79.

He was born in Marrakech, Morocco, into a well-known Jewish family on November 7, 1941. His father was the Head of the Jewish community of Marrakech, and he gave his son the name of Maimonides, one of the main theologians in Jewish religion, but also physician and philosopher. Mony Elkaïm started his studies in Paris where he benefited from the teaching of Emmanuel Levinas, philosopher, who made him aware, as Henri Baruk did later, of ethics and sense of responsibility. He then studied Medicine in Belgium, at the Université Libre de Bruxelles (ULB), and specialized in Neuropsychiatry. During this period, he was one of the voices of the Free Assembly Movement in May 1968. The following year he coordinated, with the support of Jean-Paul Sartre, the activities of the Israel-Palestine committees.

Mony Elkaïm worked in the early 1970s at the Albert Einstein College of Medicine in New York where he practiced social and community psychiatry with marginalized families in the Bronx. At Bronx State Hospital, he became acquainted with the emerging field of family therapy with pioneers of the systems approach, such as Israel Zwerling, Dick Auerswald, and Al Shefflen, whose research on non-verbal behavior and social distancing had a lasting influence on him. During this stay, he forged a bond of “brotherhood” with Maurizio Andolfi, an Italian psychiatrist who later became a renowned family therapist in Rome.

Returning to Belgium, Mony Elkaïm joined the antipsychiatry movement. Mony Elkaïm then became coordinator of an international network which explored alternative solutions in the field of mental health. Personalities such as Franco Basaglia, Giovanni Jervis, Félix Guattari, Roger Gentis, Françoise and Robert Castel, David Cooper and Ronald Laing took part in this network. The work of this group had an impact on mental health practices.

Along with these actions, Mony Elkaïm developed a practice of couple and family therapy as well as training activity in family therapy. In 1979, he created in Brussels the Institute of Family and Human Systems Studies (IEFSH), his colleagues were, among the others, Jacques Pluymaekers, Edith Goldbeter, Geneviève Platteau and Alain Marteaux, Mony Elkaïm organized in 1981 the first of a series of international family therapy congresses in Europe, to which international pioneers in the field of family therapy were invited.

In 1990, Mony Elkaïm founded the European Family Therapy Association (EFTA), which he chaired for more than ten years. In 1979, he launched the “Cahiers critiques de Thérapie familiale et de Pratiques de réseaux”, the first French-language family therapy review, and from 2003 directed the “Couleur Psy” collection at Éditions du Seuil in Paris. He was appointed Professor at the Université Libre de Bruxelles in 1993 and became Director of the Out-patient Clinic for Couple and Family Therapy in the Department of Psychiatry, headed by Professor Julien Mendlewicz, at Erasme Hospital.

His encounters and friendships with personalities from different fields such as Félix Guattari, the Nobel Prize in chemistry, Ilya Prigogine and the cyberethicist Heinz von Foerster, allowed him to introduce new concepts in family therapy such as assemblages, bifurcations and resonances,

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which he presented in books, some of them translated from French into many languages.

Mony Elkaïm was a man constantly on the move - like the "Walking Man" a well-known sculpture by Giacometti - transmitting his knowledge, his interrogations and his humanity, developing his approach in front of an amazed audience. He was an outstanding talented lecturer communicating his passion and humanism with magic and seduction.

Internationally renowned psychotherapist and a leading figure in psychiatry, his creativity and charisma made him a sought-after speaker. He intervened in many meetings and gave many trainings all over the world, including low and middle income countries such as Morocco. He was one of the few European therapists to be recognized by the American Association for Couple and Family Therapy (AAMFT) to provide supervision in the United States. His style as a therapist combined ethics with aesthetics.

In 2007, he was appointed as President of the European Association for Psychotherapy in recognition of his many contributions to the field.

Mony Elkaïm was for four decades a driving force in the field of family therapy which he helped to develop in Europe and around the world. His merits have been recognized by many distinctions such as Honoris Causa by the Association of Psychology and Psychiatry for Adults and Children in 2000. In 2001 he received an award for Outstanding contribution to the field of Family Therapy presented by the European Family Therapy Association. In 2013, he was honoured by an award for Lifetime Achievement in the field of Family

Therapy. In 2017, the Sigmund Freud Prize for Psychotherapy of the City of Vienna recognizes his career and his pioneering role at the occasion of the 8th World Congress of Psychotherapy.

We have lost a great human being, a leading figure in psychiatry and psychotherapy, as well as a dear and loved friend.



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## CONGRESS CALENDAR

### **20<sup>th</sup> WPA World Congress of Psychiatry**

March 10 – 13, 2021

Venue: virtual

<https://wcp-congress.com/>

### **29<sup>th</sup> European Congress of Psychiatry**

April 10-13, 2021

Venue: virtual

<https://epa-congress.org/>

### **Deutscher Kongress für Psychosomatische Medizin und Psychotherapie**

June 16- 18, 2021

Venue: Berlin, Germany

<https://deutscher-psycho-somatik-kongress.de/>

### **21<sup>st</sup> WPA World Congress of Psychiatry**

October 18-21, 2021

Venue: Cartagena, Colombia

<https://website.psiquiatria.org.co/21st-wpa-world-congress-of-psychiatry-cartagena-colombia-18-21-october-2021/>

### **The 26<sup>th</sup> World Congress on Psychosomatic Medicine (ICPM)**

Fall, 2022

Venue: Rochester, US

<http://www.icpmonline.org/26th-world-congress-rochester-2021>

## TO MEMBER SOCIETIES

**THE IFP WEBPAGE HAS BEEN RENEWED, YOU CAN NOW FIND IT AT [www.ifpnet.org](http://www.ifpnet.org)**

**Please send announcements of your congresses!**

**Please send information about your Society activities (e.g., training, congresses, new Boards, pictures of activities).**

**Please send material on the role of psychotherapy in the COVID-19 era.**

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