

# Giving Birth in a War Environment

*An interview with Ukrainian childbirth educator Hanna Kemp*

## Christina Bogdanova



*Hanna Kemp*

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*Hanna Kemp is a Ukrainian childbirth educator and specialist in postpartum rehabilitation working with Ukrainian women internationally. In this conversation with our Deputy Editor, Christina Bogdanova, she gives us a detailed account of women's war experiences – being pregnant and giving birth in war zones, living as a refugee, especially if pregnant or with young children, raising children with few resources in foreign countries, where they are often bullied. Having herself fled Ukraine with her children, she touches on the loss of identity, the loneliness, the never-abating vigilance, the uncertain future. She now offers online support circles to Ukrainian women, and shares with us the resourcing importance of touch and trauma-informed massage, as well as somatic strategies for supporting those with war trauma.*

**Keywords:** war, Ukraine, enduring, pregnancy, childbirth, breastfeeding, safe birth, body's wisdom, stress, war trauma, refugees, support, bodywork, body-oriented therapeutic approaches

■ **Christina:** *Thank you, Hanna, for talking the time to talk with us on this sensitive topic and in these challenging times.*

*Your work brings you in contact with women in their most vulnerable state. They are pregnant or they are young mothers, in war, feeling afraid, unsafe, and uncertain both for the present and the future, probably experiencing the loss of family members, friends, or colleagues. Please, tell us about your professional experience.*

**Hanna:** I have worked with women as a childbirth educator in Ukraine for 12 years now. It was my dream to help women during birth and postpartum. Eleven years ago, I learned about the doula profession, took the training, and have worked as a doula ever since. I supported birthing women until 2017, after which I concentrated on postpartum rehabilitation, fertility, and menstrual and menopause support.

While working with women as a doula and massage therapist, I encountered symptoms of trauma. I didn't know much about trauma then, but I sensed that the conventional massage and doula approach wasn't working. So, over the years, I developed a trauma-informed massage approach, and created a course for doulas and massage therapists.

For about six years, I collaborated closely with the Ukrainian Gestalt community. The main task was reconnection with the body after traumatic events such as sexual assault, medical aggression, traumatic birth. I worked with women focusing primarily on ANS stabilization and the creation – or rediscovery – of their resources. When COVID began, I offered online sessions, and this is now the context of my main work with Ukrainian women. I offer online support circles to Ukrainian women, which gives me excellent insight into what is happening for them now.

My work is rooted in Thai yoga massage, yoga, the Embodiment approach, Somatic Trauma Therapy, and in Paul Linden's Being in Movement approach. I am also interested in traditional practices – Slavonic, Thai, Mexican – and see how they bring about insight into the archetypal stories of the body – birth, death, and rebirth.

I am currently facing several important issues in my work. These include stress and physical trauma symptoms like nausea, panic attacks, fatigue, difficulty concentrating, and aggressive outbursts.

My clients find it difficult to make any decisions, and even when they decide something, they are unsure if their call is right or wrong. Many experience uncertainty – they don't know what will happen to them next. They feel disconnected and lonely, rageful, and aggressive. Most of my clients are pregnant women or women with kids, so these difficulties also affect their children.

Some of the women are escaping war zones or occupied territories through war zones. Some are leaving Ukraine through relatively safe corridors. Some remain in Ukraine. Others are returning to Ukraine after several months in Europe, where they have lived as refugees. I am witnessing the challenges of giving birth in Ukraine with help but without safety, or giving birth abroad with safety but without help. I am also seeing a lot of breastfeeding stress-related issues.

This is my big world of women, children, and families.

■ *Thank you for letting us come into your world, and bringing up such profoundly essential topics about how life and death meet and interweave in war. Beyond a doubt, war impacts people in so many ways, but from the outside, it's hard to imagine the full scope of its effects.*

This war affects women and families on every level and in every aspect of life. I like the description I heard from my colleagues who are now in Ukraine. They call it the *intoxication of war*. It's an intoxication because it drips and gets into their system; if something is not affected now, it will be in time.

This is also true for people like me who left Ukraine. I packed my suitcases and took the kids out on the second day. The only bombing I experienced was on the first morning. Because I had never had the experience of being bombed, I didn't even realize it was bombing. I heard the car alarms going off in the morning, and some booming sounds. But I continued to sleep for another two or three hours. Later, I was pleased I did because when I understood it was war, everything changed. There was no peace.

Being out of the country doesn't mean I am out of the war. I experience my own consequences. Refugees around me are also suffering. Our children are affected. It doesn't much matter that we are physically safe abroad. Mentally we nonetheless experience a lot of pressure.

***“Women who must give birth in basements while being shelled and bombarded do it very quickly. They use the natural resources they have, and do it because there is no other way. It’s either give birth, or you and/or your baby die. Birth under fire mobilizes all of women’s resources; they don’t have options.”***

— *How is it to carry life or give birth in a war environment of constant threat and without safety?*

I’ve talked about this with my colleagues Olena Mysheleva, Lidiia Konovalenko, and Svitlana Kresina, who are in Ukraine. They are noticing the striking difference between how delivery is happening in utterly unsafe areas where there is bombing and shelling, and in the relatively safe zones that are under the constant tension and imminent threat of conflict escalation.

Women who must give birth in basements while being shelled and bombarded do it very quickly. They use the natural resources they have, and do it because there is no other way. It’s either give birth, or you and/or your baby die. Birth under fire mobilizes all of women’s resources; they don’t have options. They dissociate, and go into a kind of shutdown state where the part of them that feels anxious, worried, or threatened is stifled. They must birth their babies.

However, they are facing a lot of other issues. They don’t have access to doctors, or to medical help. They are not in hygienic conditions. So, there are problems like sepsis, which would not happen if the woman had access to water or a clean environment. These are big pragmatic problems for women and their babies.

It’s quite different when the threat is not direct, and women are not under fire. Then there is an overwhelming sense of not feeling safe, and giving birth might take two to three days.

— *It’s incredible how our nature supports us even in such awful and dangerous situations, and how resourceful we humans are to cope, survive, and overcome threat. It looks like functional dissociation; is that what you mean?*

Yes. Birthing women must shut down the parts that feel anxious, worried, threatened, or unsafe. Otherwise, they can’t give birth.

Here is a crucial topic I find problematic even in peaceful times. Unfortunately, the world’s birthing system is far from understanding natural birth. Now, in Ukraine, with the help of Canadian midwife Betty-Anne Daviss, we are trying to implement a project called “Safe birth in UA” ([www.safebirth.in.ua](http://www.safebirth.in.ua)). The goal is to introduce a three-step birthing system so that women can choose between giving birth at home with a midwife, in a birthing center, or in a hospital, and educating them about what they can naturally do to deliver their babies.

Especially now, because of the war, women must know what they are capable of, what their bodies can do, and how they can help themselves. The conventional assumption is that women must go to the hospital to give birth. Now, when they can’t do that, they experience additional stress. In cases of uncomplicated pregnancies, they think, “I can’t do it myself.” They are not aware that women can deliver on their own. Knowing they can, at a minimum, takes away that stress. Now, there’s a lot of education on this topic. Of course, they also need to know when to seek medical help. Before the war, doctors performed all the assessments. Now we need to educate more specialists, and particularly women themselves.

Women who are in occupied zones or where the war is active have no access to the Internet or phone services, so they can’t call a midwife, even if they are aware of that option. Too often, they can’t reach a doula, and can’t say “I’m giving birth!” to anyone. They must do it on their own, and have to rely on the natural wisdom of their bodies and let nature take its course.

— *What happens when there are complications?*

When a woman needs a cesarean section, for example, and she’s in an occupied zone and needs a doctor and hospital, she has to leave her area, and travel. Travel itself is hazardous. In occupied territories, some women can’t travel through Ukraine and must go to Russia. It’s quite a difficult decision,

mainly because there is a risk of having to separate from their partners. If the husband goes with his wife, she might get to a hospital, but he will have the burdensome procedures of being checked, so it's risky for both of them to go. Thus, the reality is that she has no support whatsoever. Even without war, Russia and Ukraine are not very friendly with each other, and now with the escalation, I'm sure going to the attacking country would not feel safe. For birthing women, the situation has worsened. Doctors who performed aggressive medical procedures at birth are now even more aggressive in their behavior and procedures.

■ *You mentioned earlier, Hanna, that the birth process goes quite differently when being under fire is not immediate. How is that?*

In Ukraine's relatively safe regions, women are taking longer to give birth, which usually creates complications; the rate of cesarean sections, for example, is higher. Because of the unsafe environment, they can't focus entirely on the birthing process, and can't let go of their vigilance. They can't commit themselves entirely because part of them is always aware of what's happening outside and around them. They have longer preliminary periods before birth becomes unstoppable. They have two or three days of contractions. Contractions start, then stop, then start again, then stop again. During this long preliminary period, usually spent in the hospital, doctors start induction or stimulation, which can themselves cause problems. But then bombing starts, the siren is on, and everybody goes down to the basement until it's over. Then they come back upstairs, but the birthing has been interrupted, and several rounds of hormonal cocktail changes have occurred.

■ *Because of fear?*

Yes. To give birth, you need oxytocin. With high levels of adrenaline and cortisol, the oxytocin level goes down. The doctors intervene if the woman can't get back to the oxytocin level necessary to give birth. Births tend to be overly medicalized or stimulated, which means that the oxytocin in the woman's system is chemical instead of natural. Chemical oxytocin causes a different experience for both the woman and the infant. You can find more about this in the work of Dr. Michel Odent.

The frequent switch between relative safety and intensifying threat causes the hormones to go up

and down repeatedly. This affects the infants and their brain chemistry. Another issue is that more babies are delivered earlier than they should have been, which is a direct consequence of the high-stress levels of their mothers. The overwhelming stress also increases the rate of miscarriages in the first trimester.

Breastfeeding is also affected. Many women fear they won't have enough milk. So, when humanitarian aid comes, they take formula, and start feeding it to their babies. They do this out of anxiety, even if they have breast milk. Many mothers experience the anxiety of not having enough milk because their child, for example, cries all night. But because they can't reach a breastfeeding consultant, midwife, or doula to determine if the baby needs additional formula, they give them formula "just in case," and, eventually, stop breastfeeding. But if they're in the occupied territories, there could be a shortage of formula supply, which would seriously endanger babies' health and even life. This is a serious issue, and breastfeeding consultants are trying to educate people and fight the unnecessary spread of formula when it is not needed.

The other thing is that we know the importance of the baby's experience of connection to the mother, sensing her body, and being close to her. But when mothers are so stressed, they can't think about holding their babies to calm the baby and themselves. Instead, they feed the babies, which results in a different bodily experience for the babies; they can't feel the safety of being on their moms, and eventually disconnect from them and their own bodies.

The mother also needs to experience contact with her newborn – feeding the baby or just holding it to her skin. There is a practice of taking the baby from the mother to give her rest after delivery because she is tired or stressed. However, this results in a disturbance in feeling safe, because mothers need their babies on their body evolutionarily. When the baby is not there, they get stressed. Already overwhelmed by the war situation, if her newborn is not in her arms, next to her skin, a mother also experiences that sense of unsafety. It's safer for a mother to have her baby by her side, because it calms her hormones. Everything is how it should be: "My baby is in my arms."

Many women also report severe problems with their menstrual cycles, which means that their

quality of life, their fertility levels, and their hormonal states are affected. Many suffer from premenstrual syndrome symptoms, and many report painful ovulation.

— *How do they cope? Is there a system, people, volunteers, or others supporting them while pregnant?*

Yes, we have an online group chat where doctors and specialists – pediatricians, obstetricians, doulas, breastfeeding consultants, and midwives – answer thousands of questions daily. It’s a source of support for pregnant women, and for them to know everything is okay with their babies. If they are in Ukraine, they might not have any access to medical help, so they have to at least be supported with instructions on what to do, and how to do it.

Maybe it’s a bit easier in refugee camps because they sometimes have doctors on hand. But when women are abroad and not in a refugee camp, it might be difficult for them to get in touch with the local medical system. Or they might not perceive the answers given by doctors in these foreign countries as safe enough, detailed enough, or understandable, because the European medical system is very different from the Ukrainian system. In general, doctors in Ukraine will investigate any small symptom more carefully. That’s why women write in to the chat, and when they get answers from Ukrainian doctors, they feel better and safer, even though it’s an online consultation. It can’t be safer than visiting an actual doctor, but it clicks somewhere in their mind.

— *It’s a connection to people from their country.*

Yes, I believe so. Of course, those who can get assistance from doctors on the spot or in hospitals do receive help. In addition to online group chats, there are a lot of free courses for pregnant women, both online and offline. They can get help, and learn more about birth there, but in difficult situations, they don’t have access to any of that. In such cases, they must rely only on their bodies to do what is necessary, and on themselves to trust the process.

— *Can you elaborate about the Canadian project to support women in natural birth? Was this project started because of the war, or did it begin beforehand?*

The project started because of the war, initiated by Canadian midwife Betty-Anne Daviss. As soon as the war began, she flew from Canada to Poland, and began to connect with the Ukrainian community, first with doulas: “I want to help,” “I know how important it is,” and “We did it in Canada, we need to do it in Ukraine.” She also developed a program for the safe delivery of breech babies. Currently, if a baby is in breech presentation, in most cases, it will be born by cesarean section. But in war, without access to a hospital, there is a need to deliver these breech babies. I translated her first webinar. First, she tried to get the support of the Ukrainian medical community to implement a three-step program. As far as I know, there is now a program in which Polish midwives train Ukrainian midwives to be more independent of doctors. That is good and necessary because in Ukraine, a midwife is dependent on doctors who make the decisions with midwives as helpers. During the reality of war, but for future peaceful times as well, it is better to retrain midwives to be more independent, and have more tools to help.

— *How life establishes itself despite the threat of death is profoundly moving. What are the effects on women’s physical health and psyche, their yet-unborn or just-born children, and their families?*

The problem is that everyone is so deep in survival mode. Women are less emotionally connected to their children because they must solve many other issues. Of course, the level of detachment depends on their reality. Are they in a place that is relatively safe, or is it very unsafe? Is their partner with them or not? Is he at war or not? Do they still have their jobs or not? One of the most stressful factors is when the partner is at war fighting. Or when they themselves are fighting. If both parents are on the battlefield, the grandparents care for the children. Families go into a functional mode like: “You’re not hungry,” “You have clothes to wear,” “You’re warm,” “You have your school or kindergarten,” so “You’re okay.”

When we try to comprehend this war, we need to understand that in Western Ukraine, in 1956, for example, which wasn’t very long ago, there were fights between soldiers of the independent Ukrainian Army and Soviet soldiers – real fights. Our parents – my parents – are the generation



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raised after World War II, during those minor but still warlike actions in Western Ukraine. We are the next generation after these events and their echo is still in us. My parents' generation, and many of mine, were brought up functionally: “You have something to eat,” “You have clothes to wear,” “You have school,” so “Goodbye, you're okay,” or “Don't cause problems for your parents.” There is a big difference between what happened before the war and what is now happening with our children. For example, if my child misbehaves in school, they call me and advise me to deal with my child. Back then, no one called parents. They were directly told: “How dare you cause problems for your mother? She's working so hard in the factory to give you food and clothes, so you must behave yourself.”

These children who were raised like that brought us up as warriors. We were born to endure. If we don't have something, it's not a problem; we need to go forward. I was born in the early 80s, and as a child, I remember my grandmother had put a bag aside with some dry bread, sugar, and dry soup. We never ate dry soup, but we had it in that special bag in the cupboard. I grew up convinced that we always have to be ready because something, a catastrophe, can happen anytime.

When this war started – for my generation and the previous one – at some level, it was something we were brought up for, prepared for, and expecting. “Oh, this is what it was for.” Before the war, we had begun to soften inside and out towards our children. We thought: “Oh, maybe that's not the way

forward. Maybe we don't have to make our children so tough. Maybe we can listen to them. Maybe we can give them more. Maybe we can develop this emotional, profound connection, and take care of them in all the meaningful ways." There was a hope that brought a deepening of connection between parents and children. And then... Bang! The war started, and another shift in our thoughts had to happen: "No, we need to make them tough because this is what's happening. They need to go forward and endure. You don't like it, you don't feel it, but that's life." I don't know if it will ever change.

— *One more generation of people who have to endure...*

If you can't endure, you can't survive.

Many people are vulnerable, and this war further amplifies their problems. They can't endure because they don't have the resources to cope with the challenges consciously. It isn't straightforward. I see many who need psychological, maybe even psychiatric help. If they are refugees, it's pretty difficult for them to get that type of help and they might become destabilized. Then they can be denied access to a shelter, either in a refugee camp or a sponsor family. They badly need the support of a psychiatrist, but getting that type of help is challenging for many refugees, because Europe gives them special protection status. Thus, these people technically are not refugees. The advantage is that they can work and start rebuilding their lives. However, working is difficult for many because they are alone with their small kids, and even if the children are allowed in school, keeping their working hours and caring for them alone in a foreign country is challenging. I can't even imagine this, to be honest.

And here again comes the narrative: "Okay, we will endure. You have to go to school. You don't know the language, and you don't know these people. You don't know this culture, you don't know these children, you don't understand what's happening around you. It doesn't matter. You go to school because I need to work and feed you." It can't happen without numbing some parts – in the mother and in the child. Again, we live in the reality of teaching our children to endure. They learn to freeze their vulnerability, their needs, and their desires. "What do I want?" is not the question now. "What do I need to do?" is the number one question. "What do I want to do?" is, maybe, the number ten question.

When I was a child, no one ever asked me what I wanted, but I knew what I had to do. Not because I had a dysfunctional family; no, I grew up in a stable environment. It was just the way it was. "What do I want?" "What possibilities do I have? What resources do I have?" – I only started to explore this later in life, through the body.

"What do I feel?" This is an excellent question because one can't feel anything when the need is to endure. I saw it in my children. When leaving Ukraine, we spent almost 24 hours in the car. They pulled together and did what was needed, and none of them, even the little one who is five, caused any problems, although this was so different from anything they had ever known.

It was as if something inside was mobilizing them: "We need to go through this," and each of them did what was needed. This was truly fantastic, because they're used to being asked "What do you want? What are you feeling? Are you well?" I tried to give them the space to expand their awareness. But then... Bang! Before the war, I found them the best school to allow them to be who they are and express themselves. Now, I don't choose anything: "This is the school that took you in. It's a good school, so you go there. You don't like it? Tough." Although my children's schools are supportive, I know many Ukrainian children who face bullying, and who will have to deal with the consequences when they are older.

— *How many children do you have? How do they cope in this situation? What do you and the people you know suffer from most as refugees?*

My elder daughter is 15, my middle son just turned 12, and the little one is five-and-a-half.

My children and I, and all who fled Ukraine, struggle with isolation and disconnection. My kids left all their friends. The good news is that we still have the Internet, so even if they're isolated from their friends physically, they're still connected online. They're glued to their gadgets. They don't want outside communication because they want to stay in contact with their friends. They told me: "We don't need new friends. We have our friends." And when I say: "Yeah, but some are in France, in Germany, in Ireland, and another is back in Ukraine. They are not here physically," they answer, "It's okay. I don't need any more."

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— This online communication is the bridge to home.

Children need to learn the language, and they need physical contact with peers. If they don't have physical contact, their bodies will start to say “no,” in the words of Gabor Maté. I hear the same from other parents as well – the children want to stay connected online to their friends in Ukraine. They refuse to go anywhere, they refuse to leave their rooms, not because they're afraid to go out, but because they don't want to lose this connection. This isolation is dangerous. We are not used to it.

I also feel isolated, you know, I don't have friends here. I can meet with my friends online, but I miss sitting and laughing together as we used to do. Sometimes I feel afraid of getting stuck in this, because we're here now and need to connect to this environment. If we don't, it will produce problems in the future.

In Ukraine, people live on a roller coaster because they don't know what will happen tomorrow. They say: “I can't commit. I don't know.” That attitude drove my British husband crazy. He didn't understand. He thought, “You make a decision, and you make it happen.” No. It's not our mentality. Now I take little steps – one step at a time, one day at a time. I need to start from scratch, to begin everything from nothing.

— What is most challenging? The loss of identity, the cultural misunderstanding, the isolation?

Experiencing the physical symptoms of stress and trauma is the most challenging. Many of my colleagues say that when they work with women in any somatic approach or craniosacral biodynamics, for example, they feel like for many, the body is their last place of safety, a border that can't be intruded upon and destroyed. They hold their body's integrity and themselves in it as a safety shell. So, it's tough when this safety shell starts to crack, because if I don't have the wholeness and stability of

my body, how can I endure? How can I go on if my body lets me down? That was the most difficult for me. I had some crisis trauma therapy, which helped me a lot. And what also helped a lot was when my husband, a massage therapist, started to give me massages for 10 minutes, then 15, thus gradually increasing the time. His steady, soft, and mindful touch calmed my nervous system. Once I returned to this sense of being in the hold of my body, I could think: “Okay, I can manage everything else.” Before that, it was too frightening, and even though I had all this theoretical and practical knowledge from working with others, I couldn't help myself much.

Staying connected with one's body can be quite challenging. My colleagues and I notice a lot of tension in people's bodies; they are in a hyper-freeze state. I expect it will be challenging to soften again.

The biggest challenge for most people is uncertainty. They don't know what will happen tomorrow. They suffer from the turmoil of questions like: “Where will I live tomorrow? What school will my children attend? Will I be able to work here tomorrow? Will my husband be alive tomorrow? Will my home be there when I go back?” They live in complete uncertainty.

All of us Ukrainians, either in Ukraine or abroad, face those existential truths defined by Irvin Yalom – death, meaning, isolation, and freedom. We all have the freedom to stay in Ukraine or go somewhere else. We have the freedom to return to Ukraine. Before, many dreamed of going to Europe, and work, study and take their children there. Now they can do it, they don't want it. When they make a choice, they don't know if it is correct.

— I suppose it's hard to know what is right and wrong in such situations.

Yes. At first, many women went to Europe for safety. Most of them have not found ideal conditions.



***“...attachment will be issue number one because mothers try not to get too attached to their children. They disconnect from their children to make them more independent and less attached to them. The risk of losing a child is so painful that creating distance is better.”***

They live in refugee camps in confined spaces, but at least they're not being bombed. They have food, water, warmth, and shelter. But it's not enough. Many are taking steps to go home, even in areas with bombing and shelling. They want to go home, even with small children and while pregnant. It doesn't sound logical, but still, they return to areas right in the middle of the war. They even pay a lot of money to be taken there. They prefer to stay in their basements, just to be in their own homes.

— *Why is it so crucial for them to go back? What makes them choose the risks of living in a war environment instead of in at least a relatively safe state?*

I think they need to restore connection with their homes and their life from before. They want to be where it's familiar and connected. It is something like: “I know it. And here, I don't know anything,” or “There I have my family, and here I don't have anyone.” It seems that being bombed causes less pressure than being disconnected. I also think it's an attempt to get their identity back – they need to know who they are, which they can't do in a refugee camp.

— *Hanna, what you are sharing moves me deeply. It is beyond perception if one hasn't been in that situation. You said that people cope by orienting toward enduring. What do you think will be the consequences on interpersonal relationships in the short run and in the years to come?*

The most critical thing for Ukrainians now is to feel connected among themselves. They want to be useful to the country, which means helping win the war together. To help win the war has become the common idea that connects us now. Many, I think, disconnect from everyone and everything that doesn't fit this purpose. Either you are the same as I am, you think the same as I think, you feel the same as I feel, or you are my enemy. It's black and white. The big question is how to know if I am safe with the person next to me.

The need to connect is the current survival mode. Beyond that, people avoid talking about what will happen after the war. It's too early to discuss; much depends on whether we win or lose. The situation will be very different depending on the outcome. When the war is over, what will bring Ukrainians together? What will bond us?

We see a lot of weddings – people want to get married here and now, because they don't know what will happen tomorrow. On the surface, it might look all right, but often these are quick emotional weddings. People who might not know each other well get married to feel safe. It's like opposing death. Creating a new family and having children is a counterbalance to all the people dying around you: “I want to create something when so much is being destroyed.”

Another important thing I expect will affect interpersonal relationships are the increased cases of PTSD. Living in a war-torn country, men being in the army and in battle, women being bombed and having to survive with their children, and the uncertainty of whether families will ever gather again are all decisive factors in developing PTSD. People will have to learn how to cope with their traumas and their symptoms, and support affected family members. I hope there will be enough governmental programs for military people and civilians to heal from PTSD.

I think attachment will be issue number one because mothers try not to get too attached to their children. They disconnect from their children to make them more independent and less attached to them. The risk of losing a child is so painful that creating distance is better. It will also be painful for the child to lose the mother, so it is safer to have distance. Of course, all of this happens mostly unconsciously.

Distancing gives mothers a sense of safety and calm. In war, and for refugees, mothers need to know that there is someone to take care of their

child if something happens to them. They want to know that their child can go forward. Then they can be more at peace. This is what we can do for the refugees – give them this reassurance.

All the humanistic values in relationships between parents and their children – connecting, listening, holding space, asking, wanting to understand, and making the best choices – somehow fade in the face of warfare. Imagine letting your child cross the border, walking alone, with a name, address, and telephone number written on their back? I mean, how can there be anything that is not frozen inside? People in war think and behave according to the logic of their survival need. It's cruel but it can be lifesaving.

Do you know the book *Women Who Run with the Wolves*, by Clarissa Pinkola Estés? She writes about the mercy of the wolf-mothers who kill their cub when the cub is dying. This kind of mercy – the cruel mercy. Mothers can't allow themselves or their children to be vulnerable, and they do it because they want to protect them from being vulnerable.

— *For survival? However, isn't it helpful to stay connected as a resource in preventing vulnerability?*

Yes, a support system is essential. The people who were already in Europe before the war created a support network for refugees.

Another existential truth is meaning: “What is the meaning of me being here? I find meaning if I can help my fellow Ukrainians. I'm doing something important.” It's also about dignity: “When I do something for my country and people, I get my dignity back.” This support network provides space for Ukrainians to connect to Ukrainians. Here in Middlesbrough, England, we have such a hub for Ukrainians. They connect, talk, share information, knowledge, and resources. If someone has come earlier, they can help those coming later: “Okay, I've been there. You can do it like this. It's easier to do it like that,” or “Have you been there? No? It's a good place to go.” Creating this community is vital for mothers and children. It allows mothers to breathe a bit because they don't have to rely on themselves 24/7. There are no grandmothers or nannies anymore, so it gives them space to relax while their children play together. Feeling supported and connected restores their sense of living as a community.

Some Ukrainians need to feel they are helping their compatriots. Other, direct victims of the war, need to feel supported and not alone. Creating these possibilities is crucial. The next step is teaching refugees to take care of themselves in the context of belonging to their community. In Ukraine, the sense of isolation is less, because people have their families and friends. They may have smaller communities than they used to, but they still have them.

— *How are they taking care of themselves?*

Many thought the war would last a week, a month, or three months. Now we all know it will take longer, so we all began to look for ways to care for ourselves, so we could continue to be helpful and not burn out. Initially, we wanted to give everything we had to stop this war, and now we understand it's not going to stop like that. We are coming to understand the need to take care of ourselves.

One of these ways is to take days off. In the first several months, we all volunteered 24/7. We were glued to what we were doing. Now, for example, volunteers in different time zones take night shifts, because its daytime for them, so that the helpers in Ukraine can sleep.

Of course, nature is also a great resource. People go to nature a lot. If they can go to the mountains, they go to the mountains. Others go to the seaside, or spend time with friends and family. At first, everyone was ready to throw aside their routines and work for victory. Now, this is changing because people need to have a feeling of normality. Over time, we have started to restore our daily routines as before the war.

Another resource is turning to learning. Ukrainians have received opportunities from all over the world, including free webinars and classes. People study because it helps them.

— *You said that one of the things that is aiding you is your husband's massages. Do you think a specific type of bodywork might help increase resilience and support people during challenging times?*

Trauma-informed massage helps the nervous system stay within its window of tolerance. I believe the steady touch of someone in a balanced and regulated state helps the other person's nervous system balance and regulate. There are many forms of trauma-informed massage. I prefer clients remain

clothed so they feel safe and avoid any risk of further anxiety. I have adapted what Babette Rothschild teaches to the trauma-informed massage I practice. My goal is to help the nervous system downregulate and return to a calm, active but not anxious state.

I try to find and give the person the opportunity to tap into the space of safety as they see it, and we explore it. When I touch, it means that my nervous system is talking to their nervous system, and thus I'm saying: "You are safe." Usually, the client's nervous system is listening. We have a dialogue and, in the end, we find a mutual space of "Okay, we're safe."

When I can't touch, I observe and include other approaches such as talking and listening to people's stories. In my online work, I continue to use the principles of somatic trauma therapy, and other valuable interventions from different embodiment practices such as working with body postures that reproduce expansion – for instance, protection or empowerment. I explore what gives clients a sense of safety, and what they are missing or need to find the posture that helps them repair their state of safety. Furthermore, we work to integrate this embodied state of safety in their day-to-day life. The goal is for the person to feel in control and empowered, which is crucial for supporting them in increasing their resilience.

■ *Babette Rothschild states that not all methods help all people. As therapists, we must stay oriented toward the individual before us and attune to their specific needs.*

This is true. Some people need talk and others may prefer bodywork and somatic approaches. I, for example, don't speak much, and worked with a Somatic Experiencing practitioner in my therapy. We worked a lot with the aggression I felt, and Paul Linden's Being In Movement mind-body method

helped me turn my aggression into a healthy force. Although it's challenging to work with aggression, it's crucial because it helps stabilize the nervous system.

■ *And restores the sense of having control. People must be in contact with their healthy aggression to feel empowered and in control of a situation.*

It was crucial to stop feeling rage in my body, because it felt like a nuclear station; it could have exploded at any moment. Dealing with aggression was stabilizing, but slightly different from the stabilization I felt through touch. Human touch is essential because if no one touches you, it feels scary inside, as if you're all alone in a hostile environment. When someone touches me in a trauma-informed way, I feel their calm nervous system which is so resourcing. For some, touch might be overwhelming, depending on their personal trauma history. When I notice a client becoming overly activated, I stop. I do something else, or explain what's happening. Thus, I'm helping them return to the here and now, and differentiate what's happening now from what happened to them before; no matter how awful it was, it isn't happening now.

■ *Thank you, Hanna, for everything you've shared in this conversation.*

Thank you for your work and for bringing the knowledge of our struggles to the rest of the world.

■ *It's essential to know and understand what people experience when thrown into the vortex of war. Those of us who are not in this hell and witness it from outside need to be more aware and sensitive toward what is happening. Otherwise, from our desire to help those who suffer, we may overstep, push too hard, or even cause harm. We need to talk openly and truthfully to avoid this. And to respect people's dignity as human beings, with our different identities and cultures.*





**Hanna Gedre Kemp** is a mind-body therapist and Thai massage instructor specializing in female health. She has worked with women for 12 years, first as a childbirth educator in Ukraine, and then, until 2017, as a doula supporting birthing women. She now focuses on postpartum rehabilitation, fertility, and menstrual and menopausal support, and has developed a trauma-informed massage approach and training for doulas and massage therapists. Her work is rooted in Thai yoga massage, yoga, the embodiment approach, Somatic Trauma Therapy, and Paul Linden's Being in Movement approach.. She is interested in traditional Slavic, Thai, and Mexican practices, which she perceives as portals to the body's archetypical stories. She has worked closely with the Ukrainian Gestalt community, and since Covid, has been offering online sessions and support circles to Ukrainian women.



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