Die Bedeutung von Sicherheit in der Psychotherapie

Exploring the meaning of safety in psychotherapy

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Kurzzusammenfassung

Obwohl die Bedeutung von Sicherheit in der Psychotherapie einer der wenigen Bereiche zu sein scheint, in denen nahezu ein Konsens besteht, hat die Bedeutung dieses Konstrukts in der psychotherapeutischen Literatur keine systematische Aufmerksamkeit erhalten. In diesem Beitrag wird versucht, den Begriff der Sicherheit aus linguistischer und psychotherapeutischer Sicht zu definieren. Während der vorliegende Beitrag zu dem Schluss kommt, dass es keinen systematischen Konsens darüber gibt, wie Sicherheit zu definieren ist, wird versucht, Sicherheit in ihrer Natur als vielfältig, facettenreich, multimodal und multidimensional zu definieren. So wird aufgezeigt, dass Sicherheit positiv (z.B. Ruhe, Komfort) oder negativ (z.B. Nachlässigkeit, Gleichgültigkeit) sein kann, oder dass sie mit anderen Lebensbereichen verwoben sein kann (z.B. Vertrauensgewissheit, Kontrolle, etc.), oder dass sie als ein Ziel definiert werden kann, das wir erreichen müssen (z.B., wenn wir uns in Gefahr oder Schmerz befinden), als Quelle der Heilung (z.B. wenn wir besänftigt oder umsorgt werden) oder als Basis oder Plattform (z.B. wenn wir spielen, erforschen und uns auf verletzliches Material einlassen). Schlussendlich kann dargelegt werden, dass Sicherheit ein nahezu unergründliches Paradoxon und Phänomen ist, das darauf abzielt, das Überleben mit allen Mitteln zu sichern, die alle Aspekte unseres Lebens durchdringen.

Schlüsselwörter

Sicherheit, Psychotherapie, Geborgenheit, Sorgfalt, Gefahr, Verteidigung

Abstract

Although the importance of safety in psychotherapy seems to be one of the few areas of near-consensus, safety's meaning has not received systematic attention in the psychotherapeutic literature. This paper attempts to define the concept of safety from linguistic and psychotherapeutic perspectives. While it concludes that there is no systematic consensus as to how to define safety, it attempts to define safety as multifarious, multifaceted, multimodal, and multidimensional in its nature. For example, the paper suggests that safety may be positive (e.g., peace, comfort) or negative (e.g., carelessness, indifference), or that it may be interwoven with other areas of life (e.g., trust certainty, control, etc.), or that it can be defined as a goal to reach (e.g., when we are in danger or pain) as a source of healing (e.g., when we are soothed or cared for), or as a base or platform (e.g., when we are playing, exploring and engaging into vulnerable material). The paper concludes that safety is a nearly unfathomable paradox and phenomenon that aims to secure survival through any means that permeate any aspects of our lives.

keywords

safety, psychotherapy, security, care, danger, defense

1. Introduction

The concept of safety has become a frequently used concept in psychotherapy. For example, clinicians, as well as researchers, regularly remark that the one of the first condition for therapy is to create a safe environment, or that progress in therapy requires that the client feels safe (Carr & Sandmeyer, 2018; Cassidy & Shaver, 2002; Greenberg, 1983; Johnson, 2012; Kottler & Carlson, 2013; Lichtenberg, Lachmann, & Fosshage, 2013; Messer & Gurman, 2011; Rappoport, 1997; Schneider, Pierson, & Bugental, 2014; Yalom, 2002, 2020). Moreover, attachment theorists have put safety at the center of healthy human development and functioning, with psychotherapy increasingly being referring to attachment theory to describe and explain the clinical process (Slade, 2016) (Slade, 2016).

However, notwithstanding this increasing acknowledgment of safety in the field, what is meant by safety seems to be rather variable and heterogeneous. The present article intends to start a conceptual exploration of the meaning of safety in the field of psychotherapy. In the first part of the paper, I offer a linguistic perspective on safety, providing a linguistic and etymological definition of it, together with the related term security. In the second part of the paper, I focus on the conceptual meaning of safety in general and in the more specific context of psychotherapeutic theories.

2. A linguistic perspective on safety

2.1 Linguistic definition

Apart from safety, the English language also uses a second word that implies the same meaning: *security*. Some other languages also use a second word to express a synonymous meaning. For example, the French language uses the word *sauf* (safe) and *sécurisé* (secure). Language Dictionaries and encyclopedias define the words safe/safety and secure/security synonymously or through slightly different descriptions. Although security usually refers to protection and defense and safety refers more often to healthy and unharmed state, dictionaries usually see the core meanings of these two terms to be similar and define them rather interchangeably. In essence, safety and security is generally defined as a condition, state, or quality of being free or protected from danger, threat, injury, harm, distrust, risk, evil, loss, or anxiety. Yet, at the same time, the dictionaries define safety and security via positively connoted synonyms (e.g., healthy, sound, harmless, trustworthy, dependable, reliable, protected, stable, fixed, assured, certain, tranquil, serene, cheerful, bright, cautious, fearless, indifferent, unconcerned, untroubled, quiet, easy, composed, untroubled), and negatively connoted synonyms (e.g., careless, overconfident, unconcerned, unenterprising careless, perfunctory, heedless, negligent) (Britannica, 2018; Lewis, Freund, & Short, 1969/1879; Marchant & Charles, 1897; Mish, 1994; Soukhanov, Ellis, & Severynse, 1992; Souter & Glare, 1968; Stevenson, 2010; Thompson, 1993; Webster, 2014). It should also be noted that some other languages do not have two words (safety and security) but use only one word for both (*Sicherheit* [German], *seguridad* [Spanish], *sicurezza* [Italian], *biztonság* [Hungarian], *безопасность* [Russian]). Although other languages have two words, both of such words are very similar and may arise from the same word stem (e.g., *bezpečie* (safety)and *bezpečnosť* (security) [Slovak]).

2.2   Etymology

As regards the origin of the word safety, etymological sources refer to various sources including the middle English words and old French words *sauf, saf, salf, sauf*(meaning save, preserved, safe, healthy, sound), as well as to Latin words *salvus, sālus, salūbris, solidussoldus, sollus*(meaning sound, well-fare, wellbeing, healthy, health-giving, healthful, firm, or compact), Tocharian words *salu, solme* (meaning whole, or entire), Indian and Avestic words *sárvah, haurva* (meaning uninjured, intact), Greek words ὅλος, hólos (meaning whole), Scandinavian word *sarva* (meaning entire) or Persian word *har* (meaning safe) (Klein, 1966, p. 1372; Skeat, 1884, p. 522). As regards the origin of the word secure, etymological sources consistently refer to the Latin word *sēcūrus*, that consist of the word *sē* (which may mean "apart from", "without" or "free from")and the word *cūra* (which may refer to care, cure, anxiety, or worry) (Klein, 1966, p. 1409; Marchant & Charles, 1897, p. 611; Skeat, 1963, p. 472; Walde, 1910, pp. 214, 694). In summary, the primal meaning of security and safety seems to refer to something or someone that has such special conditions, status, or quality that does not require *care* or *cure* for various or whatever reasons.

2.3   Differences and similarities between safety and security

As mentioned, some non-English or non-French languages do not have two words that would refer to safety or security and instead use only one word for both concepts, or they use the same word stem for both of these words. Besides, the English language and etymology dictionaries of the English language sometimes define and use safety and security interchangeably as if their core meaning were the same. Yet, at least in the English language, there are notable differences between safety and security. Firstly, while security refers more to action, protection and defense (e.g., parents protecting, defending, soothing, caring for, and supporting an infant constitute such security), safety refers more to passivity and condition, state or quality of being unharmed and healthy (e.g., subjective experience of an infant). Secondly, while security refers more to the external world, objects, and objective measures that are not part of or attached to us (e.g., parental care, house, security lock, therapeutic boundaries), safety refers more to the internal world, objects, and subjective experiences that are part of us or attached to us (e.g., feeling of safety, safety belt, safety blanket).

It should also be noted that security and safety seem to be correlated with each other and cause various combinations. For example, while security seems to ensure safety, not every objective security guarantees safety (e.g., a child might feel unsafe with secure mother because of an angry father). At the same time, not every security perceived as objective constitutes objective security (e.g., two antivirus programs may seem to secure more safety while, in reality, they may conflict and cause less protection). When one secures own feeling of safety through various actions, by doing so, he or she may mask underlying insecurities that need to be somehow secured. For example, checking a bank account ten times per day may make one feel safer, while, in reality, it may merely disguise deeper insecurities. Practicing psychotherapy may also promote therapists' safety (e.g., by enhancing their self-esteem, self-efficacy or worthiness), while in reality it may merely overshadow therapists' deeper insecurities and mask their wishes to ablate own memories on disturbed childhood and unsatisfactory parents, and replace them with an idealized projection of their own caring. In any event, since safety

and security seem to be correlated and are often treated as synonyms, I will use them from now on in this article interchangeably.

3. Meaning of safety in psychotherapy

3.1   General scholary views on safety

Scholarly literature related to psychotherapy goes beyond the linguistic end etymologic definition of safety. A common feature that consistently arises in such literature is that safety is not a mere absence of danger. Instead, various sources suggest that safety is – depending on the circumstances and purpose – an inherent part of, attached to, or intertwined with other important areas of life. Without discussing too much the similarities or differences between safety and other areas of life, I focus mainly on those examples that show how safety melts with or relates to other concepts that are also entailed in or related to psychotherapy.

Firstly, safety seems to be inseparably interconnected with the most critical life concepts. For example, safety is an inherent part of our *biological survival,* which is maintained by the principles of homeostasis, homeorhetic (Cannon, 1926; Cannon, 1939; Gilbert, 1989; Grennan, 2017; Kenrick, Griskevicius, Neuberg, & Schaller, 2010; Liotti & Gilbert, 2011; Mamontov, 2007; Waddington, 1957), constancy (Corsini, 1999; Freud, 1920/1955; Kanzer, 1983), and consistency (Allison & Rossouw, 2013; Bardon, 2019; Grawe, 2004). At the same time, safety also includes *psychological survival*, which is maintained, for example, by defense mechanisms, security operations, or safety behaviors (Epstein, 1982; Freud & Freud, 1942; Hougaard, Jensen, & Fishman, 2013; Sullivan, 1953). In this respect, the client's seeking of safety may be seen as his or her way - however adaptive or maladaptive – how to ensure and maintain biological and psychological survival.

Secondly, safety seems to be also inseparably connected with *health*, because safety and health both signal wellbeing (Argyle & Furnham, 2013; Basu, 2016; Carter, 1998; Gilbert, 2005, p. 22; Rogan, Leon, Perez, & Kandel, 2005; Tatkin, 2012; Tymtsiv, 2015), and because both are positively correlated with wealth, social capital, working life relations (Biswas-Diener & Diener, 2009; Diener & Biswas-Diener, 2002; Diener & Chan, 2011; Goldberg & Lewis, 2000; Marks & Fleming, 1999; Putnam, 2000; Putnam, Leonardi, & Nanetti, 1994). Since clients attend psychotherapy for the purpose of, for example, alleviation of their suffering or promoting their wellbeing, they might be seen as people who lack sufficient safety and health in their lives.

Thirdly, safety seems to be in a mutually exclusive and, at the same time, mutually dependent relationship with *freedom*. Although safety and *freedom* are distinct constructs, they are mutually exclusive or dependent. To feel safe, we need some liberty, and to feel free, we need some safety. At the same time, promoting our safety may call for a sacrifice of our freedom. In contrast, the enlargement of our liberty may require a reduction of our security. For example, safety without freedom reduces danger but may also cause too much control, overprotection (Golan & Bachner-Melman, 2011; Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003; Kernis, 2003; Kernis, Lakey, & Heppner, 2008; Patrick, Neighbors, & Knee, 2004; Zeigler-Hill et al., 2016), slavery (Jensen, 2004),

captivity (Bauman, 2013), dictatorship or totality (Glover & Meernik, 2003) . Freedom without safety increases the danger and may lead to too much liberty and over-permissiveness (Atkinson & Goldberg, 2003; Campbell & Miller, 2011; Capron, 2004; Wolman, 2009), chaos, anarchy (Glover & Meernik, 2003), abandonment, chronic uncertainty (Bauman, 2013), or lack of responsibility. As regards safety and freedom in psychotherapy, it is widely recognized that clients must feel both, sufficiently free (yet, observing some limiting therapeutic boundaries and rules) and sufficiently safe (yet, engaging into painful and vulnerable mental areas).

Fourthly, safety partially overlaps with other concepts that are intertwined with psychotherapy. *Trust* and safety are interdependent (Piippo, 2008, p. 10) because both constructs involve a willingness to be vulnerable to others (Edmondson, Kramer, & Cook, 2004, p. 1). Still, trust, unlike safety, seems to be limited only to interpersonal behavior and does not necessarily include non-interpersonal aspects (e.g., furnishing of the psychotherapy office). *Tranquility* may be part of safety and refer to a state of being quiet, still, serene, calm, and worry-free (Webster, 2014). Still, tranquility, unlike safety, refers more to a desired outcome (e.g., the outcome of an exercise or treatment), and not to a process of safe coping with risks and dangers (e.g., engaging in vulnerable material during psychotherapy). *Certainty* and safety may both refer to the undoubted fact, absolute conviction, or reliable person (Stevenson, 2010; Webster, 2014; Weekley, 2012). However, certainty is linked more with cognition, knowledge, reason, and risk-free state. It does not necessarily involve safety's physical, emotional, affective, or experiential states that include manageable situations between risk and certainty (e.g., clients in therapy learn of how to cope with some risks, uncertainties, and vulnerabilities safely). *Comfort* and safety may appear to refer to the same matter. Still, the safety zone is not the same as our comfort zone. Although people may feel comfortable only when they are safe, they may feel safe also when feeling uncomfortable (e.g., clients may feel uncomfortable, yet safe enough when engaging into painful areas of life). While *peace* and safety may both include the absence of war, criminality, and violence, safety is a broader concept because it connotes the lack of more general concepts, such as threat or danger and because it also connotes internal capacity to cope with uncertainties. In psychotherapy, safety might not only include client's peace of mind (e.g., absence of danger, tension and conflicts), but also client's feeling of safety when engaging into unknown and potentially dangerous areas of life.

Fifthly, safety may sometimes melt, replace (or be replaced by), or partially overlap with other important life concepts. Numerous sources suggest that safety seems to be a prerequisite for all forms of *love* (Fosha, 2005; Fosha, Siegel, & Solomon, 2009; Lichtemberg, Lachmann, & Fosshage, 2010; Maslow & Lewis, 1987; Maslow, 1943; Porges, 2011). It is suggested that love might have evolved to promote safety and survival through reproduction further, maintaining bonds and displaying fidelity (Buss, 2006; Campbell & Ellis, 2005; Porges, 2011, p. 185; Porges & Buczynski, 2011; Sorrell, 2005; Wade, Auer, & Roth, 2009). Yet, some people prefer to be in loving relationships, even if such relationships are insecure, rejecting, inconsistent, dismissing, ambivalent, erratic or chaotic) (Fosha et al., 2009, p. 35; Mitchell, 2003; Ruti, 2011, p. 143). Other people prefer to be in safe, orderly, disciplined, authoritarian relationships even if such relationships are marked with absence or lack of love, care, and similar qualities. In relation to psychotherapy, while it is advisable that therapeutic relationships are safe (not romantic or loving), love (or at least some of its aspects) is nevertheless

somehow present during the treatment, which proceeds largely through empathy, warmth, and responsiveness of the therapist (e.g., in Freud's words the therapeutic cure is "*effected by love*" (Freud, 1906, pp. 11-13).

Sixthly, similarly to the above-mentioned relationship of safety to love, safety may also be interconnected with *happiness.* Safety and happiness both refer to contentment, wellbeing (Stevenson, 2010; Thompson, 1993; Webster, 2014) as well as to material or social security (Haybron, 2013). However, being secure does not automatically mean being happy (Dow, 2018; Mullen, 2018). While some people may prefer seeking happiness more than safety (Tay & Diener, 2011; Yates, 2011), others prefer seeking safety rather than happiness (Goldberg & Lewis, 2000; Vornanen, Törrönen, Miettinen, & Niemelä, 2012). The seventh important concept intertwined with safety is *connectedness* or *belongingness*. The sense of connectedness and belongingness indicates that we are not isolated and lonely and thus safe and secure (Breggin, 2015). However, while some connections, groups or environments (e.g., belonging to a group of criminals or mafia gang) may reduce our feelings of loneliness and isolation, they may not be necessarily experienced as safe or secure (Barkow, 1989; Breggin, 2015; Gilbert, 2007, p. 287; McWilliams, 2011; Michl et al., 2014).

Lastly, it should be noted that the examples above of how safety is part of or relates to other areas of life, is not exhaustive. Security or safety may also arise from or overlap with other life areas or themes. For example, one might try to define safety through absence or cessation of pain, as well as through sense of power (as against helplessness), sense of control (as against abdication) acceptance of one's intention by another (as against rejection), abundance of resources and food (as against poverty and lack of resources), as well as stable climate (as against environment that is too cold or too hot) (Lichtenberg, 2018).

In essence, scholarly literature perceives the words safety and security similarly as the linguistic literature and treats them also often as synonyms. Psychotherapeutic authors, sources, and studies seem to connect or relate safety to other areas of life (e.g., survival, certainty, trust, comfort, peace, tranquility, love, happiness, belongingness of connectedness). Yet, as it will be demonstrated in the following paragraphs, it appears that psychotherapeutic literature further enhances the fuzzy-like or blurry-like definition of safety because it ascribes to safety diverse definitions and meanings.

3.2   Safety through the lenses of motivational theories

Some sources define safety or relate it to a *motive* (Bernard, Mills, Swenson, & Walsh, 2005), *need* (Maslow, 1943), *motivational system* (Lichtenberg, 2001) or *instinct* (Cooper, Fonagy, & Wallerstein, 2003{Wallin, 2007 #3328; Wallin, 2007) whose principal goal is to ensure survival or self-regulation. Others perceive it as a *drive* that substitutes libido and draws people closer to each other (Greenberg, 1991) or maintains homeostasis (Ghent, 2002).

In relation to theses motivational theories (i.e., motives, needs, drives, motivational systems, instincts), evolutionary literature implies that safety is like a central hub that cross-connects these motivational forces. Firstly, we seem to seek safety via the *fear/panic* systems (Panksepp & Biven, 2012), the *aversive/agonistic/rage* system (Ivaldi, 2016; Lichtemberg et al., 2010), *attachment* system (Bowlby,

1980; Cassidy & Shaver, 2002), or *panic/grief/sadness* system (Panksepp & Biven, 2012) which are activated, respectively, when we are in some kind of threat, danger, when we suffer from pain, separation, and illness, or when we face trauma or losses. We also seek to attain safety via satisfaction of our sensual and sexual needs (i.e., through our *sensuality/sexuality* systems), which are activated by our need to reduce tension and excitement (Ivaldi, 2016; Lichtemberg et al., 2010). In essence, the ultimate and common goal of the *fear, panic, aversive, agonistic, rage, panic, grief, sadness, sensuality,* and *sexuality* systems could be seen to achieve a certain level or kind of safety.

From the view of the motivational theories, we seem to have reached a state, quality or condition of safety, not only when we get away from danger thanks to the above mentioned motivational systems, but also when we sleep, dream or when we are protected, cared for and soothed through some kind of an affiliative or social relationship. From this perspective, the principal source of safety seems to be provided to us through the *caregiving/soothing/nurturing* systems, which are activated during intimacy and proximity, and which provide us with caring, soothing and nurturing (Cassidy & Shaver, 2002; Lichtenberg, 2001; Panksepp & Biven, 2012). The goal of the caregiving, soothing, or nurturing system is for the baby to be and feel secure (Ainsworth, 1990, p. 474; Waters & Sroufe, 2017, p. 3). As we grow older, another source of safety arises from cooperation and interaction (i.e., through the *cooperative/intersubjective* system) (Cortina & Liotti, 2010) that further increase our survival and safety through trust, mentalization, and reciprocal sharing of resources/goals. In essence, one could conclude that the *caregiving*, *soothing, nurturing, cooperative, and intersubjective systems* seem to provide safety through relationships. Such safety-providing relationships may include *attachment* relationships (Bowlby, 1960; Lichtenberg, 2001; Panksepp & Biven, 2012), *affiliative* and other *intimate* (non-attachment) relationships (Cassidy & Shaver, 2002; Cordova & Scott, 2001; Gilbert, 1993), cooperative and egalitarian relationships (Liotti & Gilbert, 2011) goals (Cortina, 2017) as well as *dominant, submissive, egalitarian* or *competitive* relationships (Cortina & Liotti, 2010; Ivaldi, 2016).

Once we attained, obtained or internalized basic amount of safety in these relationships, we engage into playful activities (i.e., through our *playful* system, which is generated by joy, facilitates social competence and prepares us for adult activities), social activities (i.e., through our *social* system that may become activated in the presence of peers), both of which may further facilitate our safety. Having gained or internalized sufficient safety through the aforementioned systems enables us to explore the world and engage in vulnerable activities (i.e., through our *exploratory/novelty-seeking* system) (Lichtemberg et al., 2010; Panksepp & Biven, 2012). In relation to psychotherapy, clients engage in exploration when they feel sufficiently safe to do so.

3.3   The diversity of safety in psychotherapy

As suggested above, psychotherapeutic literature defines or uses see safety variously and connect it with other areas of life. Psychotherapeutic authors that focused on safety, have not defined in the same way. For example, safety has been defined as psyche's *dominant criterion*, *ego's asset*, *system* (Kenrick et al., 2010; Sandler, 1960; Sullivan, 1953; Woody & Szechtman, 2011), or *ego's consideration* (Freud, 1920/1955) which organizes all its perceptions, phantasies, resistances, defenses to avoid anxiety. Other sources refer to safety as to a psychological *state* (Blatz, 1944; Henseler, 1974; Ivaldi, 2016), *climate* (Baer & Frese, 2003; Bosak, Coetsee, & Cullinane, 2013; Casey, Griffin, Flatau Harrison,

& Neal, 2017; Dollard, Tuckey, & Dormann, 2012; Edmondson et al., 2004; Eva Lester, 1995; Gabbard, 2016; Rogers, 1967/2004), *atmosphere* (Kernberg, 2008; Lichtenberg et al., 2013; Sandler, 2011; Schafer, 2019; Stern, 1989), or *ambiance* (Carr & Sandmeyer, 2018; Lichtenberg, 2005; Lichtenberg, 2001; Shane & Shane, 2016). Other sources refer to safety and security as to a *relational experience* (Marmarosh, 2014; Porges & Dana, 2018), which facilitates safety through *co-regulation* of inner affects (Beebe & Lachmann, 1998; Hughes, Golding, & Hudson, 2019; Porges, 2011) or *co-construction* of meaning (Hughes et al., 2019) between people.

According to others, safety and security is a *process* that consists of regulation, integration, and cohesion of our primary (unconscious) and secondary (conscious) processes and experiences (Berke, 1996; Berke, 2015; bin Yaacob, 2006; Kohut, 1971, 2018; Levine, 2009; Polster & Polster, 2013; Zinker, 1977). Still, safety or security may also be understood as our *perception*, which represents our cognitive constructions of reality and physical states (Buzan, Wæver, Wæver, & De Wilde, 1998; Chalmers & Meyer, 1996). It is also characterized as a *sense* (Ivaldi, 2016) or *emotion* felt or experienced when we are free from anxiety, carefree, confident, or without a doubt (Zedner, 2003). Or it may also be seen as *distinctive affective experience* different from positive affects, negative affects, senses, or emotions linked to perceived social support (Gilbert, 2014; Kelly, Zuroff, Leybman, & Gilbert, 2012). Last but not least, safety may also be perceived as an *illusion*, *imagination*, or *fantasy* that makes the world and our life more bearable through (Gilbert, 2002; Green, 2010; Modell, 1976)

Still, other authors define safety through additional various and inconsistent means. For example, neurobiological sources define safety through physical and emotional experiences that arise when our newer myelinated vagal complex and parasympathetic system are activated and dominate over the sympathetic system and older unmyelinated vagal complex (Porges, 2009; Schore, 2005). Some other researchers imply that safety may be defined through such experiences that trigger the release of oxytocin (Moberg, 2013; Moberg & Moberg, 2003; Olff, Langeland, Witteveen, & Denys, 2010). Others suggest that safety arises from or correlates with a bond (e.g., between client and therapist) and their confident collaboration (Siegel & Hilsenroth, 2013). Other sources define safety as an internal capacity or ability to explore the unknown and take risks (Cassidy & Shaver, 2002; Edmondson & Lei, 2014). Others define safety through a self-regulating strategy or capacity that is associated with speaking up, offering ideas, admitting mistakes, asking for help, engaging in new learning opportunities, seeking or providing feedback to others (Hirak, Peng, Carmeli, & Schaubroeck, 2012; Holley & Steiner, 2005). Others define safety as not being isolated, disconnected, or alone with painful or frightening experiences (Fosha, 2002, p. 313; Porges & Dana, 2018). Others see safety as a state of protection of the vital interests of a person as well as a society (Sagingalievna & Berikovna, 2018). According to others, a critical feature of safety is that it enables us to cross-connect or weave in new material, which helps us adapt to future trauma, stress, problems of life (Breger, 2009; Hartmann, 1998) and integrate our experiences into a newer self (Berke, 2015; Hem, 2016; Kohut, 2018). For others, safety arises from empathic understanding, unconditional and congruent acceptance, and abstinence of evaluation (Rogers, 1957; Rogers, 1995). Others see safety as a comfort to engage in physical, or emotional vulnerability, or into vulnerability involved in being oneself or voicing disagreement (Cordova, Gee, & Warren, 2005; Cordova & Scott, 2001; Cordova, Scott, et al., 2005).Others define safety mainly through flexible boundaries that exist between the client and the therapist (safe environment is free of physical,

emotional, sexual danger, threat or harassment) (Covington, 2002; Hartmann, 2011). Others see safety is something that lures us to avoid danger and pain, and, when in excess, it may dull human development, growth, progress and change and lead to stuckness and rigid stability (Carr & Sandmeyer, 2018; Eldridge, 2018; Greenberg, 1991, p. 98; Sappington, 1984; Segalla, 2018). In any event, the definitions and ways of how to define safety seem to be diverse and endless.

4. Conclusion

Based on the above, one may safely conclude that the definitions of safety in the realm of psychotherapy literature vary. Safety seems to be a concept that is difficult to grasp, and there is no systematic consensus as to how to define it. Yet, several conclusions and attempts to define safety may be nevertheless made.

Firstly, safety is not a mere absence of danger and threat. Instead, safety seems to be always a part of some other process, area, or aspect of life (e.g., survival, love, care, comfort, trust, certainty, etc.). In addition, safety may have positive connotations (e.g., caring, soothing, healing, enabling survival, promoting wellbeing, integrating experiences) as well as negative connotations (e.g., causing carelessness, facilitating indifference, dulling growth, limiting freedom, leading to boredom or stuckness). In other words, safety may have the power to heal but also to forestall progress.

This paper has shown that safety is multifarious, multifaceted, and multimodal, because it can exist in different ways, have various names, and operate in diverse forms. It can be defined as a state, condition, or quality that relates to either personal aspects (loving caregiver, affiliative relationship) or impersonal matters (safety blanket, secure house, security lock). In addition, safety can emerge or be experienced as an atmosphere, ambiance, drive, affect, motive, mood, instinct, emotion, perception, process, relational experience, co-regulation, illusion, or fantasy. Moreover, it can have active modus (e.g., we actively seek and reach safety through defense mechanisms, safety behaviors, other ways of protecting against danger and suffering) or passive modus (e.g., we obtain safety when we are being soothed, loved, cared for, protected by other or self).

Importantly, safety is also multidimensional because it may alternate and be active in diverse dimensions and various situations. For example, safety may be seen as a goal, beacon, or heaven to reach when we are in danger, pain, tension, threat, danger, or when we face trauma or losses. Depending on the circumstances, such seeking of safety may ultimately lead to the development of either adaptive or maladaptive defenses. Moreover, safety may also be seen as a source or home that arises from relationships and bonds. Its provision through various kinds and types of relationships in infancy may determine how and when people learn to feel safe in adulthood. We may learn to feel safe, for example, in a submissive relationship (safe when we are protected by stronger ones), dominant relationship (safe when we have control and power), egalitarian and cooperative relationship (e.g., safe when we confidently share goals and resources), attachment relationship (e.g., safe when we are soothed, cared for and cured), affiliative relationship (e.g., safe when we love and are loved), social relationship (e.g., safe when we do social activities with others), alliance relationship (safe when we are not alone or isolated), or therapeutic relationship (e.g., safe when we are accepted,

non-judged, valued, recognized and when our emotions are co-regulated, and meanings of our experiences and events are co-constructed). Safety may also be defined as a healing phenomenon that enables us to restore, heal, relax, sleep, and dream or integrate various aspects and experiences of the self. It can also be seen as a base, platform, or fuel that enables us to play, explore, cope with uncertainties, relish insecurities, or engage in vulnerable material. Yet, safety may also be perceived as dulling or stagnating force that lures us into too much safety or safetyism at the expense of freedom, cure, exploration, or growth. With all its meanings, safety remains to be a nearly unfathomable paradox or phenomenon that aims to secure our survival by permeation of any aspects of our lives and through whatever – healthy or unhealthy - means.

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