THE GLOBAL PSYCHOTHERAPIST

January 2025
Number 1
Volume 5

JOURNAL OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY

PPT
WORLD ASSOCIATION FOR POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY

ISSN: 2710-1460
Published by WAPP
www.positum.org

THE GLOBAL PSYCHOTHERAPIST

January 2025
Number 1
Volume 5

JOURNAL OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY

The Global Psychotherapist (JGP) is an interdisciplinary digital journal devoted to Positive and Transcultural Psychotherapy (PPT after Peseschkian, since 1977)™. This peer-reviewed semi-annual journal publishes articles on experiences with and the application of the humanistic-psychodynamic method of Positive and Transcultural Psychotherapy. Topics range from research articles on theoretical and clinical issues, systematic reviews, innovations, case management articles, different aspects of psychotherapeutic training and education, applications of PPT in counseling, education, and management, letters to the editors, book reviews, etc. There is a special section devoted to young professionals that aims to encourage young colleagues to publish. The Journal welcomes manuscripts from different cultures and countries.

Journal Co-Chief Editor: *Prof. Olga Lytvynenko, Ukraine: dr.olgalytvynenko@gmail.com*

Journal Co-Chief Editor: *Prof. Erick Messias, USA: erick.messias@ssmhealth.com*

Editorial Office: *journal@positum.org*

English language editor: *Dr. Dorothea Martin, USA: journal@positum.org*

Ukrainian and Russian language editor: *Dr. Kateryna Lytvynenko journal@positum.org*

JGP website: *www.positum.org/ppt-journal*

ISSN 2710-1460 WAPP

Contents

Welcome Letter by the Editorial Board 5

Section: Preliminary studies in PPT 8

Ekin Özbey Duygu

EXAMINING THE OPINIONS OF SENIOR UNIVERSITY STUDENTS AND THEIR ACTUAL CLIENTS REGARDING THE SUPERVISION OF PRACTICE-BASED COURSE STRUCTURED ON THE BALANCE MODEL OF POSITIVE PSYCHOTHERAPY 8

Elmedina Cesko

MORAL DEVELOPMENT IN PRESCHOOL CHILDREN ACCORDING TO KOHLBERG'S STAGES: A REVISED ANALYSIS FROM THE PERSPECTIVE OF POSITIVE PSYCHOTHERAPY 19

Section: Theoretical reviews and research in PPT 24

Ivan Kirillov

PRIMARY CAPACITIES OF LOVE AND CARE 24

Andre R Merseille

THE INTELLECTUALIZATION OF MULTICULTURISM: IMPLICATIONS FOR POSITIVE PSYCHOTHERAPY 38

Veronica Maria Mateescu

DISSOCIATION: UNDERSTANDING THE DYNAMICS OF PRIMARY AND SECONDARY CAPACITIES 49

Mariia Tyshchenko

PSYCHODYNAMICS OF TRANSFERENCE AND COUNTERTRANSFERENCE IN THE PSYCHOTHERAPY WITH SEXUAL TRAUMA 59

Zlatoslav Arabadzhiev & Stefanka Tomcheva

PSYCHOSYNTHESIS IN POSITIVE PSYCHOTHERAPY 69

Section: Modern PPT practice 81

Evgeniya Yordanova-Karageorgieva & Boryana Chalakova

TYPOLOGY OF THE FAMILY SYSTEM AND CONFLICT DYNAMICS VIEWED THROUGH THE EXPERIENCES OF THE CHILD 81

Roman Ciesielski

CONCEPTUALIZATION OF DEPRESSIVE DISORDERS AND THEIR TREATMENT IN POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY (PART 2) 90

Ali Eryilmaz

POSITIVE PSYCHOTHERAPY IN ACTION: THE "DYNAMICS" METHOD FOR FORMULATING BASIC CONFLICTS 101

Section: PPT training 115

Arno Remmers

POSITIVE PSYCHOTHERAPY TOOLS IN GROUPS 115

Section: PPT cases 126

Elena Drazheva & Stiliyana Stamova

THE WOMAN AND HER INNER DIALOGUE: HOW POSITIVE PSYCHOTHERAPY TRANSFORMS PSYCHOSOMATIC CHALLENGES INTO STRENGTH 126

Krzysztof Dembinski

THE USE OF POSITIVE PSYCHOTHERAPY TOOLS AND CONCEPTS IN THE COMING OUT PROCESS OF A NON-HETERONORMATIVE (LGBTA) CLIENT: A CASE REPORT 132

Section: Special articles 138

Maria V. Sergeeva

R. WAGNER'S DER RING DES NIBELUNGEN THROUGH THE PHILOSOPHICAL PRISM OF POSITIVE PSYCHOTHERAPY 138

John Okoro

SEXUALITY IN OLD PEOPLE POSITIVE AND TRANSCULTURAL APPROACH 144

Section: Transcultural reflections 150

Anahit Haykazuni

DEVELOPMENT OF NATIONAL IDENTITY IN ARMENIA AT THE BEGINNING OF THE 20TH CENTURY BASED ON PRIMARY CAPACITIES 150

Section: PPT History 154

Liudmyla Moskalenko

HISTORY OF POSITIVE PSYCHOTHERAPY IN UKRAINE 154

WAPP NEWS 167

Information and Guidelines for Authors 171

Welcome Letter by the Editorial Board

Dear Readers,

Welcome to the first issue of *The Global Psychotherapist* for 2025! We are pleased to share Volume 5, Number 1, with you. This issue reflects the dedication and collaboration of a global community committed to advancing the understanding and practice of Positive and Transcultural Psychotherapy (PPT). With every publication, our journal strengthens as a platform for sharing meaningful research and practical insights.

We're excited to highlight several updates this year. All submissions are evaluated using plagiarism detection and our newly introduced AI-writing detection tool. These measures, alongside our rigorous double-blind reviewing process, ensure the highest standards of quality and ethics. We have also introduced mandatory consent forms for all submissions and case studies, emphasizing the importance of transparency and ethical practices. Each article in this issue has undergone thorough peer review, adhering to the principles of justice and collaboration central to PPT.

Highlights of this Issue

This edition is organized into thematic sections, each rich with valuable contributions:

Preliminary Studies in PPT

- *Ekin Özbey Duygu* presents a study on the supervision process in practice-based courses using the Balance model of PPT. The research highlights how this approach builds understanding and clarity for students and their clients, making it a cornerstone for professional development.
- *Elmedina Cesko* examines the moral development of preschool children through Kohlberg's stages, integrating PPT principles. The study reveals the importance of cultural influences and pro-social parental behavior in fostering altruistic tendencies among young children.

Theoretical Reviews and Research in PPT

- *Ivan Kirillov* continues exploring primary capacities, focusing on love and care. This article provides therapists with refined diagnostic tools and insights into the psychodynamics of these vital human qualities, helping to balance everyday life.
- *Andre R Marseille i*nvestigates the intellectualization of multiculturalism and its implications for PPT. His work connects cultural understanding with practical therapeutic strategies.
- *Zlatoslav Arabadzhiev and Stefanka Tomcheva* delve into psychosynthesis within PPT, showing how integrating various therapeutic methods can enhance client outcomes.

- *Veronica Maria Mateescu* examines dissociation in relation to PPT, linking it with primary and secondary capacities to deepen understanding of this psychological phenomenon.
- *Mariia Tyshchenko* explores transference and countertransference dynamics in therapy for sexual trauma.

Modern PPT Practice

- *Roman Ciesielski* offers insights into conceptualizing depressive disorders through PPT, providing practical approaches to understanding and treatment.
- *Evgeniya Yordanova-Karageorgieva and Boryana Chalakova* analyze family system typology and conflict dynamics, presenting effective strategies for applying PPT to relational challenges.
- *Ali Eryilmaz* introduces the "Dynamics" method for identifying and addressing basic conflicts, a useful addition to the practitioner's toolkit.

PPT Trainings

- *Arno Remmers* explores how PPT tools enhance group therapy, creating a dynamic and effective therapeutic environment.

PPT Cases

- *Elena Drazheva and Stiliana Stamova* share compelling cases showing how PPT transforms psychosomatic challenges into strengths, focusing on clients' inner dialogue.
- *Krzysztof Dembinski* discusses using PPT tools to support a client during the coming-out process, offering a sensitive and practical perspective on this area.

Special Articles

- *Maria V. Sergeeva* applies PPT concepts to Wagner's *Der Ring des Nibelungen,* blending philosophy with psychotherapy in a thought-provoking manner.
- *John Okoro* explores sexuality in older adults from a transcultural perspective, emphasizing sensitivity and inclusivity in therapy.

Transcultural Reflections

- *Anahit Haykazuni* examines the development of national identity in Armenia at the beginning of the 20th century, linking it to primary capacities within PPT and providing profound insights into cultural identity formation.

NEW "Positive Psychotherapy History" Section

We are excited to launch the "PPT History" section, which opens with a captivating article on the development of Positive Psychotherapy in Ukraine. This section aims to document the rich histories of PPT development worldwide. We invite national representatives, trainers, and members to contribute their accounts, enriching our collective understanding and celebrating the diversity of PPT practices worldwide.

A Message for Our Times

As we navigate a world marked by wars, natural disasters, and profound societal changes, the importance of mental health has never been more evident. Nossrat Peseschkian's vision of balancing life's areas - is more relevant than ever. Positive Psychotherapy equips us with tools to address challenges with empathy and understanding, empowering individuals and communities to rediscover hope and resilience.

The work of psychotherapists, researchers, and mental health professionals is a beacon in these turbulent times. Each contribution to this journal, whether research, case studies, or theoretical reflections, represents a vital step toward building a more compassionate and mentally healthy world. Your efforts help create a foundation for understanding and healing, bridging cultural divides and bringing light to those in need.

We sincerely thank the authors, peer reviewers, editors, technical secretaries, and the WAPP Board and Head Office. Your dedication makes this publication possible and meaningful.

We encourage you to continue sharing your knowledge and innovations. Together, we can inspire growth, understanding, and healing in the face of today's challenges. Thank you for being part of this journey. Let us move forward with hope and commitment to the well-being of all.

With gratitude and warmth,

The Editorial Board

The Global Psychotherapist,
Journal of Positive and Transcultural Psychotherapy

Section: Preliminary studies in PPT

EXAMINING THE OPINIONS OF SENIOR UNIVERSITY STUDENTS AND THEIR ACTUAL CLIENTS REGARDING THE SUPERVISION OF PRACTICE-BASED COURSE STRUCTURED ON THE BALANCE MODEL OF POSITIVE PSYCHOTHERAPY

Ekin Özbey Duygu

Lecturer, PhD
İstanbul Medipol University (Türkiye)
Email: ozbeyekin@gmail.com
ORCID: 0000-0001-8902-9448

Received 22.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj254

Abstract

Positive psychotherapy is one of the most comprehensive and effective therapeutic methods in psychoanalytic models. The Balance model of Positive psychotherapy is a key concept that helps not only psychotherapists and clients to detect the problem to plan a route for action but also to build hope for the future life. The study aims to examine the effectiveness of the supervision process of a practical module, "Psychological Counseling with an Individual," structured on the Balance model of Positive psychotherapy on university students having the module and their actual clients. There were 12 senior-year university students and 12 clients in the supervision process. Evaluation forms for students and clients comprised by the author were used as collection tools. The outcomes showed that including the Balance model in the sessions helped understand the psychological problem experienced, have the right action plan, and promote hope.

Keywords: supervision, psychological counseling, Balance model, Positive Psychotherapy

Introduction

Psychological counselors and psychologists need to provide effective psychological help to their clients as a result of the training they receive. It is crucial for them to have knowledge and skills at the level of expertise and to reinforce these knowledge and skills with practice (Blocher, 1983). In order to be a good psychological counselor and a psychologist, it is not adequate to have a firm ground theoretical background. Hence, conducting counseling sessions is very important to have experience in the practice field. While gaining this experience, applying accurate theoretical knowledge and psychological counseling skills is essential. When the curricula determined by YÖK (The Higher Education Council of Türkiye) are examined, 34 hours of practice in the 2007 Psychological Counseling and Guidance Undergraduate Program (PCGUP) consists of a practical module, Psychological Counseling with Individuals that have been put into effect as of the 2018-2019 academic year (Koçyiğit, 2020). The Psychological Counseling Practice with Individuals module, which is one of the practical courses in PCGUP, is the first module in which counselor candidates begin to use the psychological counseling skills and theoretical knowledge they have gained during their bachelor's degree to provide psychological help to actual clients. This module aims at counselor candidates to conduct psychological counseling with individuals using basic psychological counseling skills and

techniques under supervision (YÖK, 2007). It is possible to gain information on whether psychological counselors have sufficient theoretical knowledge or whether they can reflect this knowledge to the psychological counseling session from the reactions, skills, and behaviors they use in the sessions they conduct with the clients (Eryılmaz & Mutlu Süral, 2014). However, it is very difficult for counselor candidates to effectively use all the knowledge and skills they have learned theoretically before applying their first practice within the scope of the psychological counseling practices module (Eren Gümüş, 2015). In addition, this may become even more difficult when it is considered that encountering real clients for the first time is anxiety-provoking (Stoltenberg, 1981). Hence, in this process, counselor candidates must be supported by more competent and experienced individuals in counseling (Erkan Atik, Arıcı & Ergene, 2014). The supervision process corresponds to this need and has a critical role in psychological counselor education. In supporting the professional development of psychological counselor candidates, they must conduct psychological counseling practices with clients under effective supervision.

In the supervision processes, providing comprehensive and eclectic psychotherapy techniques is essential to meet the needs of a variety of clients with different psychological problems. Positive psychotherapy is a psychotherapeutic method with a psychodynamic, humanistic, and intercultural approach based on crucial principles that represent global identity, social identity, and the identity of everyday life (Cesko, 2024; Peseschkian, 2016). Moreover, positive psychotherapy focuses on developing positive views about people, understanding the impact of early life events on personality development, and acquiring the skills needed to fulfill their needs (Sarı, Patır & Bedir, 2024). At the heart of positive psychotherapy, the concept of the Balance model plays an essential role in having a perspective in the life of human beings. The Balance model relies on the basic principles of positive psychotherapy in which life energy is distributed to four areas of everyday life of people: psychical, achievement, relationships, and fantasy (Peseschkian, 2002). In order to understand the Balance model of positive psychotherapy, it would be helpful to explain it more comprehensively (Peseschkian & Remmers, 2020);

1. Physical activities refer to senses and perceptions, such as eating, drinking, tenderness, sexuality, sleep, relaxation, sports, appearance, and clothing.

2. Achievement refers to activities such as successful job performance, academic life, hobbies, and money management.

3. Relationships refer to contacting a partner, family, friends, colleagues, or any social engagement in daily life

4. Fantasy is the spiritual way of looking at the world, religious practices (if a person has a religious belief), having a purpose and a meaning in life, meditation, mentality to the concept of death, self-reflection, hope, and plans

The areas mentioned in the Balance model of positive psychotherapy impact life satisfaction, self-worth, and how people approach conflicts and challenges. These are the “hallmarks of one’s personality in the here and now” (Peseschkian & Remmers, 2020). Also, the Balance model helps to holistically define and integrate individuals' biology, cognition, socio-emotion, and imagination. In this way, using the Balance model in psychological counseling gives us a bird’s eye view of psychology. By comprising this view as a psychotherapeutic approach and its positive view of the psychology of human beings, positive psychotherapy seems like an optimum approach to be used in the supervision process of practicing psychological counseling skills with senior university students. Moreover, the academic term allows practicing approximately 5 to 7 sessions with the clients. Thus, it is time efficient to integrate the Balance model of positive psychotherapy to show senior students all aspects of their clients' everyday lives in the short term.

Based on the literature review, there are several studies about practicing the Balance model in psychotherapy sessions that mostly applied to group psychotherapy (Eryılmaz, 2010; Eryılmaz, 2012; Sarı, 2018; Eryılmaz & Mutlu, 2018; Sarı and Yıldırım, 2022, Sarı, Patır and Bedir, 2024). It is essential to integrate the Balance model and basic principles of positive psychotherapy into the curriculum of university students while in the departments of psychology and psychological counseling and guidance to gain a perspective of the multi-directional approach of individuals, which is the backbone of the science of psychology. Hence, this study aims to show the efficacy of the Balance model in

supervising the module "Psychological Counseling with Individuals" for both senior students and their actual clients.

Methodology

2.1. Research Design

This study was designed using the phenomenological research method, one of the qualitative research methods. According to Creswel (2007), phenomenological research focuses on the meanings of individuals' experiences. The phenomenon investigated in this study is the 14-week supervision process. At this point, the experiences of counselor candidates/senior students and clients regarding the supervision process are examined. In other words, in this study, the views of senior students and clients on the 14-week supervision process of the "Psychological Counseling with Individuals" practice module were examined.

2.2. Participants

The study comprises two different groups: senior university students and clients. There were 12 senior students (10 female, 2 male) who took the module of "psychological counseling with individuals" under the supervision of the author of the current study. There were 12 clients (11 female and 1 male) who were also studying at the same university in different departments such as nursing, preschool teaching, social services, dental prosthesis technology, management information systems, media and visual art, and child development. When collecting the data and assigning the clients to the senior students, a voluntary client form was generated and assigned to the students within the university, and students who meet the criteria (not having a psychiatric diagnosis, not using any psychiatric medicines, studying in a department apart from psychology and psychological counseling and guidance, having no relation or acquainted with the senior student) were appointed to the senior students randomly.

2.3. Data Collection Tools

Senior students and clients filled out the supervision Evaluation Form (Table 1) and Consultancy Evaluation Form (Table 2), designed by the author of the current study, after they declared that they were voluntarily participating via Informed Consent. In both Supervision Evaluation Form and Consultancy Evaluation Form, there were 7 main questions with several subquestions within them. The questions were open-ended and score-based questions out of 10 *(shown below)*.

Table 1.
Supervision Evaluation Form

1. Evaluate the supervision process in general *(Please give a score out of 10 and explain what this score means).*
2. Evaluate the effectiveness of the supervision process in developing your counseling skills *(Please give a score out of 10 and explain what this score means).*
3. Evaluate the role of the following factors in the effectiveness of the supervision process *(Please give a score out of 10 for each and explain what this score means).* a. My role as a student/psychological counselor candidate b. The role of the faculty member/supervisor is to provide supervision . c. The role of my client d. The role of my classmates in the same supervision group
4. What techniques did you find effective in the five-session process? Explain and comprise the role of using basic principles of positive psychotherapy.
5. Evaluate the effectiveness of conducting your sessions with the awareness of the positive psychotherapy (Balance model, using principles such as encouragement and verbalization) on the process *(Please give a score out of 10 and explain what this score means)*
6. What are your suggestions for the supervision process to be more effective? *(Please answer the question by including the answer from the aspect of a, b, c, d section of the 3rd question)*
7. Evaluate the level of disturbance of the problem experienced by your client out of 10: a. Session 1 discomfort level

b. Session 5 Discomfort level

Table 2.
Consultancy Evaluation Form

1. How would you describe your problem before starting the sessions?
2. How would you evaluate identifying the problem you are experiencing at the beginning of the sessions by the counselor candidate and setting goals for it? *(Please give a score out of 10 and explain what this score means)*
3. When you think about the five-session process's effectiveness, which points have been beneficial? When you evaluate this effect; *(Please give a score out of 10 and explain what this score means)* a. What is your role? b. What is the role of the counselor candidate? c. What are your suggestions for making it more effective?
4. What would you say about realizing the effects of your problem in four different areas of your life? How would you evaluate realizing the effects of your problem on these four dimensions? Please give a brief explanation for each of them. *(Please give a score out of 10 and explain what this score means)* a. Body b. Success c. Relationship d. Spirituality
5. In the last session, how would you rate making your plans for the future by thinking about four different areas mentioned in the 4th question? What are your feelings and thoughts? Please give a brief explanation for each of them. *(Please give a score out of 10 and explain what this score means)*
6. Evaluate how the counselor approaches your positive characteristics in dealing with your problems. *(Please give a score out of 10 and explain what this score means)*
7. How would you evaluate the solution to your problem? *(Please give a score out of 10 and explain what this score means)*

2.4. Procedure of Supervision

Supervision was planned to be accomplished in an academic term of 14 weeks as a practical module in the curriculum of "Psychological Counseling with Individuals" (Required, 2 Credits, -1 theoretical and 2 application-, 3 European Credit Transfer and Accumulation System (ECTS)). Hence, in the curriculum, this module included theoretical information and practice of psychological counseling skills in 5-7 sessions with the clients. The schedule of the module is shown below in *Table 3*.

Table 3.
Schedule of the Module

Week	Content
1	Sharing the syllabus with the students Gathering expectations of the module Giving information about the general procedure
2	Giving a lecture about the role of psychotherapist as a reminder Explaining the ethical guideline Giving information about basic techniques in psychological counseling
3	Preparing the Google Form to assign suitable clients randomly to the students by deciding on the criteria Giving a lecture about Peseschkian's positive psychotherapy and its historical development and main principles
4	Giving a lecture about the Balance model of Peseschkian's positive psychotherapy and its effect on both the individual and the counseling process Randomly assigning the clients to the senior students.
5	Supervising Session 1 regarding each student (in total, giving feedback for each session,

	which was recorded and submitted to the supervisor before the course date)
6	Supervising Session 2 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
7	Supervising Session 3 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
8	Supervising Session 4 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
9	Supervising Session 5 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
10	Supervising Session 6 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
11	Supervising Session 7 regarding each student (in total, giving feedback for each session, which was recorded and submitted to the supervisor before the course date)
12	Evaluating the whole process and discussing the effectiveness of the supervision for students
13	Evaluating the whole process and discussing the effectiveness of the supervision for clients
14	Building hope via making plans regarding the Balance model before graduation

Analysis

The qualitative data recorded with semi-structured interviews were analyzed. In this study, which used the phenomenological method, data analysis for each question was carried out in three stages. In the first stage, important expressions or sentences among the views of senior students and clients regarding the supervision model were determined. The meanings extracted from these sentences or expressions were transformed into themes in the second stage. In the last stage, the results were translated into comprehensive definitions of the phenomenon (Crewel, 2007).

While analyzing qualitative data, the researcher focused on the validity and reliability criteria. The researcher acted according to the principle of descriptive validity (Maxwell, 1992). At this point, the opinions of the senior students and clients who participated in the study were analyzed completely. To fulfill the interpretive validity criterion, questions were asked about one stage of the supervision process and all stages holistically.

Results

According to the information obtained from the senior students and their clients, 9 themes and 28 codes were determined to examine the opinions about the supervision process, which is structured on the Balance model of positive psychotherapy. Themes regarding the senior students' opinions about the supervision and the clients' opinions about the counseling process are shown below.

a. Examining the opinions of the senior students about the supervision

6 themes and 16 codes were formed via content analysis in examining the opinions of the senior students about the supervision structured on the Balance model of positive psychotherapy shown below.

Theme 1: Positive gains of supervision structured on positive psychotherapy for senior students

Participants were asked to answer the following questions: "Evaluate the supervision process in general *(Please give a score out of 10 and explain what this score means)*"**.** When all the answers received from this question (n=12) were evaluated, 5 codes were formed as a result of content analysis (mean score is 9,25 out of 10 for this question). These include gaining experience, increasing awareness, providing perspective-taking, encouraging problem-solving, and increasing self-esteem.

Code 1: Gaining Experience

The senior students' opinions regarding gaining experience are as follows: "The supervision process helped me a lot to use the counseling skills that I learned via theoretical modules *to practice comprehensively."*

Code 2: Awareness

The senior students' opinions regarding awareness are as follows: *"Using the Balance*

model in the supervision process increased my awareness about my client's life."

Code 3: Perspective Taking

The senior students' opinions regarding perspective taking are, *"Thanks to the basic principles of positive psychotherapy, I could have a wide perspective on my client's daily life."*

Code 4: Problem Solving

The senior students' opinions regarding problem-solving are*: "Using the Balance model in the supervision process helped me to develop my problem-solving skills for my client's problem in a concrete way."*

Code 5: Self-Esteem

The senior students' opinions regarding self-esteem are as follows: "After using the Balance model in the sessions, I now believe that I will be successful as a psychological counselor."

Theme 2: Effective techniques used in the supervision

Participants were asked to answer**, "What techniques did you find effective in the five-session** *process? Explain and comprise the role of using basic principles of positive psychotherapy?*". This includes one common code, which is using a comprehensive developmental approach.

Code 1: Using a comprehensive developmental approach

The senior students' opinions regarding a comprehensive developmental approach are "I could understand the problem, build an action plan in a bird's eye view without missing any points about my client's life."

Theme 3: Effectiveness of positive psychotherapy on counseling

Participants were asked to answer, "Evaluate the effectiveness of conducting your sessions with the awareness of the positive psychotherapy (Balance model, using principles such as encouragement and verbalization) on the process *(Please give a score out of 10 and explain what this score means)".* 3 codes were formed: awareness of the counseling process, counselor self-regulation, and building a structure for the action plan. The mean score of this question was evaluated as 9 out of 10.

Code 1: Awareness of the counseling process

The senior students' opinion regarding raising awareness of the counseling process is that "I understand how to approach a client as a psychological counselor in the sessions."

Code 2: Counselor self-regulation

The senior students' opinions regarding counselor self-management are: "By using the main principles of positive psychotherapy, I learned how to manage and regulate myself as a psychological counselor."

Code 3: Building a structure for the action plan

The senior students' opinions regarding building a structure for the action plan are: "By using the Balance model, I could concretely understand how to make an action plan to solve my client's problem."

Theme 4: Role of the supervisor in positive gains of positive psychotherapy in supervision

Participants were asked to answer the following questions: "Evaluate the supervisor's role in the supervision process's effectiveness *(Please give a score out of 10 for each and explain what this score means). 6 codes were formed: encouraging, providing information and guidance, providing the capacity of justice, politeness, patience, and the character strength of humor". The mean score of this question was evaluated as 9,25 out of 10.*

Code 1: Encouraging

The senior students' opinions regarding encouragement are: "My supervisor encouraged me a lot in the supervision process to develop myself."

Code 2: Providing information and guidance

The senior students' opinions regarding providing information and guidance are as follows: *"My supervisor informed me about the counseling process in each step and helped me to manage the sessions."*

Code 3: Providing the capacity of justice

The senior students' opinions regarding providing the capacity for justice are: "Our supervisor gave us equal time and attention in giving feedback on our sessions and approached us in the same way."

***Code 4*:** Providing the capacity of politeness

The senior students' opinions regarding providing the capacity of politeness are, "Even when I make mistakes, my supervisor does not hurt my feelings and nicely explains my developing skills."

Code 5: Providing the capacity of patience

The senior students' opinions regarding providing the capacity of patience are, "Each week of the module, my supervisor answered my questions with patience."

Code 6: Providing the character strength of humor

The senior students' opinions regarding providing character strength through humor are as follows: "Our supervisor used humor as a mediating role in the supervision to make us calm down about our anxieties."

Theme 5: Role of the individual in positive gains of positive psychotherapy in supervision

Participants were asked to answer, "Evaluate the role of yourself in the effectiveness of the supervision process *(Please give a score out of 10 for each and explain what this score means).* 4 codes were formed that use the capacity of order, time, and honesty and the character strength of openness. The mean score of this question is 7 out of 10.

Code 1: Using the capacity of order

The senior students' opinions regarding using the capacity for achievement are: "I was generally on time in my supervision hours and prepared my notes and feedback in an organized way."

Code 2: Using the capacity of time

The senior students' opinions regarding using the capacity of time are that "I gave enough time myself as a psychological counselor candidate to prepare my questions to ask my supervisor and make the plan for the next session."

Code 3: Using the capacity of honesty

The senior students' opinions regarding using the capacity for honesty are that "I was always open in the modules to tell my mistakes and hesitations to my supervisor."

Code 4: Using the character strength of openness

The senior students' opinions regarding using the character strength of openness are: "I tried to accept my mistakes and get the opinions of my supervisor and classmates to develop myself."

Theme 6: Role of the classmates in positive gains of positive psychotherapy in supervision

Participants were asked to answer "Evaluate the role of your classmates in the effectiveness of the supervision process." (Please give a score out of 10 for each and explain what this score means.) Three codes were formed: taking perspective, providing the capacity for trust, and encouraging peer learning. The mean score of this question is 7 out of 10.

Code 1: Taking perspective

The senior students' opinions regarding perspective are: "Listening to our supervisor's feedback on my friends' counseling process gained me a perspective about my sessions, too."

Code 2: Providing trust

The senior students' opinions regarding providing trust are: "I trusted my classmates about sharing my feelings and thoughts, not being told out of the class."

Code 3: Peer learning

The senior students' opinions regarding peer learning are, "Thanks to my classmates, I could get more opinions about management of the sessions such as technical equipment, preparing the session room, etc.)

b. Examining the opinions of the clients about the psychological counseling process structured on Balance model of positive psychotherapy

Three themes and 12 codes were formed via content analysis when examining the clients' opinions about the psychological counseling process structured on the Balance model of positive psychotherapy shown below.

Theme 1: Effect of defining the problem at the beginning of the sessions in positive gains in sessions

Participants were asked to answer, "How would you evaluate the identification of the problem you think you are experiencing at the beginning of the sessions by the counselor candidate and setting goals for it? *(Please give a score out of 10 and explain what this score means)".* 3 codes were formed: active listening and projection techniques, multi-directional and open-ended questions, and informative counseling skills. The mean score of this question is 8,5 out of 10.

Code 1: Active listening and using projection techniques

The clients' opinions regarding active listening and projection techniques are as follows: *"The psychological counselor candidate always gave great attention to the things I told him/her/they and summarized the situation in the association."*

Code 2: Using multi-directional, open-ended questions

The clients' opinions regarding using multi-directional and open-ended questions are, "My psychological counselor candidate asked me very broad questions about my life and the effect of my problem; I felt like I could see all parts of my life."

Code 3: Using informative counseling skills

The clients' opinions regarding the use of informative counseling skills are: "My psychological counselor informed me about some principles of the psychotherapy sessions, my problems, and how to deal with them in a comprehensive way."

Theme 2: Effect of Balance model (physical, relational, achievement related, spiritual/fantasy related effects of the problem on daily life) on defining the problem experienced

Participants were asked to answer, "*What would you say about realizing the effects of your problem in four different areas of your life? How would you evaluate realizing the effects of your problem on these four dimensions? Please give a brief explanation for each of them. (Please give a score out of 10 and explain what this score means)".* 4 codes were formed that are raising awareness, gaining a comprehensive perspective, increasing motivation to solve the problems, and eliminating confusion experienced about the problem. The mean score of this question was 9 out of 10.

Code 1: Raising self-awareness

The client's opinion regarding raising awareness is that "By seeing the effects of my problem in four areas of my life, I could increase my awareness about the problem I am trying to deal with in a broader view."

Code 2: Gaining a comprehensive perspective via concrete information

The client's opinion regarding gaining a comprehensive perspective is, "I definitely gained a different perspective about my problem and its variety of effects on my daily life."

Code 3: Increasing motivation to solve the problems

The clients' opinions regarding increasing motivation to solve problems are, "Thanks to the *Balance model, I clearly understand what is missing and problematic in my life in a better way."*

Code 4: Eliminating confusion experienced about the problem

The client's opinion regarding eliminating confusion experienced about the problem is, *"Until these sessions, I had confusion about defining my problem and could not understand what is exactly going on in my life."*

Theme 3: Effect of Balance model (physical, relational, achievement related, spiritual/fantasy related effects of the problem on the daily life) on making plans

Participants were asked to answer, "In the last session, how would you evaluate making your plans for the future by thinking about four different areas mentioned in the 4th question? What are your feelings and thoughts? Please give a brief explanation for each of them. *(Please give a score out of 10 and explain what this score means)".* 5 codes were formed: building hope, having rigid plans, increasing motivation, increasing self-confidence, and encouraging mindfulness and flow experience. The mean score of this is 8 out of 10.

Code 1: Building hope

The clients' opinions regarding building hope are: "I could understand what is missing in my life, and now I think when I fix those, I will have a better life in the future."

Code 2: Building rigid plans

The clients' opinion regarding building rigid plans is that "everything seems so obvious so that I can have a concrete plan."

Code 3: Increasing motivation

The clients' opinions regarding increasing motivation are: "I have the energy to act in relation to my future plans."

Code 4: Increasing self-confidence

The clients' opinions regarding increasing self-confidence are: "Thanks to these sessions, I feel like I have enough strength and information to deal with my problems."

Code 5: Encouraging mindfulness and flow experience

The clients' opinions regarding encouraging flow experience are: "I understand that I need to be in the moment, concentrate, and enjoy more of the activities I am involved in to feel better in my life."

Discussion

The study results show that supervision structured on the Balance model of positive psychotherapy for the practical module of "individual psychological counseling" had a positive impression on both the senior students

and their actual clients in a qualitative data-based analysis. As is mentioned in a detailed way in the results section, there are many factors that students and clients found to be effective for the supervision process, such as the role of supervisor, students, classmates, the Balance model, and applying the main principles of positive psychotherapy.

When the literature is examined regarding the views on the supervision process of psychological counselors, the study of Erbaş, Koç, and Esen (2020) pointed out four themes that affect the quality of the supervision process, such as the quality of the supervisor-supervised relationship, the quality of the supervision process, contributions of supervision to the counseling process and contributions of supervision to professional-personal development. Another study by Meydan (2014) indicates that transcripts, video records, forms, thought-provoking questions, and feedback of the Micro-counseling Supervision Model (MSM) effectively teach basic psychological counseling skills and develop helping skills self-efficacy. Another study shows that supervision based on Interpersonal Process Recall (IPR) positively affects the counseling skills and self-efficacy of psychological counselor candidates (Koç, 2013). Moreover, according to the study of Eryılmaz and Mutlu (2018) investigated the effectiveness of a supervision process based on the Developmental Comprehensive Supervision Model, counselor trainee's opinions were found to be effective in increasing counselor trainees' awareness of the counseling process, knowledge about different intervention skills and gaining from group members and their feedback.

There are several other studies (Koçyiğit, 2020; Atik, 2017; Aladağ & Kemer, 2016; Bang & Park, 2009) investigated the factors of an effective supervision process and outlined the factors of transcription, audio, video recording, session summary form, and role play. In evaluating the outcomes of these studies, it can be shown that the current study contributed an innovative way to a literature review by integrating positive psychotherapy in the supervision process of senior students. There are important studies conducted in terms of the main principles and phases of positive psychotherapy (Sarı, Patır & Bedir, 2024; Sarı & Yıldırım, 2022; Eryılmaz, 2012; Sarı & Taşlıçukur, 2018; Eryılmaz, 2010;) that shows the effectiveness of positive psychotherapy in psycho-educational and group psychotherapy programs. It can be thought that the current study contributed to the literature review of the effectiveness of positive psychotherapy in a university-curriculum based structure.

There are some suggestions for future studies related to the method used in the current study. Although getting the opinions of the counselor and the client is essential, including quantitative data would also increase the strength of the method statistically. Hence, using quantitative and qualitative data tools will be useful in future studies. Also, comparing the results with a synchronized supervision process using another therapeutic model, such as cognitive behavioral therapy, solution-focused therapy, etc., would be beneficial to reveal the specific and distinctive role of positive psychotherapy.

Conclusions

Overall, the study contributes essential insights to the field of positive psychotherapy in a university-curriculum education for the departments of psychology and psychological counseling and guidance. It is believed that teaching and integrating the main principles of positive psychotherapy in the curriculum of the related departments would increase university students' awareness of the factors affecting everyday life behaviors and create a practical environment via comprehensive intervention techniques to enhance the well-being of human beings.

References

[1]. **ALADAĞ, M., & KEMER, G.** (2016). Psikolojik danışman eğitiminde bireyle psikolojik danışma uygulamasının ve süpervizyonunun incelenmesi (Investigation of individual counseling practice and supervision in psychological counsellor education). *Bilimsel Araştırma Projesi Sonuç Raporu.* Proje No: 12 EGF 003. [In Turkish]

[2]. **ATİK, E., ARICI, F., & ERGENE, T.** (2014). Süpervizyon modelleri ve modellere ilişkin değerlendirmeler (Supervision models and evaluations related to models). *Turkish Psychological Counseling and Guidance Journal, 5*(42), 305–317. [In Turkish]

[3]. **ATİK, Z.** (2017). Psikolojik danışman adaylarının bireyle psikolojik danışma uygulaması ve süpervizyonuna ilişkin değerlendirmeleri (Psychological counsellor

candidates' evaluations on individual counseling practice and supervision) (Unpublished doctoral dissertation). Hacettepe University, Ankara. [In Turkish]

[4]. **BANG, K., & PARK, J.** (2009). Korean supervisors' experiences in clinical supervision. *The Counseling Psychologist, 37*(8), 1042–1075.

[5]. **BLOCHER, D. H.** (1983). Toward a cognitive developmental approach to counseling supervision. *The Counseling Psychologist, 11*(1), 27–34.

[6]. **CESKO, E.** (2024). Assessment of basic benefits of positive and transcultural psychotherapy in working with a group of multicultural students. *The Global Psychotherapist, 4*(1), 19–23.

[7]. **CRESWELL, J. W.** (2007). *Qualitative inquiry and research design.* London, UK: Sage.

[8]. **ERBAŞ, M. M., KOÇ, İ., & ESEN, E.** (2020). Psikolojik danışman adaylarının süpervizyon sürecine ilişkin görüşlerinin incelenmesi: Manisa Celal Bayar Üniversitesi örneği (Examining the supervision process of psychological counseling candidates: The case of Manisa Celal Bayar University). *Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi, (53),* 183–205. [In Turkish]

[9]. **EREN-GÜMÜŞ, A.** (2015). Bireyle psikolojik danışma uygulaması dersi kapsamında süpervizyon deneyimlerimiz: Bir vakıf üniversitesi örneği (Supervision experiences in the context of individual psychological counseling practice: A foundation university sample). *Psikolojik Danışman Eğitiminde Uygulamalı Derslerin Yürütülmesi Sempozyumu,* İstanbul, Türkiye. [In Turkish]

[10]. **ERYILMAZ, A.** (2010). Yeniden gözden geçirme: Pozitif psikoterapi ve gelişimsel rehberlik bağlamında ergenler için amaçları genişletme programı (Revised: Expanding goals program for adolescents in the context of positive psychotherapy and developmental counseling). *Sosyal Politika Çalışmaları Dergisi, 20*(20), 53–66. [In Turkish]

[11]. **ERYILMAZ, A.** (2012). Pozitif psikoterapi bağlamında geliştirilen ergenler için amaçları genişletme grup rehberliği programının etkililiğinin incelenmesi (Investigating the effectiveness of extending goals group guidance program for adolescents with respect to positive psychotherapy). *Eğitim ve Bilim Dergisi, 37*(164), 3–19. [In Turkish]

[12]. **ERYILMAZ, A., & MUTLU-SÜRAL, T.** (2014). *Kuramdan uygulamaya bireyle psikolojik danışma (Psychological counselling with the individual from theory to practice).* Ankara: Anı Yayıncılık. [In Turkish]

[13]. **ERYILMAZ, A., & MUTLU, T.** (2018). Gelişimsel kapsamlı süpervizyon modeline ilişkin psikolojik danışman adaylarının görüşlerinin incelenmesi (Examining the views of psychological counsellor candidates on the developmental comprehensive supervision model). *Elektronik Journal of Social Sciences, 17*(65), 123–141. [In Turkish]

[14]. **ERYILMAZ, A.** (2020). *Meta Teori: Bir Gelişim ve Psikoterapi Kuramı Olarak Pozitif Psikoterapi (Meta Theory: Positive Psychotherapy as A Development and Psychotherapy Theory).* Nobel Yayın Evi. [In Turkish]

[15]. **KOÇ, İ.** (2013). Kişiler arası süreci hatırlama tekniğine dayalı süpervizyonun psikolojik danışman adaylarının psikolojik danışma becerilerine, özyeterlik ve kaygı düzeylerine etkisi (Effects of supervision based on the technique of recalling interpersonal processes on counseling skills, self-efficacy, and anxiety levels of psychological counseling candidates). Doctoral dissertation, Serkan SAY. [In Turkish]

[16]. **KOÇYİĞİT, M.** (2020). "Bireyle Psikolojik Danışma Uygulaması" Dersinde Grup Süpervizyonu Sürecinin İncelenmesi (Investigation of the group supervision process in the 'Counseling Practice with Individuals' course). *Eğitimde Nitel Araştırmalar Dergisi, 8*(4), 1116–1146. [In Turkish]

[17]. **MAXWELL, J. A.** (1992). Understanding and validity in qualitative research. *Harvard Educational Review, 62,* 979–1000.

[18]. **MEYDAN, B.** (2014). Psikolojik danışma uygulamalarına yönelik bir süpervizyon modeli: Mikro beceri süpervizyon modeli (A supervision model for psychological counseling practices: Micro-skills supervision model). *Ege Eğitim Dergisi, 15*(2), 358–374. [In Turkish]

[19]. **PESESCHKIAN, N.** (2002). *Günlük yaşamın psikoterapisi (Psychotherapy of everyday life)* (Trans.: K. Toksöz). Istanbul: Beyaz Yayınları. [In Turkish]

[20]. **PESESCHKIAN, N.** (2016). *Positive psychotherapy of everyday life.* Bloomington, USA: AuthorHouse.

[21]. **PESESCHKIAN, H., & REMMERS, A.** (2020). Positive psychotherapy: an introduction. In *Positive Psychiatry, Psychotherapy and Psychology: Clinical Applications* (pp. 11–32).

[22]. **SARI, T.** (2015). Pozitif psikoterapi: Gelişimi, temel ilke ve yöntemleri ve Türk kültürüne uygulanabilirliği (Positive psychotherapy: Its development, basic principles, and methods, and applicability to

Turkish culture). *The Journal of Happiness & Well-Being, 3*(2), 182–203. [In Turkish]

[23]. **SARI, T., & TAŞLIÇUKUR, Ç.** (2018). Pozitif psikoterapi temelli sınav kaygısı grup rehberliği programının ortaokul öğrencilerinde etkililiğinin incelenmesi (Investigation of the effectiveness of the positive psychotherapy-based test anxiety program on middle school students). *20th International Counseling and Guidance Congress,* Samsun, Türkiye. [In Turkish]

[24]. **SARI, T., & YILDIRIM, M.** (2022). Pozitif psikoterapi temelli şükür günlükleri yazma çalışmasının ortaokul öğrencilerinin şükür ve öznel iyi oluş düzeylerine etkisi (The effect of positive psychotherapy-based gratitude diary writing on secondary school students' levels of gratitude and subjective well-being). *International Social Sciences Studies Journal, 8*(95), 620–628. [In Turkish]

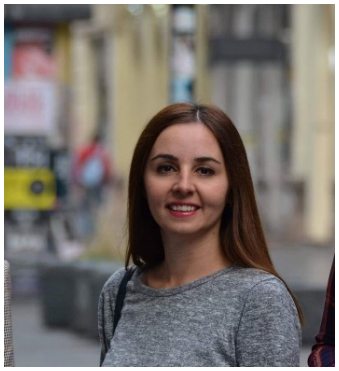
[25]. **SARI, T., PATIR, D., & BEDİR, M.** (2024). Section: Preliminary studies in PPT. Investigating the effect of a group psycho-education program on test anxiety: implementation of the Balance model within the context of positive psychotherapy. *The Global Psychotherapist, 4*(1), 9–18.

[26]. **STOLTENBERG, C.** (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59.

[27]. **YÖK.** (2007). *Eğitim fakültesi öğretmen yetiştirme programları (Education faculty teacher training programmes).* Retrieved from http://www.yok.gov.tr/ [In Turkish]

Section: Preliminary studies in PPT

MORAL DEVELOPMENT IN PRESCHOOL CHILDREN ACCORDING TO KOHLBERG'S STAGES: A REVISED ANALYSIS FROM THE PERSPECTIVE OF POSITIVE PSYCHOTHERAPY



Elmedina Cesko

Psychologist & Psychotherapist
Basic Trainer on PPT (Pristina, Kosovo)
Email: elmedina_c@hotmail.com

Received 5.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj255

Abstract

This study investigates the moral development of preschool children aged 3 to 6 in Kosovo, framed within Kohlberg's theory of moral reasoning and principles of Positive Psychotherapy. The study measured moral reasoning levels and altruistic behaviors using the Early Development Instrument (EDI), which focused on social competence and emotional maturity. Results confirm that moral development follows the sequential stages outlined by Kohlberg, with cultural factors influencing specific moral expressions. Gender analysis revealed that girls exhibit higher altruistic behaviors than boys, aligning with existing literature. The findings highlight the critical role of pro-social parental modeling and culturally sensitive positive reinforcement in fostering moral and altruistic behaviors. This research underscores the importance of integrating cultural values and strengths-based approaches to support moral development in early childhood.

Keywords: moral development, preschool, children, Positive Psychotherapy

Introduction

A child's key development in growing up is accurately understanding how the world operates – learning the 'rules of the game.' The child must learn important rules, such as the social world's laws, sanctions, and practices. If a culture is to survive, it must have rules about right and wrong, what is allowed and what is not, and what is fair and dishonest (Bronfenbrenner, 1994). In addition to these formal laws, we also have many social rules that govern daily behavior. Social rules, in general, are designed to guide children in distinguishing between' right' and 'wrong' behavior. Therefore, the study of how children comprehend and adhere to rules has traditionally been categorized under the concepts of 'morality' and 'moral development. Until the beginning of the last century, moral development was a matter of academic treatment only for philosophers and scholars of religion. Today, psychologists have also started to have a great interest in this field (Yilmaz, Bahçekapili, Sevi, 2019).

When we refer to the definition of 'moral,' it is about principles and rules of right conduct or the distinction between right and wrong behavior. It is often linked to societal norms, individual conscience, and ethical reasoning (Blackburn, 2021). While Kohlberg developed his theory of children's development, he focused on the concept of morality, wherein 'moral development' refers to the process through which individuals acquire and refine their understanding of moral principles, ethical behavior, and justice over time. It includes cognitive, emotional, and social dimensions, evolving through distinct stages (Rest, Narvaez,

Bebeau, & Thoma, 1999). As far as morals have a development structure, moral education involves the deliberate effort to teach individuals moral values, ethical reasoning, and socially acceptable behavior. It often includes fostering empathy, responsibility, and understanding of moral concepts (Nucci, 2001).

Lawrence Kohlberg developed the theory of moral development throughout his life, based on Piaget's theory. Kohlberg's theory holds that moral reasoning is the basis of ethical behavior and has six identifiable developmental stages, each more adequate in response to moral dilemmas than its predecessor. Kohlberg followed the development of moral judgment behind the age studied by Piaget, who also claimed that logic and morality develop through the constructive stage. Kohlberg's model consists of three levels of moral reasoning – pre-conventional, conventional, and post-conventional – each consisting of two stages. The two components of each stage, the social perspective and the moral content, represent innate and environmental influences (Nucci, 1997).

Positive Psychotherapy encourages focusing on building upon children's current strengths. This strengths-oriented framework suggests that educators and parents focus on enhancing moral behaviors through positive reinforcement, allowing children to internalize prosocial behaviors as part of their growing self-concept. The correlation suggests building upon individuals' existing strengths. This strength-focused approach emphasizes leveraging current abilities to facilitate further moral and personal development (Peseschkian, 1987).

Positive Psychotherapy appreciates cultural context as integral to growth, making the consistency in moral reasoning stages across cultures a notable insight. This implies that while moral reasoning follows a universal path, cultural values shape specific moral expressions. Positive Psychotherapy would suggest culturally sensitive interventions that build on local values and norms, helping children appreciate the moral underpinnings of their culture as a foundation for personal growth (Peseschkian, 1987).

Methodology

2.1. The Research Problem

In many non-industrial societies, individuals seldom reach stage five of moral development. However, in technologically advanced cultures, a significant number of individuals are capable of achieving this stage.

a) How have pre-school children developed their understanding of morality based on these theories?

b) The research problem in this study is not about identifying those with the "worst" development but rather about understanding the rationale behind selecting the sample.

2.2. Research Hypothesis

The main research hypothesis is:

Hypothesis 1: The population with preschool children will be described as having the same moral development levels.

Hypothesis 2: According to gender, there is a difference regarding the degree of altruism, where girls are more altruistic than boys.

2.3. Limitations of the Research

The first limitation that accompanies the sample of this research can be the small representative sample. A sample with more respondents is needed to achieve as many reliable results as possible.

Only participants from Kosovo are insufficient for generalization; only a model for the country can be used.

What is missing from the study is a correct balancing and inclusion of the respondents for demographic variables, which, as individual elements, can influence the final result.

2.4. Research Design

The quantitative research aims to collect a sample of preschool children to measure their development of moral behavior through the prism of moral reasoning during the stages of children included in the educational system of preschool institutions in Kosovo.

This study's participants are parents of preschool children aged between 3 and 6. The selection process employed a random sampling technique to ensure that the sample was representative of the target population. All selected parents were fully informed about the purpose and nature of the research and willingly agreed to participate voluntarily. To uphold ethical standards, participants were assured that their responses would remain anonymous,

ensuring their privacy and confidentiality throughout the study.

The instrument for this study is called the Early Development Instrument: A Population-based Measure for Communities (EDI for short). Developing its items involved consultations with educators in collaboration with the Early Years Action Group and the Parenting and Literacy Centres. In 2002, the EDI core items were revised by modifying answer options to several items. The instrument contains five sections: physical health and well-being, social competencies, emotional maturity, language, cognitive development, and communicational skills and general knowledge. However, questions were chosen from two sections: social competencies and emotional maturity. The reason is that questions are related to the descriptions of moral development stages. In total, there are 103 items, but for this study, 57 questions were selected from two sections (EDI, Offord Centre, 2002).

Results

The 'Early Development Instrument' is used in this study to measure the presented hypotheses.

The results of this study are presented in the following tables:

Table 1
Gender distributions of participants

Gender	Frequency	Percent	Cumulative Percent
Boy	49	49.0	49.0
Girl	51	51.0	100.0
Total	100	100.0	

Table 2
Age distribution of participants

Age	Frequency	Percent	Cumulative Percent
3 years	18	18.0	18.0
4 years	32	32.0	50.0
5 years	29	29.0	79.0
6 years	21	21.0	100.0
Total	100	100.0	

Table 3
One simple test of moral development

	N	Mean	Std. Deviation
Moral Dev.	100	.63	.17

Table 4
A simple test for gender analysis

	N	Mean	Std. Deviation
Boys	49	.53	.13
Girls	51	.60	.15

According to the results, the average moral development of pupils in preschool institutions is M=0.63, DS=.17. The study sample consists of 100 pupils, with 49% female and 51% male participants. Regarding the age distribution, 18% of participants are 3 years old, 32% are 4 years old, 29% are 5 years old, and 21% are 6 years old. Based on response patterns to the questionnaire, 2% of respondents selected 'never,' 17% chose 'sometimes,' 32% indicated 'often,' and 49% selected 'always' for the behavior-related questions, representing the overall sample response distribution.

The last table let is related to the second hypothesis; it compares boys and girls in terms of a specific measure, with boys (N = 49) having a mean score of 0.53 (SD = 0.13) and girls (N = 51) having a mean score of 0.60 (SD = 0.15). The results indicate that, on average, girls scored higher than boys by 0.07 points. The standard deviation for both groups is relatively small, suggesting that individual scores were close to the group averages, with slightly more variability among girls (SD = 0.15) than boys (SD = 0.13). These findings highlight a small but notable difference in the measured variable between boys and girls.

Conclusions

The results indicate that the development of moral reasoning, as outlined by Kohlberg, progresses through the stages in a fixed order without regression to previous stages. This finding supports the first hypothesis, which posits that 'even within our society, the sequential order of stages remains consistent, with no deviations from the established progression.'

The first hypothesis can be related to the cultural context of Positive Psychotherapy, which appreciates cultural context as integral to growth, making the consistency in moral

reasoning stages across cultures a notable insight. This implies that while moral reasoning follows a universal path, cultural values shape specific moral expressions. Positive Psychotherapy values cultural context, acknowledging that positive traits may be universally beneficial but culturally expressed differently, and cultural values and norms help children appreciate the moral underpinnings of their culture as a foundation for personal growth (Peseschkian, 1987). Cross-cultural research supports that moral development follows similar stages across diverse contexts (Lapsley & Narvaez, 2005), aligning with Positive Psychotherapy's principle of culturally adaptable positive intervention strategies.

Related to the results of the second hypothesis, where girls show higher altruistic behaviors than boys, some studies indicate that girls exhibit higher levels of altruism than boys. For instance, a study by Skarin and Moely (1976) found that girls generally obtained higher altruism scores than boys, although 7-9-year-old girls were relatively low in altruism.

Additionally, a comparative study of altruism among boys and girls in joint and nuclear families found that girls scored significantly higher on altruism scales than boys, indicating that girls are more altruistic than boys (Sanadhya, Sharma & Sushil, 2010).

Pro-social modeling by parents plays a critical role in fostering altruistic behavior in children. By providing a positive example, reinforcing pro-social actions, and nurturing empathy and moral reasoning, parents help children internalize the values and behaviors that underpin altruism. This connection underscores the importance of cultivating an environment where pro-social behavior is modeled, supported, and celebrated within the family (Grusec & Davidov, 2007). Children acquire much of their prosocial behavior through observational learning, particularly by emulating the actions of those around them. This finding underscores the role of parental modeling in moral development, as children internalize and replicate behaviors that align with the values exhibited by these influential figures. On the other side, social learning theory supports the importance of role models in moral development (Bandura, 1977), a principle also embraced by Positive Psychotherapy (Peseschkian, 1987; Peseschkian, 2016). Through observational learning, children adopt behaviors exhibited by their role models, especially when these behaviors align with a framework of positive reinforcement and empathy (Vygotsky, 1978).

4.1. Recommendations

Firstly, increasing the sample size is recommended to enhance the generalizability and external validity of the findings.

Attention should also be given to the emotional and psychological well-being of preschool educators and parents who provide information about their children. Advanced research into these factors can help acknowledge the demanding roles of educators in these institutions and the multiple responsibilities of parents, who may face challenges in dedicating focused attention to their participation in such studies.

Finally, future data collection is recommended to involve responses from parents and educators who interact directly with the children. This approach would allow for comparing perspectives, enabling more comprehensive and reliable conclusions.

References

[1]. **BANDURA, A.** (1977). *Social Learning Theory.* Prentice-Hall.

[2]. **BLACKBURN, S.** (2001). *Being Good: A Short Introduction to Ethics.* Oxford University Press.

[3]. **BRONFENBRENNER, U.** (1994). Ecological models of human development. In *International Encyclopaedia of Education,* Vol. 3, 2nd Ed. Oxford: Elsevier. Reprinted in: Gauvain, M. & Cole, M. (Eds.), *Readings on the development of children,* 2nd Ed. (1993, pp. 37–43). NY: Freeman.

[4]. **Early Development Instrument: Interpretation toolkit.** URL: https://edi-offordcentre.s3.amazonaws.com/uploads/2019/03/EDI-interpretation-toolkit.pdf Accessed: 10.01.2025

[5]. **GRUSEC, J. E., & DAVIDOV, M.** (2007). Socialization in the family: The roles of parents. In J. E. Grusec & P. D. Hastings (Eds.), *Handbook of Socialization: Theory and Research* (pp. 284–308). New York: Guilford Press.

[6]. **IVANOVA, V.** (2024). The possibilities of Positive Psychotherapy to help children with autism (ASD) and their families. *The Global Psychotherapist,* *4*(2), 129–132. http://doi.org/10.52982/lkj240

[7]. **KAZDIN, A. E. (**2005). *Parent Management Training: Treatment for Oppositional,*

Aggressive, and Antisocial Behavior in Children and Adolescents. Oxford University Press.

[8]. **KOHLBERG, L.** (1984). *Essays on Moral Development, Volume II: The Psychology of Moral Development.* Harper & Row.

[9]. **LAPSLEY, D. K., & NARVAEZ, D.** (2005). *Moral Development, Self, and Identity.* Psychology Press.

[10]. **NAIDIONOVA, H., & UNINETS, I.** (2023). Parables as a Transcultural Tool for a Psychologist's Work with the Requests of Parents of Children with Abnormal Development. *The Global Psychotherapist*, *3*(1), 93–97. https://doi.org/10.52982/lkj186

[11]. **NUCCI, L.** (2001). *Education in the Moral Domain.* Cambridge University Press.

[12]. **NUCCI, L.** (1997). Synthesis of research on moral development. *Education Leadership, 44*(5), 86–92.

[13]. **PESESCHKIAN, N.** (1987). *Positive Psychotherapy: Theory and Practice of a New Method.* Berlin: Springer-Verlag.

[14]. **PESESCHKIAN, N.** (1999). *Positive Psychotherapy: Theory and Practice of a New Method.* Springer.

[15]. **PESESCHKIAN, N.** (2016). *Positive Family Psychotherapy: Positive Psychotherapy Manual for Therapists and Families.* Revised edition: International Academy for Positive and Transcultural Psychotherapy. Peseschkian Foundation, Wiesbaden, Germany.

[16]. **PETERSON, C., & SELIGMAN, M. E. P.** (2004). *Character Strengths and Virtues: A Handbook and Classification.* Oxford University Press.

[17]. **REST, J. R., NARVAEZ, D., BEBEAU, M. J., & THOMA, S. J.** (1999). *Postconventional Moral Thinking: A Neo-Kohlbergian Approach.* Psychology Press.

[18]. **SANADHYA, R., SHARMA, D. K., & SUSHIL, C. S.** (2010). A comparative study of altruism among the boys and girls of joint and nuclear families. *Journal of Mental Health & Human Behavior, 15*(2), 88–90.

[19]. **SKARIN, K., & MOELY, B. E.** (1976). Altruistic behavior: An analysis of age and sex differences. *Child Development, 47*(4), 1159–1165. https://doi.org/10.2307/1128455

[20]. **VYGOTSKY, L. S**. (1978). *Mind in Society: The Development of Higher Psychological Processes.* Harvard University Press.

[21]. **YILMAZ, O., BAHÇEKAPILI, H. G., & SEVI, B.** (2019). Theory of moral development. In Shackelford, T., & Weekes-Shackelford, V. (Eds.), *Encyclopedia of Evolutionary Psychological Science.* Springer.

.

Section: Theoretical reviews and research in PPT

PRIMARY CAPACITIES OF LOVE AND CARE

Ivan Kirillov

MD, PhD, psychiatrist, psychotherapist,
Master trainer of PPT,
private practice (Istanbul, Türkiye)
Email: surfstress@gmail.com
ORCID: 0009-0005-1701-8367

Received 23.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj256

Abstract

This article follows up the previous one as part of the four-publication series, clarifying the list, definitions, and diagnostic criteria for primary actual capacities postulated by Nossrat Peseschkian in line with recent psychodynamic theory and practice developments. This second article addresses capacities of love and care, offering a deeper understanding of related psychodynamics of motivations, cognitions, behaviors, and relationships.

Specification of diagnostic criteria equips therapists for more accurate and objective clinical assessment, personalized interventions, development of self-help tools, and further research.

Keywords: Positive Psychotherapy, operationalization, primary capacities, love, care

Introduction

Primary capacities are "basic mental processes (Peseschkian, 1974, 1987), similar to personality structure functions (OPD Task Force, 2023), that regulate impulses (stress & emotions), mental functions, and meet primary needs (Kirillov, 2015).

These capacities develop through relationships, particularly with primary caregivers (Peseschkian, 1987; Rudolf, 2002; Rudolf et al., 1995; OPD Task Force, 2023) and shape our ruther interactions with ourselves (reactive mode) and others (active mode).

These personality functions are not directly observable and can only be inferred from bodily reactions (stress, emotions, expressions, movements) and associated behaviors.

To improve clinical usability, the list of primary capacities was optimized (Peseschkian, N., 2016; Peseschkian, N., Deidenbach, H., 1988) and recently refined with OPD insights (Kirillov, 2015, 2024).

This optimization provides a minimal yet sufficient operationalization for description, diagnosis, systematization of therapy, and research. While therapists can still use all available linguistic richness of their language to tailor unique interventions for every patient, this concise set facilitates clinical work and reasoning. It has been well-received by practitioners and proven clinically useful (Kirillov et al., 2023).

To refine the optimized list of primary capacities and operationalize their use, this article continues a four-part series by exploring capacities of *love* and *care* associated with the dimension of relationships in the Balance model.[1]

Methodology:

[1] 1) Body (Contact & Pleasure), 2) Relationships (Love & Care), 3) Achievement (Time & Trust), 4) Imagination (Meaning & Ideal).

Operationalisation and Diagnostic.

For ease of understanding, each primary capacity is described along the following pattern:

1. Definition
2. Reactive (self-directed) mode
3. Active (object-oriented) mode

Each capacity mode is detailed by three **sub-capacities** and the specifics of their manifestation at each of the three levels of integration, corresponding to three stages of relationship development. *Low* (attachment stage), *moderate* (differentiation stage), and *good* integrations of personality structure are respectively manifested in dysfunctional, limited (especially under stress), and sufficient self-regulation and healthy object relations even under stress. All tables offer corresponding references to ease their comparison with the (sub)functions of the OPD personality structure.

Then, reference questions are provided to provoke the patient to explore the specifics of his/her sub-capacities and their impact on his/her life and the therapeutic relationship.

Finally, some exemplary ideas for therapeutic interventions according to the level of ability integration are presented.

I. Love

I.1. Definition

The APA Dictionary and Oxford Languages Dictionary defines love as a complex, multifaceted (biological, psychological, interpersonal, and behavioral) subjective dynamic experience involving:

- *Passion:* intense "pleasurable sensations" in the presence of the love object, "profoundly tender affection," excitement, and enthusiasm for it, including but not limited to romantic and sexual attraction and desire.
- *Intimacy:* closeness, vulnerability (sensitivity to the reactions of the loved one to the loving one), shared experience, and oxytocin-powered bonding and attachment.
- *Commitment and loyalty:* A willingness to invest in and maintain the relationship over time, even through challenges. This involves dedication, perseverance, and a sense of a shared future.

H. Peseschkian (1977) believed that the main basis of love is confidence. He spoke of love as the ability to appreciate another person as they are, with their strengths and weaknesses. He emphasized the importance of both: "the ability to actively take up emotional ties (to love) and the ability to accept emotional attention (to be loved)."

Considering the insights of the OPD-3 on the function of structure *Affection* for inner and outer objects, the above definitions can be summarised as follows.

Love is a capacity to integrate and internalize as resourceful introjects secure, emotionally charged, validating relationships to generate, accept, experience, and cultivate deep, vibrant, joyful, and fulfilling affection to self and diverse others with their strengths and weaknesses, balancing inevitable dependence with autonomy.

Mature love enables one to cope constructively with parting and loss by appropriately grieving and moving forward. It sustains the memories of love experiences as resourceful introjects, allowing one to enjoy and productively use solitude and initiate/accept new relationships.

A prerequisite of the mature capacity of love is a sufficiently developed ability for contact and pleasure (Kirillov I., 2024), allowing one to differentiate the quality and satisfactoriness of experience.

The instruments of love are the ability to generate [resourceful] introjects from pleasant experiences of togetherness to build and stabilize an attitude (readiness to respond with a certain emotion to a recurring stimulus) and affection.

The love can be *reactive* or *active*.

I.2. Reactive Love

Reactive love is directed toward the self by self and others. It is described by three sub-capacities (aspects)

I.2.A. Sub-capacities of reactive love (Table 2)

- **to love self –** to create and enjoy a positive image of self and one's capacities based on emotionally charged loving, encouraging, and forgiving introjects, and to enjoy solitude productively.
- **to use introjects –** to draw on internalized experiences of loving relationships to calm, stabilize, and protect oneself even in frustrating and conflicting situations.
- **to accept and appreciate other's affection**, coping with the stress of adequate co-dependency and possible disliking and rejection.

Table 1.
Three levels of integration of sub-capacities of reactive love

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Self-love (ST 5.1 Internalization)	- Creates and sustains affectively charged loving, encouraging, and forgiving introjects to enjoy and sustain the image of good enough self and one's capacities. - Takes solitude well, uses it productively, and enjoys it.	- Less differentiated and stable introjects of loving people, often criticizing and blaming, create a vulnerable image of self and one's abilities. - Takes loneliness as a burden or relief (depending on the conflict).	- Fragmented, unstable introjects, often frightening and punishing, result in fantastically idealized or devaluated images of self. - Loneliness is unbearable and can provoke a crisis.
Use of introjects (ST 5.2 Use of introjects)	- Draws on internalized experiences of loving relationships to calm, stabilize, and protect oneself even in frustrating and conflict situations.	- Has difficulty using ambivalent or criticizing introjects to calm, stabilize, and protect oneself. Under stress, such introjects can even destabilize.	- Frightening and punishing introjects are destabilizing down to decompensation.
Acceptance of affection	- Accepts and values others' affection. - Copes with the stress of adequate co-dependency and of disliking and rejection.	- Shies away or gets overexcited from others' affection. - Hardly copes with the stress of codependency. Avoids or fosters co-dependency.	- Perceives other's affection as an attack and can react aggressively.
The predominant emotions	- Enjoys one's existence as a pleasant and exciting rich experience.	- Fears to lose the love of an important validating, supportive, and controlling object.	- Self-experience is painfully unpleasant, colored with self-contempt, disgust, and hatred
Coping & defense	- Flexibly and consciously uses pleasant experiences of self and loving introjects.	Seeks for the love of others.	Affective impulsive actions aimed at destroying oneself or an object.
EXAMPLES			
Therapist: *How do you feel about yourself?*	**Client:** *I feel good, calm, and interested in myself. I enjoy solitude to recuperate, reflect, and contemplate.*	**Client:** It depends, but most of the time, I'm hard on myself; because I fear becoming unproductive and losing my value to others.	**Client:** *I hate myself and my life, which has turned into pain and fear of more pain and more loneliness.*
Therapist: *Does your self-attitude change in difficult situations?*	**Client:** *Of course, for a while, I lose my temper, blame or doubt myself. But soon, my dad's words brought my spirit back: 'It's not how you fall, but how you get up, that matters".*	**Client:** *I lose my temper and blame myself. I feel like everyone has turned their backs on me. I need someone who understands and supports me; otherwise, I will be tormented by doubts forever.*	**Client:** *It's only getting worse. I'm ruining everything just to make it end sooner – no matter how.*
Therapist: *How do people usually feel about you?*	**Client:** *People usually like me. It feels good, encourages me, and I gratefully accept their love. When someone does not like me, I usually know why.*	**Client:** *I do everything to earn their favor, and they either embarrass me with love or torment me with indifference.*	**Client:** *Nobody cares. They despise me and push me away. I try to hold on to them, but all I get is hatred and rejection.*

I.2.B. How do we ask about reactive love?

Sub-capacity to love self.

- How do you feel when you are alone?
- How do others treat you?
- How do you treat yourself?
- Are you jealous?

Questions for the therapist about countertransference

- Do you feel that the patient seeks your affection?
- Do you feel affection towards the patient?
- Does it seem that the patient appreciates and enjoys him/herself?

Sub-capacity to use introjects.

- How do you react to criticism or rejection?
- How quickly do you recover from stress?
- Do you tend to be self-critical or offer support and encouragement in tough situations?
- When faced with difficulties, do you support yourself with inspiring memories and/or imagining the encouragement and advice of loved ones?

Questions for the therapist about countertransference

- Do you worry about the patient?
- Do you want to soothe, support, and encourage the patient or criticize them?
- Do you feel the patient's inner solid core can cope with shocks and difficult feelings?

Sub-capacity to accept and appreciate other's affection.

- Do you try to earn the love of others?
- How do you take other people's affection for you?
- How do you cope with it?

Questions for the therapist about countertransference

- Do you sense that the patient is demanding or avoiding your affection?

I.3. Active Love

Active love is directed toward objects and other people. It is described by 3 sub-capacities (aspects)

I.3.A. Sub-capacities of active love (Table 2)

- **to develop, enjoy, and maintain affection,** endowing objects with an emotional value, enduring and utilizing necessary dependency yet respecting one's own and others' independence.
- **to deal with multiple affections (triangulation),** simultaneously experiencing emotionally diverse relationships with different multidimensionally perceived people.
- **to disconnect bonding and bear parting,** grieving the loss appropriately.

I.3.B. How do you ask about active love?

Sub-capacity to develop and maintain affection.

- How would you describe your relationship with N?
- Do you get attached to people easily?
- Are you able to form close relationships?
- Are you able to maintain long-term relationships?
- What prevents you from engaging in deep relationships with others?

Questions for the therapist about countertransference

- Do you understand the emotional relationships and connections the patient is describing?
- Do you feel coldness/detachment (or excessive attachment) in your relationship with the patient?

Sub-capacity to deal with multiple affections.

- Can you feel affection for several people simultaneously?
- How is your attitude towards different people similar or different?
- What are the similarities/differences between people you (dis)like?

Questions for the therapist about countertransference

- Do you feel discomfort and tension when the patient describes their relationships with one or more partners?

Sub-capacity to disconnect bonding and bear parting.

- How do you experience break-ups?
- How do you handle conflicts?
- Have you had relationships that were difficult for you to end?

Questions for the therapist about countertransference

- Do you feel embarrassed, withdrawn, or engaged... when the patient talks about break-ups?

- Do you experience a sense of emptiness or impending doom when the patient describes break-ups?

Table 2.
Three levels of integration of sub-capacities of active love

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Affection (ST 5.4 Affection) (ST 5.1 internalization)	- Develops, enjoys, and maintains affection, endowing objects with an emotional value of joyful experiences of closeness, integrated into good, consistent introjects - Endures and utilizes necessary dependency yet respects one's and others' independence.	- Tends to over- or under-estimate others according to immediate situative needs/impulses. Forms vague, unstable, often ambivalent introjects that poorly support rigid, conflictual, emotionally draining relationships. - Tends to rigid overdependency or alienation.	- Intense symbiotic or distant relationships form unstable, fragmented, fantastically idealized, or frightening introjects, enabling only unstable or no attachment. - Symbiotic, sometimes masochistic dependency alternates with aggressive attempts to control objects.
Triangulation (ST 5.3 Variability)	- Simultaneously accesses emotionally varying attachments to different multidimensionally perceived people.	- Tends to simplify and equate images of others and relationships. Triadic relationships are difficult and vulnerable.	- Others' images are not differentiated and cliched. Triadic relationships are unimaginable.
Disconnect bonding and bear parting. (ST 5.6 Release from liability)	- Able to let go of the affective investments from the lost others and own preoccupation with them. - Endures separation and grieves the loss appropriately.	- Struggles to end affective preoccupation with the lost object, discards its once positive introjects. - Ignores parting or clings to the object.	- Unable to discontinue an affective preoccupation with the lost object. After parting, destroy or idealize related introjects. - Unable to bear the grief.
The predominant emotions (ST 4.5 Closeness)	Vivid, tender emotional intimacy with or without sexual excitement and pleasure.	Fear of losing an object or being consumed by it.	Fear of being damaged by the object.
Coping & defense	Openly creates joyful closeness and bounds.	Overattachment, avoidance of attachment, or ambivalence.	Compensation by fantasies or impulsive actions. Anhedonia.
EXAMPLES			
Therapist*: Tell me about your attitude towards Elena.*	**Client:** *I love her and cherish our time together. While I do not always understand her, I feel connected and happy with her. Even her tardiness is endearing to me, although I prefer punctuality.*	**Client:** *I love her. She's the meaning of my life. It's a shame that she doesn't appreciate that and loves me less than I love her. Every time she's late, I'm afraid she's left me.*	**Client:** *She possesses me completely. It's scary. But parting with her would kill me. Yet when she is gone, it takes me a minute to return to my life, and I don't think about her until the next time I see her.*
Therapist: *Do you have other close relationships?*	**Client:** *Yes, I have many supportive, tender, open, close friends and girlfriends.*	**Client:** *I don't want anyone but her. I don't get her desire to be with someone else.*	**Client:** *No! I can't even think of anyone else. I can't lose her.*
Therapist: *How do you handle separations?*	**Client:** *It hurts at first, but then I feel tender gratitude for the good experiences we have co-created, which have made me who I am now.*	**Client:** *It's awful. It feels like a part of me is disappearing forever. With each breakup, I trust people less and less and doubt myself more and more.*	**Client:** *I don't want to think about it. After breaking up with my ex, I hardly ever left the house,*

			and I still can't trust anyone.

II. Care

II.1. Definition

Oxford Languages defines care as "the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something." The APA Dictionary addresses care and protection as a fundamental aspect of love, encompassing dedication to the well-being of loved ones, empathy, compassion, responsibility, and readiness to act in their best interest.

While Peseschkian (1987) didn't initially include care as a primary capacity, he recognized its vital role, stating that love “is marked by the mutual relationship between giving and taking.” Indeed, love thrives on giving and receiving care that meets our needs for attention (contact), time, appreciation (love), tenderness and sex (pleasure), trust, meaning, and ideals.

However, while deeply linked to love, care is a distinct capacity: one can love without caring, and vice versa.

Research clearly demonstrates (Emde, 1988) that infants have not only an innate need for care but also the capacity to find caregivers and engage them in caring relationships actively (Young et al., 2017; Spokes & Spelke, 2017), stimulating the development of brain structures (Ilyka, D. et al., 2021) and self-regulation (Fonagy et al., 2002). The primacy of the need/ability of care is confirmed by empirical validation of the “need for care versus autarky” conflict (Schneider et al., 2008; Vierl et al., 2023).

In this article, care is defined considering clinically distinctive criteria correlating with the structural functions of the OPD-3:

Care is the capacity to balance interests (ST 2.6) and protect (ST 2.4) mutually satisfying relationships by differentiating one's and others' needs, knowing how and being able to meet them, regulating impulses, asking for help when needed, and gratefully accepting help.

A prerequisite of the mature capacity of care is a sufficiently developed ability to recognize (contact) one's own and others' emotions and triggers (pleasure), to form one's own, and to distinguish between other people's preferences (love).

The instruments of care are abilities:

- to distinguish (notice and understand) one’s own and others' needs;
- to consider and meet one’s and others' needs by regulating impulses and mastering secondary capabilities and skills.

It is helpful to differentiate between active and reactive care.

II.2. Reactive care

Reactive care is directed toward the self by self and others. It is described by 3 sub-capacities (aspects)

II.2.A. Sub-capacities of reactive care (Table 3)

- to care for self, using forgiving and caring introjects to notice, understand, consider, express, and meet one’s own needs, balancing them with the altruistic position in the conflict.
- to ask for help and rely on resourceful people when self-care is impossible, without falling into helpless dependence on them.
- to accept help, care, guidelines, apologies, etc., gratefully.

II.2.B. How do we ask about reactive care?

Sub-capacity to care for self.

- How do you take care of yourself?
- Who takes care of you now? How?
- Who took care of you in your childhood? How?
- Do you always understand what you need and why?
- Can you always openly say what you need?
- Do you always say openly what you like or dislike?
- Can you cope without the help of your partner?

Questions for the therapist about countertransference

- Do you feel that you are helping the patient enough?
- Are you overly worried about or pitying the patient?
- Do you feel that the patient is too demanding or exploiting you?

- Do you tend to blame the patient or his/her environment?
- Do you feel guilty towards the patient?
- Do you have an impulsive urge to protect or care for the patient?

Table 3.
Three levels of integration of sub-capacities of reactive care

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Caring for self (ST 2.6 Balancing interests)	- Uses resourceful introjects of forgiving and caring for others to: - Notice, understand, consider, express, and meet one's needs. - Balance own interests with the altruistic position in the conflict.	- Inconsistently demanding or pampering introjects drive one to: - Poor understanding and asserting of one's own needs. - Behave impulsively, altruistically, selfishly, or ambivalently in conflicts.	- Fragmented demanding, punishing, or permissive introjects erupt in impulsive: - situational demands, - selfish behaviors. - One cannot perceive one's own strong needs. Alternatively, have no intentions at all.
Asking for help	- Able to rely on resourceful others, asking them for help when self-care is impossible, without falling into helpless dependence on them.	- Ability to ask for help is limited by guilt or fear of rejection. Alternatively, tends to depend on and exploit others, occasionally feeling guilty.	- Shamelessly exploits others or never asks for help.
Accepting help	-Gratefully accepts help, care, guidelines, apologies, etc.	- Rejects help as an attempt to control or takes it for granted.	- Aggressively rejects help offered as an intrusion or abuses it.
The predominant emotions	- Confidence and gratefulness.	- Craving, irritation with unfairness, or suppressed guilt.	Craving, impatience, anger, greediness.
Coping & defense	Negotiates: asks, listens, understands, explains.	- Impulsively suppress or express claims and guilt.	-Compensatory fantasies about needs and care.
EXAMPLES			
Therapist: *How do you care for yourself?*	**Client:** *I usually understand and meet my needs well.*	**Client:** *I feel guilty prioritizing my own needs. I dedicate myself to my family.*	**Client:** *My impulsive urge to get something can be so strong that I can't think about anything else until I get it.*
Therapist: *What do you expect from Andrei?*	**Client:** *Sometimes, I just need him to let me be weak, to listen and support me, to tell me where I'm cheating myself, and, of course, to help with daily matters.*	**Client:** *Simple human understanding and caring. I do everything for him, and he doesn't even bother to ask how to help me.*	**Client:** *To be a man, not a selfish and greedy prick. He should make sure that I have everything I need and that I have peace of mind.*
Therapist: *How do you ask him to do that? (how do you get it from him?)*	**Client:** *I just tell him what I need. If he can, he always helps, and I'm grateful. And if he can't, he just says so. We agreed on this, and I don't take offense or pester him, but I look for a way to cope or ask my friends.*	**Client:** *Why do I have to ask him? It's humiliating. It's easier for me to do it myself. He just brings money and thinks that's enough. How can he do that?! I had to ask him ten times for everything, and I couldn't stand it.*	**Client:** *I have to demand because he doesn't understand otherwise. He tries to buy me with rubbish! I don't need his charity. It's not fair! He ruined my life, and now he's gonna leave me? How am I supposed to survive on my own?*

Sub-capacity to ask for help

- What do you expect from N? How do you ask for it?

- Can you ask for help in difficult situations?

Questions for the therapist about countertransference

- Do you feel the patient does not tell you everything about his/her feelings and desires?
- Do you understand why the patient is in therapy?
- Do you feel that you are imposing your help on the patient?

Sub-capacity to accept help

- Do you easily accept help from others?
- How do you thank people for their help?

Questions for the therapist about countertransference

- Are you seeking the patient's gratitude?
- Are you concerned about the patient's satisfaction?

II.3. Active Care

Active care is directed toward objects and other people. It is described by 3 sub-capacities (aspects)

II.3.A. Sub-capacities of active care (Table 5)

- **to care for others,** considering their needs and balancing them with egoistic impulses in conflict.
- **to protect others from one's impulses** by dealing with them within one's Self.
- **to sustain relationships actively** by temporarily adopting the perspective of others to predict their reactions to one's behavior and adjust one's actions to get the desired outcome.

II.3.B. How do you ask about active care?

Sub-capacity to care for others.

- Do you often help those around you? How?
- How well do you understand people's needs?
- How do you feel when people ask you for help?
- Do you consider the other's interests when making decisions?
- Do you often say no to people?

Questions for the therapist about countertransference

- Are you comfortable asking the patient for something?
- Do you feel that you are over-exploiting the patient?

Sub-capacity to protect others from one's impulses.

- Do you often hold back to avoid hurting others?

Questions for the therapist about countertransference

- Do you suspect the patient of insincerity?
- Are you angry with the patient's environment?
- Are you angry at the patient's 'spinelessness'?
- Are you afraid of offending the patient?

Sub-capacity to sustain relationships actively.

- Can you imagine other's reactions to your actions?
- Do you find it easy to compromise?
- Do you often demand more of yourself than those around you expect of you?
- Do you break agreements and/or rules? Can you sacrifice your interests for the sake of others?
- In what circumstances? Why?

Questions for the therapist about countertransference

- Do you feel that the patient manipulates you or others?

Discussion: Therapeutic Interventions.

The operationalization of love and care capacities enables the optimization of therapeutic interventions to integrate these primary abilities, fostering resilience and effective coping for inner and external challenges.

Here are some suggestions for differentiated interventions to spark therapeutic creativity:

I. Ideas for the development of low-integrated capacities for love and care

If love and care are not sufficiently integrated, it would be wise to prioritize transference-based psychodynamic interventions to counteract destructive patterns of inadequate attachment and care learned earlier and to foster a healthier exchange of affection and mutual care.

Interventions should be mainly conducted during sessions to maximize the outcome, with simple and manageable tasks assigned for intersession practice.

Table 4.
Three levels of integration of sub-capacities of active care

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Caring for others (ST 2.6 Balancing interests)	- Considers others' needs, balancing them with egoistic impulses in conflict.	- In conflict, perceives the others' needs as competing and acts selfishly or altruistically.	- Constructs incomprehensible others' needs. Acts impulsively selfish or fake altruism.
Protection of others from own impulses (ST 2.4 Protection of relationships)	- Protects relationships by dealing with one's impulses within one's Self, considering others' needs.	- In conflict, he tends to blame others for his/her impulses and use relationships to deal with inner problems.	- Destroys relationships by unmanaged impulses or avoids shared experiences.
Active sustaining of relationships (ST 2.4 Protection of relationships ST 2.5 Forecast)	- Can temporarily adopt the other's perspective to predict their reactions to one's behavior and adjust one's actions to get the desired outcome.	- In conflict, perceives others' position as a threat, forecasts their reactions based on one's concepts, and reacts accordingly.	- Unable to predict other people's reactions and consider their point of view or severely distorts it by own needs and fears.
The predominant emotions	- Altruistic enthusiasm. - Sometimes, an adequate guilt for selfish actions.	- Pride in own "altruism." - Zeal for justice. - Painful guilt for own egoism.	- Irritation, anger, rejecting contempt. - Passionate dedication.
Coping & defense	- Creates rules/values and follows them to regulate own impulses.	- Passive-aggressively awaits the reward for altruism. - Demands justice.	- Refuses to care for others or eagerly cares for needs fantastically attributed to them.
EXAMPLES			
Therapist: Do you care about Andrei?	**Client:** *Yes. He even says that I know what he needs better than he does. This is nice and favorable for me: when he's happy, he's always ready to do something for me.*	**Client:** *Even too much and often to my detriment. And what for? He doesn't understand what I need and doesn't do anything for me without twenty reminders.*	**Client:** *I feed him and wash his trousers. But that's not enough; he's always demanding something else. Ungrateful beast!*
Therapist: What if your interests don't align?	**Client:** *It depends on the circumstances. If something is important to me, I'm more likely to do it, even if he doesn't support me. But I will gladly give in if it is not as important to me as it is to him.*	**Client:** *That's why his requests piss me off – he doesn't care about my needs if I don't start scandalizing him. And he doesn't understand anything; he's just trying to avoid arguments and guilt.*	**Client:** *I'm sending him to hell with his requests. He didn't hire me! This is my life! I'm his wife, not his slave.*
Therapist: Do you have to hold back to avoid upsetting Andrei?	**Client:** *Of course! I often know that I get crazy over nothing, and after a few seconds, I realize everything is fine. We've agreed to take a time-out for half an hour if one of us goes off the rails. Then, once we've calmed down, we talk it through.*	**Client:** *I try, but there are limits. I often snap and then blame myself for it. He doesn't deserve to be tortured like this, and I don't think he'll ever realize it, and it drives me crazy.*	**Client:** *Oh, yeah?! He doesn't hold back when he invades my life and sits on my neck. I tell him everything, I think. Then I feel bad, I don't know why. He pisses me off. On purpose. I take it out on him so he won't do it again.*

I.I.A. Psychodynamic Interventions[2]

- ***Build rapport*** by creating a safe space and time and being emotionally engaged and available for emotional contact and interaction.
- ***Empathically mirror and compassionately validate*** the patient's story, reactions, and behaviors with a genuine, gentle, encouraging smile. Explore with the patient their functions for affection management and care exchange.
- ***Guide the therapeutic relationship,*** accepting and appreciating the affection and transference dynamics offered by the patient/client to condition the ground for stable validating introjects, fostering her/his value and further autonomy.

I.I.B. Body-oriented interventions

- ***Notice and name*** the patient's and your recurring emotions and other body reactions: *"You smile every time speaking of her. What does that suggest about your attitude towards her?" "I feel tension whenever you mention it. Does this correspond to your experience with him?"*
- ***Ask the patient to describe*** the physical sensations they attribute to different feelings/attitudes: *"What do you experience physically when you are in love, hate, respect, envy, etc.?"*

I.I.C. Cognitive interventions

- ***Foster mentalization: Encourage the patient to notice their and others'*** recurring emotions and attitudes: *"What do you feel about N? Why do you think so? How does he/she feel about you? Why do you think so?"*
- ***Ask the patient to measure*** his/her and others' attitudes/feelings (love, hate, etc.) for themselves and different people.

I.I.D. Behavioral interventions

- ***Ask the patient to describe*** his/her typical behaviors and outcomes in relationships with those he/she loves, hates, respects, etc.
- ***Ask the patient to describe*** the features and behaviors that condition him/her to (not)love others.

I.2. Care

I.2.A. Psychodynamic interventions

- ***Actively explore and validate the patient's needs,*** driving his/her reactions and behaviors. Verify/confirm your understanding by summarising, paraphrasing, and/or repeating their words.
- ***Agree with the patient on the therapeutic contract and adhere to it,*** yet carefully consider his/her immediate needs.
- ***Explore with the patient what needs*** are to motivate others (including your own) reactions and behaviors in interactions with him/her.

I.2.B. Body-oriented interventions

- ***Note the patient's bodily reactions*** of frustration, enthusiasm, and suppression and discuss the needs, concepts, and behaviors, conditioning those.
- ***Explore with the patient the other's (including your own) reactions*** of frustration, enthusiasm, and suppression and discuss the possible needs, concepts, and behaviors, conditioning those.

I.2.C. Cognitive interventions

- ***Explore the patient's experience of care and needs satisfaction*** in childhood and life history.
- ***Explore the patient's concepts and habits,*** associating certain norms, behaviors, and behavioral expectations with particular needs.

I.2.D. Behavioral interventions

- **Ask the patient to practice:**
  - simple acts of care for self and others,
  - small favour requests,
  - o grateful acceptance of help,
  - gratitude to self and others.

II. Ideas for the development of medium-integrated capacities for love and care

If/when the patient initially demonstrates or progresses in therapy to a **medium level of capacity integration**, the therapist can leverage these established abilities and introduce more challenging (cognitive and behavioral) interventions, fostering the patient's inner processes to further empower him/her towards greater autonomy.

Therapy for these people focuses on strengthening their ability to differentiate their

[2] Psychodynamic techniques should be used for all patients, yet particularly for patients with low levels of integration.

affections, care, and responsibilities from those of others, exploring the impact of those on relationships with self and others, developing self-regulation, and dealing with inner conflicts and destructive patterns of relationships.

II.1. Love

II.1.A. Psychodynamic interventions

- ***Navigate the patient's curiosity*** with questions to explore his/her love for self and others, capacity to deal with others' affections towards him/her, loneliness, and co-dependency. Encourage the patient to investigate related concepts, conflicts, and their biographical origins.
- ***Encourage the patient's maturation and optimization of their coping with the challenged capacity to love self and*** *others and accept love*.
- ***Attribute any positive development to the patient's efforts, capacities, and recourses*** (Asay T, Lambert M, 2001).

II.1.B. Body-oriented interventions

- **Condition the patient to explore, embody, and experiment with different bodily experiences associated with attachment, differentiation,** and mature individuation.

II.1.C. Cognitive interventions

- ***Use questions to encourage the patient to recognize realistic positive functions of his/her styles of attachment, differentiation,*** and mature individuation.
- ***Discover and use the patient's symbols, metaphors, and narratives*** associated with love, affection, and other attitudes and relationships.
- **Condition the realistic positive[3] expectations[4]** by verbalizing realistic criteria for developing the capacity to love and accept affection.

II.1.D. Behavioral interventions

- ***Engage the patient in active practice and experimentation*** with behavioral patterns in relationships between sessions, collaboratively defining realistic actions to practice and discussing gained experience at the next session.
- ***Encourage the patient to journal*** his/her observations and experiments in his/her relationships with self and others*

II.2. Care

II.2.A. Psychodynamic interventions

- ***Attribute success in therapy to the patient's efforts,*** referring to it as their ability for self-care.
- ***Address and facilitate (if appropriate) challenges in the therapeutic process*** for yourself and the patient.
- ***Encourage the patient's ability to be aware and cope*** with their own and others' needs.

II.2.B. Body-oriented interventions

- ***Ask the patient to notice and journal his/her bodily reactions*** for frustration, suppression, satisfaction, or expected satisfaction of different needs. Discuss it.
- ***Ask the patient to notice and journal others' bodily reactions*** for frustration, suppression, satisfaction, or expected satisfaction of different needs. Discuss it.

II.2.C. Cognitive interventions

- ***Using questions, provoke the patient's awareness of:***
  - the care-exchange balance in their relationships;
  - his/her ways to ask for and accept help;
  - the other's ways to ask for and accept help;
  - the other's reactions to his/her behavior.
- ***Discover and engage the patient's symbols, metaphors, and narratives*** associated with their care to optimize it.
- ***Discuss the patient's expectations of your and others' care for him/her and his/her active participation (responsibility) in therapy.***
- ***Prompt the patient to take ownership (make rules) of their actions,*** considering their own and others' needs and expected reactions of others.

II.2.D. Behavioral interventions

- ***Encourage the patient to journal*** his/her observations and experiments of self-care and care exchange.
- ***Encourage the patient to find and probe alternative reactions and behaviors*** that would mutually meet his/her needs and those of others (including yours).

[3] to reduce the anxiety and boost faster recovery (Egbert LD, et al 1964)

[4] To activate mesolimbic dopaminergic system (Benedetti, 2011.)

III. Ideas for the development of high-integrated capacities for love and care

If/when the patient enjoys **a high integration of love and care capacities, therapy shifts towards empowering them through active experimentation and practice in physical, behavioral**, mental, and interpersonal dimensions to cultivate flexible and sustainable health resources addressing inner and outer challenges.

Therapeutic approaches include:

- Active practice of:
  - love and care in diverse scenarios;
  - awareness, understanding, negotiating one's and others' affections and needs, fostering self-appreciation and care, and optimizing affectionate relationships and care exchange.

The goal of therapeutic collaboration is to cultivate the following:

- Sustainable loving, encouraging, forgiving, and caring introjects to enjoy self-love and self-care, allowing to:
  - Stabilise and protect one's self even under stress.
  - Balance own needs with those of others.
  - Use the solitude productively and joyfully.
  - Accept and appreciate others' affection, coping with the stress of adequate co-dependency.
  - Cope with disliking and rejection.
  - Ask for help without falling into helpless dependence and accept it gratefully.
- Initiation and maintenance of affection, endowing objects with an emotional value of good, consistent introjects, allowing to:
  - Endure and utilize necessary dependency while respecting one's own and others' independence.
  - Simultaneously access emotionally varying attachments to different multidimensionally perceived people (triangulation).
  - Endure separation and appropriate grieving, let go of the affective investments from the lost others and own preoccupation with them.
  - Consider others' needs, balancing them with egoistic impulses in conflict, protecting relationships by dealing with one's own impulses within one's Self, and adjusting one's actions to predicted reactions of others to one's behavior (care).

3.1 Love & Care

Psychodynamic practice experimentation

- **Trust the patient's perception, reactions, capacities, and learning style**, encouraging and prompting their optimization. Involve the patient in decisions and agreements, honor promises, and encourage patient responsibility.
- **Use Questions** to provoke awareness about relationship dynamics, functions of conflicts, reactions and/or symptoms, needs, expectations, and alternative behaviours.
- **Engage the patient in conscious navigation of 3 stages of the relationship's dynamic,** facilitating their maturing experience towards autonomy, acknowledging and planning approaching completion of therapy.
- **Condition the patient to internalize and optimize constructive relationship algorithms** of affection and care.

Bodily practice experimentation

- **Encourage the patient to actively experiment using body states, emotions, moves, and gestures to navigate the nonverbal relationships**.
- **Help the patient to embody** new experiences of affection, separation, care, asking and accepting help: *"How would you feel when…?"*

Cognitive practice experimentation

- **Autogenic training,** including "programming" new resourceful introjects and narratives, attitudes and affection/separation styles, and care exchange.
- **Ask the patient to develop a convincing positive interpretation** of the symptoms, reactions, and behaviors in a relationship as a capacity to regulate their relationships and care exchange with others.
- **Ask the patient for new ideas and possibilities** to manage their experiences of affection, separation, care exchange.

Behavioral practice experimentation

- **Encourage active practice, experimentation**, exploration, and optimization of various behaviors and experiences in relationships and care exchange, managing associated discomfort.

Conclusions

Exploring the primary needs/capacities of *love* and *care* sheds light on the psychodynamics of one's relationship with self and others, including in the therapeutic process.

A differentiated understanding of the integration levels of these capacities allows the therapist to plan and deliver tailor-made therapeutic interventions, resulting in sustainable improvements beyond mere behavior modification and symptom management.

The detailed operationalization of love and care, enriched with illustrative dialogues, allows for comprehensive differentiated psycho-socio-biological diagnosis, clinical reasoning, tailored treatment planning, interventions, self-help facilitation, and further research.

Practical ideas for possible psychodynamic, body-oriented, cognitive, and behavioral interventions are intended to stimulate further therapeutic creativity and experimentation.

While promising, this model requires further research to solidify its empirical foundation and practical efficiency. Its potential for transforming the therapeutic practice and promoting personal growth is intuitively obvious. It has proven helpful in different practices, but systematic scientific validation across diverse populations and exploration of various therapeutic applications is crucial for its future development.

References

[1]. **AMERICAN PSYCHOLOGICAL ASSOCIATION**. *APA Dictionary of Psychology*. URL: https://psycnet.apa.org/record/2006-11044-000 Accessed: 10.01.2025

[2]. **ARBEITSKREIS OPD** (2023). OPD-3 – *Operationalisierte Psychodynamische Diagnostik: DasManual für Diagnostik und Therapieplanung* [OPD-3 – Operationalisierte Psychodynamische Diagnostik: DasManual für Diagnostik und Therapieplanung.]. Bern: Hogrefe. [in German]

[3]. **ASAY, T., LAMBERT, M.** (2001). Empirische Argumente für die allen Therapien gemeinsamen Faktoren: Quantitative Ergebnisse [Empirical arguments for the factors common to all therapies: quantitative results], in M. Hubble, B.Duncan und S. Miller: *"So wirkt Psychotherapie – Empirische Ergebnisse und praktische Folgerungen",* Verlag modern lernen [in German]

[4]. **BENEDETTI, F.** (2011) T*he Patient's Brain. The Neuroscience behind the Doctor-Patient Relationship.* Oxford, Oxford University Press.

[5]. **EGBERT, L.D., BATTIT, G.E., WELCH, C.E., BARTLETT, M.K.** (1964) *Reduction of postoperative pain by encouragement and instruction of patients.* N Engl J Med.

[6]. **EMDE, R.N.** (1988). Development is terminable and interminable. I. Innate and motivational factors from infancy. *The International journal of psychoanalysis, 69 (Pt 1)*, 23-42.

[7]. **FONAGY, P., GERGELY, G., JURIST, E., TARGET, M.** (2002) *Affect regulation, mentalization, and the development of the self*. Other Press. NY.

[8]. **ILYKA, D., JOHNSON, M.H., & LLOYD-FOX, S**. (2021). Infant social interactions and brain development: A systematic review. *Neuroscience and Biobehavioral Reviews, 130*, 448 - 469.

[9]. **KIRILLOV, I.** (2015). *Positive psychotherapy is in progress. Part 1: The theoretical reflections.* Moscow: Moscow Center of Positive Psychotherapy.

[10]. **KIRRILOV, I., EFREMOVA, P., DOBIALA, E., PLESHAKOV, I.** (2023). Primary Capacities as a Predictor of Perceived Stress, Anxiety, and Depression in the Pandemic Crisis of Covid-19. *The Global Psychotherapist, 3*(2), pp. 19-29

[11]. **KIRILLOV, I. (2024).** Primary capacities of Contact and Pleasure. *The Global Psychotherapist, 4*(2), pp. 68-84.

[12]. **OXFORD LANGUAGES DICTIONARIES**. URL: https://languages.oup.com/google-dictionary-en/ Accessed: 10.01.2025

[13]. **PESESCHKIAN, N.** (1974). Actual capabilities are aspects of connotation and social organization in conflict handling. *Fifth international congress of social psychiatry*. Athens.

[14]. **PESESCHKIAN, N.** (1987). *Positive Psychotherapy. Theory and Practice of a New Method*, Springer-Verlag (Germany, USA).

[15]. **PESESCHKIAN, N.** (2016). *Positive Family Therapy.* Bloomington, USA: AuthorHouse. 428 p. (first published in 1986, Springer-Verlag, Berlin, Heidelberg (Germany).

[16]. **PESESCHKIAN, N., DEIDENBACH, H.,** (1988). *Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie WIPPF* [Wiesbaden Inventory of Positive Psychotherapy and Family Therapy WIPPF]. Berlin - Heidelberg - New York - Tokyo: Springer-Verlag. [in German]

[17]. **RUDOLF, G. (**2002). Konfliktaufdeckende und strukturfördernde Zielsetzungen in der tiefenpsychologisch fundierten Psychotherapie [Conflict-revealing and structure-promoting objectives in depth psychology-based psychotherapy]. *Zeitschriftfür Psychosomatische Medizin und*

Psychotherapie, 48 2, pp.163 –173. [in German]

[18].**RUDOLF, G., BUCHHEIM, P., EHLERS, W., KÜCHENHOFF, J., MUHS, A., POUGET-SCHORS, D., RÜGER, U., SEIDLER, G. H., SCHWARZ, F.** (1995). Struktur und strukturelle Störung [Structure and structural disorder]. *Zeitschrift für Psychosomatische Medizin und Psychoanalyse*, 41, pp. 197-212. [in German]

[19].**SCHNEIDER, G., MENDLER, T., HEUFT, G., & BURGMER, M.** (2008). Diagnóstico Psicodinámico Operacionalizado (OPD-2): Evaluación preliminar de la validez y confiabilidad inter-evaluador [Validity of axis III "Conflicts" of Operationalized Psychodynamic Diagnostics (OPD-1) – empirical results and conclusions for OPD-2]. *Zeitschrift fur Psychosomatische Medizin und Psychotherapie, 54 1*, 46-62. [in German]

[20].**SPOKES, A.C., & SPELKE, E.S.** (2017). The cradle of social knowledge: Infants' reasoning about caregiving and affiliation. *Cognition, 159*, 102-116.

[21].**VIERL, L., VON BREMEN, C., HAGMAYER, Y., BENECKE, C., & SELL, C.** (2023). How are psychodynamic conflicts associated with personality functioning? A network analysis. *Frontiers in Psychology, 14*.

YOUNG, K.S., PARSONS, C.E., STEIN, A., VUUST, P., CRASKE, M.G., & KRINGELBACH, M.L. (2017). The neural basis of responsive caregiving behavior: Investigating temporal dynamics within the parental brain. *Behavioural Brain Research, 325*, 105-116

Section: Theoretical reviews and research in PPT

THE INTELLECTUALIZATION OF MULTICULTURISM: IMPLICATIONS FOR POSITIVE PSYCHOTHERAPY

Andre R Marseille

PhD, LPC. Lecturer at the Department of Counseling and Psychology, Chicago State University. Director at Safepaces Counseling, Coaching, and Consulting Services (USA)

Email: dr.dre@safepaces.com

Received 8.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj257

Abstract

Western multiculturalism has emphasized reason, categorization, and a methodical analysis of race, identity, culture, and belonging. This academic emphasis has strengthened our understanding of Diversity, Equity, Inclusion, and Accessibility (DEIA), resulting in significant policies and programs. These efforts promote diverse appreciation and common humanity. However, this approach has unintentionally imbalanced our understanding of multiculturalism. This has resulted in the intellectualization of multiculturalism. By focusing on the cognitive features that concern multiculturalism, we risk forgetting its rich emotional depth that shapes our interactions with other identities and cultures. Positive psychotherapy encourages practitioners to analyze multiculturalism intellectually and emotionally to build meaningful connections. By focusing on capacities like trust, love, contact, and time, we can shift how mental health and DEIA professionals view multiculturalism into a more holistic one. This emotionally attuned perspective provides a deeper, more real understanding of diversity that speaks to the heart and mind, enhancing human interconnectedness.

Keywords: Positive Psychotherapy, multiculturalism, diversity, equity, inclusion, and accessibility (DEIA), capacity to love and know, cross-cultural counseling

Introduction

The view of multiculturalism in the West has been studied and understood through an intellectual lens that has emphasized our capacity to reason, categorize, and conceptualize the complexities of race, identity, culture, and belonging. This approach has contributed to our ability to articulate concepts like Diversity, Equity, Inclusion, and Accessibility (DEIA) in a way that has translated into a robust set of policies and programs in hopes of helping people appreciate diversity and our common humanity. However, the focus on this intellectualization alone has imbalanced how we understand multiculturalism. This lack of balance highlights the need for a more holistic approach.

The more holistic approach involves understanding multiculturalism through the lens of positive psychotherapy. This approach has the potential to reinvigorate how cultures, especially in the West, understand multiculturalism and diversity. Pioneered by Nossrat Peseschkian in the 1970s and 1980s, Positive Psychotherapy aims to identify the sources of psychological disturbances and activate individuals' capacities and potential for self-help. Grounded in reality and facts, Positive Psychotherapy cultivates coping abilities while addressing individual disturbances and conflicts.

Positive psychotherapy provides a distinctive approach that makes a reasonable case to shift the collective comprehension of multiculturalism by emphasizing two essential

capacities crucial to personality development: knowing and loving. The ability to know includes reasoning, learning, and intellectual engagement. The capacity to love cultivates emotional connections, empathy, and unity. Organizations and individuals prioritizing DEIA initiatives that highlight progressive policies, diversity training, and structural reforms often perceive the intellectualization of multiculturalism as a task to be completed rather than an opportunity for personal growth. However, a comprehensive understanding of multiculturalism necessitates an examination of emotional responses, i.e., our capacity to love—which encourages empathy, connection, and the recognition of our shared humanity to differences and the unfamiliar better to understand the humanity at the core of multiculturism.

Methodology

This research is based on a literature review of significant books and publications on positive psychotherapy, multicultural counseling, and cultural psychology. The analysis focuses on writings by Nossrat Peseschkian, the originator of positive psychotherapy, which establish the conceptual foundation for comprehending the dual powers of love and knowledge in personality development. Moreover, foundational texts like Edwin J. Nichols and Clemmont Vontress contribute to examining cultural diversity and existential methodologies in therapy.

Academic journal articles examining DEIA programs were studied to situate the current focus on cognitive ability ("knowing") within multicultural frameworks. This work seeks to integrate various sources to provide a balanced viewpoint that connects cognitive and emotional dimensions of personality, promoting a more comprehensive implementation of positive psychotherapy in diverse cultural settings.

2.1. Humanity is the core of Multiculturalism

Perhaps the biggest issue in how the West understands multiculturalism and diversity is the lack of humanity in its approach. To better understand multiculturism, the starting point must be the existential reality of being human. At its core, humanity consists of relational beings who form groups, and these groups, in turn, create and sustain culture (Stetsenko, 2020). Culture provides the framework within which humans navigate their individual experiences and collective existence, shaping responses to life's fundamental challenges. Yet, beneath the layers of cultural complexity lies a shared essence that connects all people—a common humanity grounded in innate capacities to love and to know (Bergin, 1994; Kagawa-Singer, 2011; Peseschkian, 2013), and these capacities are developed within culture.

Central to culture is the fact that every human is born into a culture and derives selfhood from it. Interpersonally, culture provides common ways to find meaning and purpose throughout life and to communicate caring (Kagawa-Singer, 2011). Emanating from these common ways are beliefs, values, and lifestyles to successfully adapt within a biotic and abiotic geographic niche using available technology and economic resources. Despite culture and the differences it establishes among humans, humanity must contend with its common features of existence. Existentialism, a doctrine of human existence, posits that an authentic existence requires confronting the unavoidable and common features of existence, namely, the irrefutable dimensions of the human condition—what Yalom (1980) termed the "givens of existence": meaninglessness, death, isolation, and freedom.

The fundamental aspects of life are truths that everyone must confront, irrespective of their cultural background. Although each culture may have its way of interpreting and dealing with these essential truths, the core experience of existence binds all people together. Death and solitude are examples of experiences that everyone encounters, yet they are perceived and commemorated in various ways across different cultures. In other words, culture shapes the lens through which individuals perceive their lives and the world, but it does not negate the universal confrontation with existential concerns.

The inevitability of existential truths has the potential to unify humanity by highlighting shared experiences. There is existential anxiety that coexists with living, which is common to human experience. Hence, amidst cultural differences, the similarity in human experiences becomes apparent. Positive psychotherapy also recognizes this shared humanity through two

basic capacities: knowing and loving, or the fundamental abilities to understand and care for one another. These innate capacities are essential to human existence and transcend cultural boundaries.

Culture, in this light, is not merely a way of distinguishing one group from another. Instead, it serves as a dynamic framework through which humans fulfill their common needs and aspirations, whether seeking safety, security, belonging, esteem, or actualization (Maslow, 1970) or facing the givens of existence. Early civilizations and modern societies have transmitted culture to future generations through survival, cooperation, and a quest for significance. Culture's resiliency lies in its ability to adapt to globalization, climate change, technological advances, and human understanding while maintaining the salient features of human experiences, such as love, fear, connection, and the desire for meaning.

Therefore, the most prudent approach to any recalibration of how multiculturalism is understood must prioritize the universality of the human condition.

2.2. The Intellectualization of multiculturalism

The intellectualization of multiculturalism can be understood as the process of multicultural critical analysis through the lens of academic discourse, where the focus is placed on theoretical frameworks, identity politics, and systematic approaches to culture and diversity. This focus often detaches these discussions from the deeper human connections that underlie such issues. In its intellectualized form, multiculturalism becomes primarily an exercise in cognition, with scholars, administrators, educators, and directors debating the philosophical foundations, policy implications, and practical applications of diversity, equity, inclusion, and accessibility (DEIA). While this approach has undoubtedly advanced the understanding of DEIA in the West, it has also created an imbalance, reducing multiculturalism to metrics, policies, and intellectual frameworks rather than fostering human connection.

Consequently, multiculturalism in the West is often framed in purely intellectual terms, conveying a seemingly detached, clinical, and apathetic approach. The capacity for love and empathy is frequently overlooked, rendering multicultural discussions impersonal and lacking in existential depth.

In the Western context, an emphasis on intellectualism and objective, data-driven knowledge about multiculturalism has led to social backlash, evidenced in arguments and movements about "wokeism" and criticisms of minority citizens as "DEIA hires." The argument that individuals are awarded positions based on identity markers rather than merit is not new. In many ways, DEIA is perceived as a modern extension of Affirmative Action. This perception, however, reflects a misunderstanding—ironically highlighting the consequences of an excessive focus on reason and intellectual constructs without sufficient emphasis on emotional and relational dimensions.

Vontress (1999) emphasized that reducing multiculturalism to abstract ideas neglects the human experience—the essence of what makes multiculturalism meaningful. As posited in positive psychotherapy, the capacity to love involves forming attachments, seeking warmth, and building security in relationships. This humanistic or existential approach to multiculturalism fosters deeper empathy and connection, bridging gaps between diverse communities. It highlights that while understanding and reasoning are important, they are insufficient on their own.

The capacity to love must also be nurtured, as it forms the bonds necessary to create inclusive, equitable, and humane relationships and, by extension, societies. The intellectualization of multiculturalism often misses the point of its intent: not only to understand differences but also to recognize shared humanity—the capacity to love, laugh, cry, hurt, anger, long, and wish. By embracing both capacities—knowing and loving—positive psychotherapy provides a more holistic framework for understanding multiculturalism.

Discussion

3.1. Centering multiculturalism on the capacity to know

The concept of multiculturalism, especially in Western societies, has often constrained the understanding and engagement with culture in research and daily life (Sue, 2001). Consequently, Western societies have predominantly emphasized a capacity-to-know

approach to multiculturalism, focusing on intellectual engagement with diversity, equity, inclusion, and accessibility (DEIA) (McAllister & Irvine, 2000). This approach aligns with notions of efficiency and the functional maintenance of society by emphasizing secondary capacities such as orderliness, punctuality, timeliness, and frugality to understand multiculturalism (Bing et al., 1995). However, this paradigm neglects significant aspects of the human experience—the emotional and relational dimensions that are equally fundamental to existence and, by extension, to the understanding of multiculturalism (Berry, 2016; Lee et al., 2012; Craig & Douglas, 2006; Maan, 2005).

The intellectualization of multiculturalism has resulted in a lack of humanity within cross-cultural encounters. The understanding and implementation of diversity often reflect a Western mindset that prioritizes logic, reasoning, and science as the most effective means of knowing. This perspective frequently neglects the human element in the framework of multiculturalism, bypassing the need for introspection, cultural competency evaluation, and personal growth.

This approach notably overlooks an examination of multiculturalism from an emotional perspective. Such neglect arises partly due to the emotional distress and cultural ambivalence inevitably associated with multicultural issues. Cultural ambivalence is marked by complex or contradictory emotions stemming from the interplay of disparate values, norms, traditions, and practices, reflecting a profound human inclination to apprehend the unfamiliar (Liu, 2010). The unfamiliar is perceived as threatening cultural identity and societal norms in severe instances.

For instance, several academics have highlighted that the mere presence of ethnic minorities on predominantly white college campuses does not guarantee inclusion, recognition, or respect for diversity (Bing et al., 1995). The intellectualization of multiculturalism often leaves many fatigued with diversity and progressive issues, leading to the intentional exclusion of multicultural perspectives, particularly those of racial minorities (Bing et al., 1995).

Hence, we approach multiculturalism intellectually, treating it as an intriguing concept rather than a personal, emotional journey of growth and actualization. The risk in this approach is that it tends to become of fleeting interest over time, something to be checked off a list of responsibilities. When DEIA is approached through the capacity to know, it emphasizes secondary capacities like orderliness, punctuality, frugality, and thrift; the result is a mechanistic understanding of multiculturalism devoid of the emotional engagement needed for genuine transformation.

Individual responsibility, efficiency, and organization in a personal or business setting are important parts of orderliness in the West. Based on individualism and rationalism from the Enlightenment, Western societies often see orderliness as a personal strength linked to productivity, dependability, and self-management. The capacity for orderliness is often demonstrated as making deadlines, reaching goals, and acting professionally. For instance, an organized workspace or a clear plan can be seen as a sign of how orderly and in control someone is.

For people in the West, orderliness may also be tied to mental health and happiness. People believe that having organized spaces and routines can lower stress, increase productivity, and give people a greater control over their lives, all of which can lead to personal success and well-being.

On the other hand, in Asia, orderliness is often seen as a communal and social value. Confucian and collectivist ideas stress peace, respect, and following social roles. Respect for hierarchy, family structure, and social stability can be linked to orderliness. This can help people feel they owe something to others and the group, not just themselves. For instance, keeping shared areas clean and following social rules or schedules could be important for keeping the peace and showing respect for others. In Asia, orderliness is more than just good manners for individuals; it's also a way to honor history, social norms, and family. Moreover, the capacity for orderliness has a spiritual side as well. In Japan, for instance, one's capacity for orderliness is linked to Shinto beliefs, which say that nature and the spiritual world are balanced when things are clean and in order.

In the same way, the capacity of punctuality, another secondary capacity, is often seen as a sign of respect and efficiency in the West. However, it can accidentally be a problem in places where people from different cultures may

have to deal with punctuality more fluidly. Being on time is a very important cultural value, but it can get in the way of interaction's more emotional and human parts. Many academics have pointed out, for example, that simply having ethnic minorities on largely white college campuses does not ensure inclusion, respect for diversity, or acceptance (Bing et al., 1995).

Though its cultural connotations vary by location, it is sometimes seen as a virtue that supports respect for resources, ingenuity, and restraint. In the West, frugality is associated with protestant labor principles of personal responsibility, self-discipline, and financial independence. Based on economic values, the capacity for thriftiness/frugality can mean spending wisely and avoiding extravagance. However, the overemphasizes of frugality in the West often create interpersonal encounters that feel more transactional, prioritizing economic efficiency over emotional or relational dynamics.

In the East, the capacity of frugality is typically seen as a moral and cultural duty, rather than just an individual trait. Thrift is associated with family and societal responsibility in Confucian culture. It is associated with respect for resources and societal values like humility, loyalty, and long-term planning for the common benefit. Many Asian communities view thriftiness as an intergenerational responsibility, with people adopting restraint for personal gain and family and social stability. In contrast, wastefulness may disrespect one's future, family, and community. When overemphasizes frugality risks limiting people to collective economic contributors and disregarding emotional or independent objectives outside of family and societal standards.

Take a deeper dive into the secondary capacities that emanate from our basic capacity, as shown in Table 1. The table shows a list of secondary capacities identified by Peseschkian (2013). Think for a moment about the intellectualization of multiculturalism. I am arguing that Western cultures tend to process, rationalize, and understand diversity, equity, inclusion, and accessibility as multiculturalism through the secondary capacities found in Table 1.

Table 1.
Secondary Capacities

Capacity to Love	Definition	Possibilities
Punctuality	Being on time, prompt	Reliability, regularity, time management (lateness, tardiness)
Orderliness	the quality or state of being clean, sequential, appropriate, organized	Neatness, tidiness, uniformity, symmetry (disorderliness, messy)
Cleanliness	the quality or state of being clean: the practice of keeping oneself or one's surroundings clean	Sanitary, hygiene, purity (dirtiness)
Justice	the establishment or determination of rights according to the rules of law or equity: the quality of being just, impartial, or fair	Fairness, impartiality, reasonableness, integrity, lawful (unfairness, injustice)
Diligence	steady, earnest, and energetic effort: persevering application; earnest and persistent application of effort, especially as required by law	Assiduousness, industrial, meticulous, attentive, careful (carelessness)
Truth/Honesty	the body of real things, events, and facts, the property (as of a statement) of being in accord with fact or reality, fidelity to an original or a standard	Uprightness, morality, goodness, rectitude, honorable, sincerity, integrity (immorality, insincere)
Reliability	the quality or state of being reliable, dependable, and able to produce the same results	Dependability, consistency, steadfastness, trustworthiness (untrustworthiness)

Thrift	The quality of being frugal, parsimonious, and careful management, especially of money	Frugal, careful, prudent, cautious (extravagance)
Conscious	having mental faculties not dulled by sleep, faintness, or stupor, perceiving, apprehending, or noticing with a degree of controlled thought or observation; capable of or marked by thought, will, design, or perception	Aware, mindful, cognizant, sentient, sensible (unaware, unintentional)
Courtesy	behavior marked by polished manners or respect for others: courteous behavior, consideration, cooperation, and generosity in providing something (such as a gift or privilege)	Politeness, considerate, civil, gallant, gentile (rudeness)
Obedience	an act or instance of obeying	Compliant, agreeable, deferential, docile (disobedient)
Fidelity/Faithfulness	steadfast in affection or allegiance, firm in adherence to promises, or observance of duty	Authentic, believable, truthful, devoted, trustworthy (unrealistic, faithless)

Source: Peseschkian (1987); 2011. In Merriam-Webster.com. Retrieved May 8, 2019, from https://www.merriam-webster.com/dictionary/hacker

What would one's definition of multiculturism or understanding of DEIA be through the lens of secondary capacities? Particularly when one considers the West's aspiration for a mosaic of diversity but refuses to grapple with its troubling history shaped by race, class, and ethnicity. Understanding multiculturalism in this context is crucial, but it also requires us to consider both emic and etic perspectives on colonialism, race, and morality. DEIA initiatives are valuable because they offer frameworks that promote equality.

However, these frameworks must be applied alongside a deeper recognition that multiculturalism is personal. It touches on what people value: respect, love, and fear—dimensions that must be acknowledged and processed. Multiculturalism must be taught in a way that integrates intellectual and personal elements and addresses human dynamics without alienating or provoking people with different ideas. It's tricky to avoid insulting, shaming, or disrespecting while cultivating empathy.

Multiculturalism's biggest worry and criticism, especially in the context of Diversity, Equity, Inclusion, and Accessibility, is this. The rational, cognitive approach—focusing on the "capacity to know"—is systematic and measurable, but it might miss the emotional, relational, and existential aspects of culture that influence people. Institutions that educate multiculturalism without engaging the heart miss the deeper human qualities illuminated by our intrinsic propensity to love, such as contact, empathy, and closeness, which are crucial for cultural understanding. DEIA programs may look abstract or removed from people's lives without engaging these deeper, more intimate components. These frameworks can seem distant or disconnected from individuals' experiences unless they connect with these deeper, more personal elements. These frameworks might appear overly technical or scholarly to fully encompass cultural identity's emotional and sensory dimensions. They may seem too technical or academic to capture cultural identity's emotional and sensory aspects.

In the age of globalization, where multiculturalism is at the forefront of cultural connections, cultural features spreading across settings challenge true multiculturalism. To understand multiculturalism, variety, equality, and the whole range of human capacities—intellectual and emotional—we must consider all of them. Only by considering the full spectrum of human capacities—both intellectual and

emotional—can we arrive at a deeper understanding of multiculturalism and, by extension, diversity, equality, inclusion, and accessibility, its manifestations in diverse societies.

3.2. Centering multiculturalism on the capacity to love

Re-centering multiculturalism on the primary capacities—particularly the capacity to love—means expanding our understanding of diversity, equity, inclusion, and accessibility beyond the intellectual framework into human connection. As a universal experience, love is an emotional force that transcends cultural boundaries and drives understanding at a deeper, more empathetic level. Table 2 provides a list of primary capacities. Let us consider how viewing multiculturalism through the lens of these capacities can deepen our approach to these critical issues.

Table 2.
Primary Capacities

Capacity to Love	Definition	Possibilities
Love	strong affection for another arising out of kinship or personal ties; unselfish, loyal, and benevolent concern for the good of another	Worship, adore, appreciate, fondness, devotion, ardor, tenderness, passion
Modeling	to produce a representation or simulation; to construct or fashion in imitation of a particular model; being a usually miniature representation of something	Demonstrating, sculpting, fashioning, patterning, teaching, learning
Servitude	a condition in which one lacks liberty, primarily to determine one's course of action or way of life	Bondage, serfdom, vassalage, dependency, subordination, subservience
Doubt	to call into question the truth of to be uncertain or in doubt about; to consider unlikely; the uncertainty of belief or opinion that often interferes with decision-making	Hesitation, uncertainty, reservation, distrust, suspicion, skepticism
Trust	assured reliance on the character, ability, strength, or truth of someone or something; to hope or expect confidently	Reliance, expectation, hope, belief, conviction, presume, (despair)
Sexuality	the quality or state of being sexual; expression of sexual receptivity or interest, especially when excessive	Self-esteem, worth, trust, fidelity, love
Confidence	a feeling or consciousness of one's powers or reliance on one's circumstances; faith or belief that one will act in a right, proper, or effective way	Self-reliance, poise, sureness, buoyancy, faith, assertion, (uncertainty)
Unity	a condition of harmony, the quality or state of being made one	Harmony, agreeable, according, unison (disarray)
Time	a nonspecial continuum that is measured in terms of events that succeed one another from past through present to future	Rhythm, moments, phase, era, tempo, while
Contact	the apparent touching or mutual tangency of the limbs of two celestial bodies or the disk of one body with the shadow of another during an eclipse, transit, or occultation	Connection, interaction, communication,
Patience	The capacity, habit, or fact of enduring, persisting, persevering.	Endurance, Tolerance, Persistence, Fortitude, Perseverance (inpatient, temperamental)

Faith	allegiance to duty or a person, strong belief or trust in someone or something, belief in the existence of God, strong religious feelings or beliefs	Reliance, conviction, belief, fidelity, constancy, allegiance, (Doubt)
Hope	to cherish a desire with anticipation: to want something to happen or be true, to desire with expectation of obtainment or fulfillment	Expectation, aspiration, wish, yearning, optimism, faith, (despair)

Source: Peseschkian (1987); 2011. In Merriam-Webster.com. Retrieved May 8, 2019, from https://www.merriam-webster.com/dictionary/hacker

What would be one's definition of multiculturism or understanding of DEIA through the lens of primary capacities? Viewed through the capacity to love, it is the hope that our understanding of multiculturalism shifts from mere tolerance of differences to a deeper, more genuine affection for others. It is important to understand that in the moments when you endure emotional suffering or joy, everyone else does, too. Hence, that difference is significant; it is the difference between seeing a human being as an immigrant and an illegal alien. There is a difference between seeing someone trying to escape to a better life by any means necessary or as a criminal who illegally crossed the southern border. The capacity to love is not limited by race, ethnicity, or culture.

Let us consider other primary capacities that extend from our basic capacity of love, such as unity, time, contact, and trust.

The Capacity for Unity

The capacity for unity is not simply an intellectual ideal but a central existential need for connection and love. It is a capacity that seems increasingly significant in a world that is increasingly defined by cultural pluralism. It serves as a reminder that the challenges we encounter as a species are the ones and that we all must contend with loneliness, freedom, meaninglessness, death, and other existential realities. Octavio Paz once said, "Life is diversity, death is uniformity" (Marsella, 2009). This sentiment indicates that the capacity of unity and diversity are not mutually exclusive forces but rather fundamental manifestations of the same existential truth (Green, 2018). Hence, our capacity for unity underpins society's momentum towards or away from genuine inclusion.

When people engage their capacity for unity, differences are not simply tolerated but accepted and, sometimes, integrated into new ways of knowing. Unity, much like an orchestra, integrates and embraces intersectionality. It also serves as a reminder of our common humanity. This approach challenges the tendency to focus excessively on separate identities, proposing that we concentrate on our common need for connection, justice, and meaning.

Therefore, the capacity for unity is more than a theory, principle, or capacity. It should remind humanity, in its vast diversity, that it must confront the existential 'givens'—death, meaninglessness, loneliness, and freedom—of life together. In DEIA work, unity challenges the fragmentation that can come from overemphasizing individual identities, instead inviting us to focus on what brings us together as humans, seeking connection, justice, and equality.

The Capacity of Time

In the words of N. Peseschkian, "We do not live in years; we live in moments." In addition to being an essential component of the human experience, the capacity for time in all facets—past, present, and future—is intricately connected to our comprehension of multiculturalism and diversity, equity, and inclusion. Time reflects how people and civilizations view and manage life, development, and growth rather than just a series of occurrences (Cappa, 2017). Individuals perceive time as flowing fluidly, with the present turning into the past and the future into the present.

Some cultures perceive time as a fluid progression, where the present evolves into the past, and the future becomes the present. Goncharov (2024) asserts that this flow influences our interactions with the external environment, our allocation of time for others, and the integration of our past, present, and future into a unified narrative. I think the capacity of time has an existential quality in multiculturalism. In certain cultures, time is

perceived as cyclical, where the past exerts influence on both the present and future. Other cultures view experience linearly, highlighting progress and future implications (Yamada & Kato, 2006). These different perceptions of time translate into how individuals within cultures develop their capacity for time. These differences manifest in different approaches to healing, development, and growth, shaping personal experiences (beliefs, practices) and societal structures (policies, laws, institutions). In the context of DEIA, discrepancies in the capacity of time may serve as a basis for conflict. For example, one culture may prioritize the importance of prompt action, whereas another may emphasize patience and reflection.

Recognizing the rhythms that other cultures contribute to the idea of time enables more nuanced cooperation, where advancement is enhanced by the diverse ways that civilizations perceive and interact with time rather than being quantified by a single metric. Our lived experiences are framed by time, much as place. Respecting the many ways that cultures perceive and use time opens doors to a deeper understanding, overcoming differences in identity and belief as well as in how we navigate the world.

The Capacity for Contact

Contact is the physical and emotional connection established when humans interact. It is beyond a simple transaction; it encompasses the capacity to captivate and sustain attention, concentrate and preserve emotional bonds, and modulate the proximity between ourselves and others (Goncharov, 2024). In a multicultural environment, significant interaction breaks down barriers of ignorance and unfamiliarity, promoting a fundamental human capacity, the willingness to embrace new connections, relationships, and modes of coexistence (Stevenson et al., 2020).

The capacity to contact or to establish connections is essential to our relationships with ourselves, others, and the world. It allows us to form, sustain, and nurture connections, surpassing differences in characteristics, skills, or identities. Interaction with individuals, animals, or the environment forms the essential link to the broader fabric of existence. Interpersonal and Cultural empathy emerges via interpersonal relationships, collective narratives, and authentic interactions (Stevenson et al., 2020). Hence, the capacity for contact within the paradigm of diversity, equity, inclusion, and accessibility should be considered as central interpersonal quality. Real inclusion occurs when individuals interact, experiencing the tangible realities of connection, communication, and mutual respect (Wong, 2008).

Contact enables individuals to acknowledge their own uniqueness while appreciating the distinctiveness of others, fostering a dynamic process that enhances vital qualities, cultivates dormant ones, and occasionally eliminates those that impede growth. Ahmad et al. (2019); Dunne (2013); Chen and Starosta (1996); Garzotto and Gonella (2011).

The Capacity for Trust

Trust is a very important capacity because it forms the foundation of relationships, particularly meaningful multicultural relationships. Building trust is crucial for fostering meaningful multicultural relationships and inclusive environments in DEIA initiatives (Schumann et al., 2010; Wilkins, 2018). Trust is our first capacity outside of love that begins to develop in infancy and is often shaped by the nurturing of a caretaker. We learn early on that when we cry, we trust that mother will come to attend to our needs. When she does, love and trust grow.

The capacity to trust allows for vulnerability, the sharing of personal stories, and the formation of bonds across cultural lines. Trust encourages people to be vulnerable, share stories, and build cross-cultural ties despite cultural ambivalence, uncertainty, and distrust (Wilkins, 2018). The capacity of trust conveys that we will be respected and cared for as we try to understand and appreciate others, which stimulates discourse and interaction. Trust can make people feel safe being themselves.

Conclusion

Understanding Multiculturalism from the inside and out

In light of globalization's rapid rise, it is increasingly crucial to foster a deeper understanding of multiculturalism, not only as an external framework but as a multidimensional experience of human existence. Instead of a collection of programs, DEIA becomes an extension of our basic human capacities, such as confidence, time, unity, interaction, and trust. Clemmons Vontress (1999) has long stressed

that true multicultural understanding starts within and spreads—encompassing both the mind's ability to know and the heart's ability to feel. In recent years, diversity, fairness, and inclusion have become priorities for individuals and groups seeking more inclusive and just communities.

However, traditional DEIA has focused on individual efforts or policies rather than a deeper understanding of the human capacities that drive these endeavors. We may deepen discussions on diversity, equity, and inclusion by acknowledging "knowing from the outside and loving from the inside" (Blessinger et al., 2018). Instead of a collection of programs, DEIA becomes an extension of our basic human capacities, such as confidence, time, unity, interaction, and trust. Multiculturalism based on love requires us to connect with others as whole people with common feelings, experiences, and goals, not as cultural objects.

This change in perspective allows mental health and DEIA professionals to view DEIA as an extension of fundamental human capacities, including confidence, time, unity, contact, and trust, rather than as a collection of detached programs or tasks. When multiculturalism is balanced on the fundamental capacity of love, it necessitates the establishment of deeper connections with others, recognizing them not as cultural artifacts or means to an end but as complete human beings—ends in themselves—with shared emotions, experiences, and aspirations.

This reframed multiculturalism has profound implications for approaches to diversity and inclusion, fostering more meaningful and human-centered interactions.

References

[1]. **ABDUH, A., ROSMALADEWI, R., & ANDREW, M.** (2023). Strategies of implementing multicultural education: Insights from bilingual educators. *State University of Makassar, 7*(2). https://doi.org/10.26858/ijole.v7i2.48498

[2]. **AHMAD, A., SABAT, I. E., TRUMP-STEELE, R., & KING, E. B.** (2019). Evidence-based strategies for improving diversity and inclusion in undergraduate research labs. *Frontiers Media, 10.* https://doi.org/10.3389/fpsyg.2019.01305

[3]. **BERGIN, H**. (1994). Biblical and cultural images of Jesus. *SAGE Publishing, 60*(3), 185–197. https://doi.org/10.1177/002114009406000302

[4]. **BING, R. L., HEARD, C. A., & GILBERT, E.** (1995). The experiences of African-Americans and whites in criminal justice education: Do race and gender differences exist? *Taylor & Francis, 6*(1), 123–145. https://doi.org/10.1080/10511259500083361

[5]. **CAPPA, F.** (2017). Temporalità e ritmicità nell'esperienza formativa. *Studi Sulla Formazione, 20*(2), 1–20. https://doi.org/10.13128/studi_formaz-22180

[6]. **CHEN, G., & STAROSTA, W. J.** (1996). Intercultural communication competence: A synthesis. *Taylor & Francis, 19*(1), 353–383. https://doi.org/10.1080/23808985.1996.11678935

[7]. **DUNNE, C.** (2013). Exploring motivations for intercultural contact among host country university students: An Irish case study. *Elsevier BV, 37*(5), 567–578. https://doi.org/10.1016/j.ijintrel.2013.06.003

[8]. **GARZOTTO, F., & GONELLA, R.** (2011). Children's co-design and inclusive education. *Proceedings of IDC '11: Interaction Design and Children, 7*(4). https://doi.org/10.1145/1999030.1999077

[9]. **GREEN, D. O.** (2018). Integrating equity, diversity, and inclusion into the DNA of public universities: Reflections of a chief diversity officer. *Emerald Publishing Limited,* 185–199. https://doi.org/10.1108/s1479-364420180000020016

[10]. **HARUNG, H. S., & HARUNG, L. M.** (1995). Enhancing organizational performance by strengthening diversity and unity. *Emerald Publishing Limited, 2*(3), 9–21. https://doi.org/10.1108/09696479510092481

[11]. **KAGAWA-SINGER, M.** (2011). Impact of culture on health outcomes. *Lippincott Williams & Wilkins, 33*(Supplement 2), S90–S95. https://doi.org/10.1097/mph.0b013e318230dadb

[12]. **KATOSTROVSKII, O.** (2024). Socio-historical features of the transcultural approach of Positive Psychotherapy using the "primary cause" methodology Reavisia. The Global Psychotherapist. *The Global Psychotherapist, 4*(2), 202–205. http://doi.org/10.52982/lkj250

[13]. **LATA, P.** (2020). Capacity building through cross-cultural skills among engineering graduates of India: A case study of cross-cultural skills course at BITS Pilani. *Springer Nature,* 215–221. https://doi.org/10.1007/978-3-030-44248-4_21

[14]. **LIU, L.** (2010, August 18). On a personal experience of cultural adaptation---From the perspective of microculture. *Canadian Center of Science and Education, 6*(9). https://doi.org/10.5539/ass.v6n9p168

[15]. **MARSELLA, A. J.** (2009). Diversity in a global era: The context and consequences of differences. *Taylor & Francis, 22*(1), 119–135. https://doi.org/10.1080/09515070902781535

[16]. **MCALLISTER, G., & IRVINE, J. J.** (2000). Cross-cultural competency and multicultural teacher education. *SAGE Publishing, 70*(1), 3–24. https://doi.org/10.3102/00346543070001003

[17]. **MESSIAS, E.** (2024). Poetry and Psychotherapy: the Case for Fernando Pessoa as a Therapist. Poetry as a Tool in Psychotherapy. *The Global Psychotherapist,* 4(1), 139–145. https://doi.org/10.52982/lkj228

[18]. **PESESCHKIAN, H., & REMMERS, A.** (2013). *Positive Psychotherapie.* Ernst Reinhardt.

[19]. **PESESCHKIAN, N.** (2013). Positive psychotherapy in psychosomatic medicine. *International Academy for Positive and Trans-cultural Psychotherapy – Professor Peseschkian Foundation.*

[20]. **SCHUMANN, J. H., WANGENHEIM, F. V., STRINGFELLOW, A., YANG, Z., PRAXMARER, S., JIMÉNEZ, F. R., BLAŽEVIĆ, V., SHANNON, R. M., SHAINEH, G., & KOMOR, M.** (2010). Drivers of trust in relational service exchange: Understanding the importance of cross-cultural differences. *SAGE Publishing, 13*(4), 453–468. https://doi.org/10.1177/1094670510368425

[21]. **STEVENSON, C., TURNER, R. N., & COSTA, S.** (2020). "Welcome to our neighborhood": Collective confidence in contact facilitates successful mixing in residential settings. *SAGE Publishing, 24*(8), 1448–1466. https://doi.org/10.1177/1368430220961151

[22]. **STETSENKO, A.** (2020). Critical challenges in cultural-historical activity theory: The urgency of agency. *Moscow State University of Psychology and Education, 16*(2), 5–18. https://doi.org/10.17759/chp.2020160202

[23]. **VONTRESS, C. E., JOHNSON, J. A., & EPP, L. R.** (1999). *Cross-cultural counseling: A casebook.* American Counseling Association.

[24]. **WILKINS, C. H.** (2018). Effective engagement requires trust and trustworthiness. *Lippincott Williams & Wilkins, 56*(Suppl 1), S6–S8. https://doi.org/10.1097/mlr.0000000000000953

[25]. **WONG, S.** (2008). Diversity—Making space for everyone at NASA/Goddard Space Flight Center using dialogue to break through barriers. *Wiley, 47*(2), 389–399. https://doi.org/10.1002/hrm.20218

[26]. **YAMADA, Y., & KATO, Y.** (2006). Images of circular time and spiral repetition: The generative life cycle model. *SAGE Publishing, 12*(2), 143–160. https://doi.org/10.1177/1354067x06064575

Section: Theoretical reviews and research in PPT

DISSOCIATION: UNDERSTANDING THE DYNAMICS OF PRIMARY AND SECONDARY CAPACITIES

Veronica Maria Mateescu

PhD Lecturer, certified positive psychotherapist,
Master trainer of Positive Psychotherapy,
Faculty of Sociology and Social Work,
Babeș-Bolyai University, Cluj-Napoca, Romania)
Email: veronica.mateescu@ubbcluj.ro
ORCID: 0009-0002-8964-885X

Received 31.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj258

Abstract

This article explores the psychological defense mechanism of dissociation within the context of trauma and micro-traumas, particularly its impact on primary and secondary capacities as defined in Positive Psychotherapy (PPT). Dissociation initially acts as a protective mechanism, allowing temporary detachment from overwhelming emotional realities. However, it can become maladaptive, disrupting the balance between primary capacities (e.g., love, trust, and hope) and secondary capacities (e.g., punctuality, honesty, and achievement). Through the framework of PPT, the study highlights how dissociation compartmentalizes psychological functioning, impairing self-integration and balance across the four domains of life: body/senses, work/achievement, relationships/contact, and future/meaning/goals. Employing therapeutic autoethnography and insights from trauma theory, this analysis demonstrates how PPT's distinctive tools, such as differential analysis and transcultural approach, facilitate nuanced and gradual healing. PPT fosters post-traumatic growth by integrating cultural sensitivity, metaphors, and storytelling, empowering individuals to transform dissociative mechanisms into resources for resilience and balanced self-functioning. This study underscores the need for culturally informed, holistic therapeutic strategies to address the multifaceted impacts of trauma.

Keywords: dissociation, trauma, Positive Psychotherapy, primary and secondary capacities, self-integration

Introduction:

This article explores the phenomenon of dissociation through the lens of Positive Psychotherapy (PPT), focusing on its impact on primary and secondary capacities. Primary capacities (capacity to love) are fundamental, innate abilities tied to an individual's emotional and relational life. In contrast, secondary capacities (capacity to know) involve cognitive, practical, and social skills, norms, and models of behavior influenced by the socio-cultural context of individual development. Dissociation, often triggered by unresolved conflicts, initially serves as a defense mechanism but can later disrupt the balance between these capacities, undermining healthy psychological functioning.

The Balance model, a core concept in Positive Psychotherapy, seeks harmony across four life domains: body/senses, work/achievement, relationships/contact, and future/meaning/goals. When dissociation occurs, it can disturb this balance by disconnecting the Self from experiences, particularly in the context of trauma. One of the initial definitions of "trauma" describes it as a dissociative response, where the intensity of the experience leads to its storage in a separate area

of the mind or Self, preventing it from integrating into the broader sense of identity (NICAMB, van der Kolk: min. 0:06:13-0:06:53; Kalsched, 1996). Central elements of experiencing trauma are a feeling of absolute helplessness and loss of control over one's body and the course of events, overwhelming the person's ability to process what is happening, and unbearable emotional experiences (Banzhaf, 2018). The main symptoms of dissociation are identity and self-representation/concept problems; physical or emotional anesthesia; amnesia; depersonalization; derealization; extremely intense (and inexplicable) emotional states (flashbacks, impulsivity, etc.), alteration of the perception of time (Stern, 2010; van der Kolk, 1996).

As examples of trauma, we can mention violence, the threat of death, attacks, very intense shocks/surprises, sudden/unforeseen losses, repeated exposure to emotional, physical, and sexual abuse, systemic conditions like poverty, racism, and oppression, historical traumas (e.g., war, colonialism). In addition to traumas, an individual can experience micro-traumas. Micro-trauma is an accumulation of (apparently) insignificant events that can generate recurring episodes of conflict. These ”Small ‘t’ traumas” (Vasile, 2024) tend to be overlooked by the person who has gone through the experience, and usually, the person does not have an accurate memory of the timing of events. Actual capabilities (unreliability, injustice, lack of punctuality of a partner, etc.) are often involved in this kind of micro-events. Over time, such episodes can lead to traumatization or retraumatization because they drain an individual’s energy and resources and actualize basic conflicts (Goncharov, 2014). Micro-traumatic experiences can build up over time, leading to a deeply profound traumatic impact (Crastnopol, 2019). At some point, they exceed an individual’s capacity to cope and cause a disruption or even a collapse in emotional functioning (Vasile, 2024).

Contemporary approaches to trauma draw on insights from psychology, neuroscience, sociology, and cultural studies to provide a comprehensive understanding of trauma and its multifaceted effects. Within this interdisciplinary context, Contemporary Trauma Theory (CTT) is a foundational framework for examining how trauma impacts an individual's biological, psychological, and social functioning (Ringel in Ringel & Brandell, 2012). Grounded in a holistic perspective, CTT emphasizes several core characteristics that highlight the complex interplay between trauma and human behavior. (1) dissociation as the primary defense mechanism; (2) attachment - difficulties in establishing and maintaining healthy relationships; (3) reenactment of the original traumatic event; (4) long-term negative effects on functioning in adulthood; (5) impairment in emotional capacities (Goodman, 2017).

Contemporary Trauma Theory and Positive Psychotherapy (PPT) are interconnected through their complementary approaches, both aimed at understanding and addressing trauma by acknowledging its challenges while emphasizing the growth potential (Calhoun & Tedeschi, 2012; Tedeschi & Calhoun, 2004). PPT acknowledges the impact of trauma but emphasizes the potential for post-traumatic growth. It focuses on utilizing internal and external resources to help individuals transcend suffering, promoting hope and resilience. Both theories embrace a holistic view, addressing trauma's impact across mind, body, social, and spiritual dimensions to promote balanced healing. PPT similarly emphasizes reinterpreting challenging experiences by focusing on positive resources and strengths. It shifts the narrative from pathology to identifying strengths and creating new meaning in life. Positive psychotherapy (PPT) builds on this perspective by embracing a humanistic, positive, and optimistic view of humankind (Marseille & Messias in Messias et al. 2020).

A meta-analysis of studies on dissociation using the Dissociative Experiences Scale (Lyssenko et al., 2017), comprising 15,219 individuals in 19 diagnostic categories, confirms the prevalence of dissociative symptoms in nearly all mental disorders. Another meta-analysis of studies on dissociation and emotion regulation strategies, comprising 57 independent studies and 11596 individuals, indicates that dissociation is a fundamental neuro-mental mechanism that automatically contributes to the excessive regulation of emotional states by triggering avoidance responses to both internal and external realities (Cavicchioli et al., 2021).

Dissociation can affect memory related to events due to the disconnection of the Self from the experience, especially in the case of macro traumas (Gabbard, 2015). The mental effects of

microtraumas can persist long after the traumatic events have ended. Our memories and fantasies reinforce reactions, causing us to relive those experiences repeatedly. These charged thoughts and images shape our emotional background, potentially challenging our values and altering our worldview (Kirillov, 2021).

A significant question in psychodynamics is whether dissociation is an ally or an enemy of the Self's integrity. Integration refers to the "organization of all different aspects of personality (including self-awareness) into a cohesive whole that functions coherently" (Boon, Steele & van der Hart, 2011:17). Integration enables a coherent life narrative, provides a stable sense of who we are, differentiates between past and present, and fosters a sense of Self. An integrated personality is characterized by stability, predictability, and flexibility. An integrated Self is defined by connecting life experiences (different periods and situations), social roles, thoughts, emotions, sensations, and memories (both pleasant and unpleasant) with our personality, self-awareness, and how we feel about ourselves, including our sense of Self. Dissociation, in addition to its defensive role, leads to a "major failure of integration that interferes with and alters the representation/sense of Self and personality" (Boon, Steele & van der Hart, 2011:23).

Methodology

This study employs a qualitative methodology grounded in therapeutic autoethnography and Positive Psychotherapy (PPT) theoretical framework. In this approach, the practitioner assumes the role of both researcher and autoethnographer. The goal is to explore and provide insights into the psychotherapeutic process from the therapist's direct, experiential perspective (Chew Helbig, 2022). While therapeutic autoethnography offers valuable insights into the therapist's direct, experiential perspective, it is limited by its subjective nature, which affects generalizability and introduces potential bias. However, it also provides a unique, in-depth understanding of the therapeutic process, fostering personal reflection and professional growth.

Secondary literature on dissociation, trauma, psychodynamics, and PPT principles provides a conceptual framework for understanding how dissociation impacts primary and secondary capacities. This approach aims to integrate theoretical findings with practical experiences to examine dissociation's dual role in protecting and fragmenting the Self in contexts of trauma and micro-trauma.

Discussion

3.1. Dissociation and the Functioning of Primary and Secondary Capacities

Primary and secondary capacities are actual capacities that manifest in daily life and significantly impact an individual's personality. They are dynamic, interacting psychoneurological realities that often create conflicts within individuals and their relationships (Cope, 2023). Primary capacities refer to the ability to love; they are particularly linked to the emotional sphere and are closely related to the Self (Peseschkian N., 2007). Primary actual capacities define the structural functions of personality. They play a key role in information processing, interpersonal relationships, emotional experiences, and the individual's psychological space. Secondary capacities are patterns of behavior and norms that embody the achievement standards of the individual's social group (Kirilov, 2021).

Actual conflicts involve mobilizing primary and secondary capacities. The intensity and the symptoms it generates vary depending on the basic conflict, which brings an additional energy that increases the current tension and stress (Goncharov, 2014). According to Nossrat Peseschkian (2016), there are four ways of working out conflicts: body (senses), achievement (reason), contact (tradition), and fantasy (intuition). These ways of working out conflicts correspond to the four spheres of life that potentially give self-esteem to a person, according to the Balance model of Positive Psychotherapy: body/health (physical), work/achievement (mental), relationships/contact (emotional), and future/meaning/goals (spiritual) (Peseschkian H., Remmers, 2020). In Positive Psychotherapy, a central question is asked about the content: What causes or triggers this emotion? (Peseschkian, H. & Remmers, 2020) and about the localization of conflict (Goncharov, 2014). For example, unresolved issues in the physical sphere might manifest as health problems, while challenges in the emotional sphere could lead to

difficulties in relationships. According to Peseschkian and Remmers (2020), an illness can reflect a person's capacity to respond to conflict.

Dissociation, which serves as a defensive mechanism to protect the individual from overwhelming conflict or trauma, can evolve into a negative symptom if the person fails to develop more mature or healthy coping strategies. When this happens, the individual cannot effectively process or metabolize the conflicts that originally required dissociation as a defense. In situations where a new conflict arises, it can reactivate an older, unresolved, or sleeping basic conflict (Peseschkian & Remmers, 2020). This reactivation also returns the previously used defense mechanisms, such as dissociation. Dissociative processes both affect (can hinder the development of the self) and are affected by the organization of the self (arise from disruptions within the self itself) (Carlson et al., 2009).

In my clinical practice, I have encountered various forms of dissociation, which can manifest in different ways. For illustration, I have chosen a few client narratives that highlight how dissociation manifests in the conflicts they experience and in their ways of functioning:

”I lost myself, look at myself, and don’t know who I am (...) I had a relationship where I felt inhibited; I decided to end it because I wanted to be free. Now, I am free and lost myself; I cannot find myself. I turned back to myself like I always was: small pieces that don’t fit together.” (feeling of fragmentation, a loose sense of identity)

”I don’t remember too many things from my childhood; I don’t remember almost anything until I went to the university (...) I feel only fragments of emotions; the emotions are pale like the entire world around me is pale colors. I believe I am calm, but recently, I got extremely angry; I cannot explain why: my mother had not washed her glasses well. I don’t understand what happened to me.” (amnesia and emotional anesthesia)

"I don't feel anything; nothing touches me, as if I were a robot. I have learned to flinch and to sigh by observing others and seeing that it has an effect. I have learned to sigh so that others will like me, to make them think that I am in pain, but I don’t feel anything." (emotional numbness, robotization experience, depersonalization).

”I enter the house and look at my child as if they were a stranger. I look at my husband, and it’s as if I don’t know him. Everything feels strange to me. I feel like a stranger to myself.” (disconnection, feeling of alienation and self-alienation, depersonalization).

The literature on Positive Psychotherapy found no studies that directly address the dynamics between dissociation and primary and secondary capacities. Both underdevelopment and overdevelopment of primary and secondary capacities can create significant issues. Underdevelopment involves an inability to use a capacity effectively, while overdevelopment indicates excessive activity. This imbalance can lead to various problems that impact overall functioning and well-being (Peseschkian, 2007). The results of a study influenced by the perspective of positive psychotherapy on the functioning of primary and secondary capacities in PTSD have shown lower levels of primary capacities compared to secondary capacities (Sinici et al., 2014). Given that primary capacities are more significantly tied to emotional needs and emotional relations, they are more adversely impacted by PTSD and are less fully developed (Sinici et al., 2014). These conclusions can be applied to some extent in analyzing the dynamics between dissociation and primary and secondary capacities, with dissociation being one of the main mechanisms and symptoms involved in PTSD (Fung et al., 2023).

Combining information obtained from observing various forms and manifestations of dissociation in my private practice and from the literature on dissociation with the theoretical and conceptual framework of Positive Psychotherapy, I have attempted to present a summary of the dynamics between dissociation and primary and secondary capacities in the table below.

Table 1.
The dynamics between dissociation and primary and secondary capacities

Primary capacities (Peseschkian N., 2016)	Effects of dissociation
love (emotionality), trust	the inability to feel and to connect with others and yourself; emotional withdrawal; difficulties in expressing tenderness and vulnerability with other people or with yourself; increased level of mistrust in other people; difficulties in developing/maintaining a sense of self-trust; depersonalization
modeling	disruption of the ability to learn from others; decreased self-efficacy - diminished capacity to learn and apply new skills; disconnection from values/identity; fragmented self-concept; difficulties in internalizing positive modeling behaviors;
time	amnesia, alteration of the perception of time, difficulties in time management, difficulties in integrating experiences over time (fragmented sense of self), and envisioning the future
contact	the inability to connect and to maintain relationships;
patience	too high or too low frustration tolerance; disconnection; irritability; impulsivity; increased anxiety and stress; unpredictable reactions;
sexuality	numbness, anesthesia, disconnection from bodily sensations, emotional detachment, difficulties in sexual functioning, difficulties in communicating sexual needs and boundaries, risk of compulsive sexual behavior
self-confidence	fragmentation, a loose sense of identity; negative self-perception; internalized shame; difficulty making choices; fear of failure and avoidance of responsibility;
unity	identity and self-representation/self-concept problems; altered sense of unity (internally - within oneself; externally - with others)
certainty	confusion, ambivalence; inconsistent self-concept; uncertainty in making decisions and choices; identity confusion
hope	emotional numbness; emotional detachment; difficulties connecting with future aspirations and ideals; a sense of helplessness; detachment from reality/disconnection from meaningful life experiences or relationships
faith/religion	confusion about spiritual identity; feelings of guilt and shame (as a result of the disconnection from morality and personal values); changed perception of religious experiences
Secondary capacities (Peseschkian N., 2016)	
punctuality	one can lose the track of time; lateness; missed appointments/deadlines; difficulties to prioritize tasks; procrastination;
precision, performance	inability to focus, difficulties to remember; attention fragmentation; concentration problems; errors, mistakes, incomplete tasks; inconsistency in performance; difficulties to follow complex processes; memory loss;
diligence, seriousness	inability to focus; difficulties to remember; difficulties to maintain efforts; emotional dysregulation that can affect the ability to learn and to finish different tasks; emotional disengagement and lack of purpose; decreased motivation; neglect of one's duties; avoidance/lack of responsibility;
cleanliness	one can lose the track of routines; neglect of personal hygiene; impaired recognition of environmental cleanliness;
obedience, courtesy	weakened sense of obligation to authority; disconnection from rules and norms; disobedience as a result of altered states of awareness; fluctuation in

	following norms; (sometimes) lack of empathy; difficulties focusing and maintaining polite conversations;
honesty	(difficulties in recalling accurate information); disconnection from personal truths (disconnection from oneself); difficulties with self-disclosure; detachment from responsibility or accountability (esp. in stressful, overwhelming contexts)
faithfulness	difficulties in maintaining consistent relational and emotional commitments (numbness, disconnection, impulsivity), unpredictability, risk of seeking escapism;
justice	poor judgment; disconnection from consequences; confusion/difficulties in understanding legal rights, responsibilities, or procedures; difficulties in understanding and processing justice (i.e., poor judgment about right or wrong)
thrift	careless spending, disconnect from/neglect of financial responsibilities or consequences; unpredictable financial behavior (fluctuation between thriftiness and recklessness)

3.2. Positive interpretation of dissociation

A distinctive element of the theory and practice in PPT is the positive interpretation of the symptoms (Peseschkian, H., Remmers, A. 2020), according to the Principle of Hope (Peseschkian, N., 2016). Dissociation can be understood as a self-care and self-protective system that plays a crucial role in managing overwhelming experiences, particularly in the context of trauma. It serves as a mechanism for sorting relationships and establishing boundaries.

When faced with an overwhelming traumatic reality, dissociation acts as a protective barrier, shielding individuals from immediate emotional pain and distress. This protective function is vital for survival in situations where the mind may need to detach from the harshness of reality to prevent psychological disintegration and preserve psychological well-being and mental health. (Ruppert in Ruppert & Banzhaf, 2018).

Moreover, dissociation can temporarily escape reality, facilitating a postponement of emotional involvement and providing valuable time for individuals to process experiences that are too painful or overwhelming. (Ruppert, 2020). It is particularly useful in high-stress environments or settings marked by cumulative micro-trauma experiences where individuals need to maintain their functionality.

Furthermore, dissociation can enhance flexibility in one's emotional responses. This flexibility allows individuals to not tie themselves down to a singular emotional state or identity. As Peseschkian (2016) suggests, this adaptability can be a strength, enabling individuals to navigate life's challenges without becoming rigid or confined by their experiences.

PPT offers a five-step intervention approach: (1) observation, (2) inventory, (3) situational encouragement, (4) verbalization, and (5) broadening of goals. This approach promotes a positive reinterpretation of trauma, focusing on restoring balance in the individual's life to foster empowerment and personal growth. This approach enables post-traumatic growth, which, in PPT terms, means that individuals achieve a renewed balance across the body, achievements, relationships, and spirituality. In post-traumatic growth, spiritual transformation aligns with the fourth sphere of the Balance model, representing future/fantasy. Character-strengthening changes in post-traumatic growth correspond to the body dimension, identified as a potential source of conflict in Positive Psychotherapy (PPT). Evolving relationships in post-traumatic growth align with the relational dimension in PPT. At the same time, the emergence of new possibilities may correspond to other areas of the Balance model, including the achievement dimension (Sari & Eryılmaz in Messias et al., 2020).

3.1. PPT in trauma therapy: gradual healing through differential analysis and cross-cultural insights

The use of differential analysis (DAI - Differential Analytical Inventory (DAI).) and understanding different types of conflicts and their levels of depth (actual, internal, basic) are

specific PPT approaches that enhance the ability to identify and differentiate emotional experiences, conceptions, values, and attitudes involved in traumatic events in a nuanced and gradual manner. This gradual approach mitigates the abrupt release of encapsulated emotional experiences, a specific element of trauma (Vasile, 2004), thereby preventing potential retraumatization from confronting painful realities that the individual initially defended against through dissociation. Additionally, differential analysis brings clarity, an extremely important healing element compared to the confusion and overwhelm characteristic of traumatic experiences. In this way, the client gains the control they initially sought through dissociative mechanisms, but in a healthy, mature form that allows for integrated functioning.

Differentiating types of conflicts and the constant interplay between surface and depth during therapy sessions enables a more controlled descent into the traumatic core, activating and creating more mature and healthier defensive mechanisms than the primary dissociative response.

Working with primary and secondary capacities facilitates an understanding of the socio-cultural structure and context in which the individual and relationships are formed, allowing for reshaping ways of thinking and experiencing oneself and others. This is achieved through distancing, broadening perspectives, and understanding oneself as capable of agency and shaping personal and environmental resources to balance the four areas of human functioning (body/senses, work/achievement, relationships/contact, and future/meaning/goals). It also allows for renegotiation of meaning and reorganization of the internal narrative. Understanding how culture and belonging to different communities and groups shape our identity allows for a deeper comprehension of both the formation of various anxieties and vulnerabilities and how cultural systems function as defensive mechanisms against them (Mateescu & Butaru, 2024), framing trauma as part of a larger life cycle whose meaning can be understood and valued. Contemporary trauma theory (CTT) recognizes that trauma does not occur in a vacuum but is shaped by identity, social context, and systemic inequalities. In this context, the transcultural approach, specific to PPT, when understood in a broader sense, incorporates cultural sensitivity, acknowledging that trauma is experienced and processed differently across various cultural frameworks. It refers to the therapist's ability to recognize the unique individuality and resources of the client. In therapy, this approach requires the therapist to move beyond their cultural values and experiences, grounding their work instead in the client's values, traditions, and cultural context, as well as the environment in which the client operates (Frolov in Messias et al., 2020). By doing so, therapists can better understand and address the complexities of trauma within a culturally informed and responsive framework. Furthermore, the client is given the role of co-creator and co-constructor within the therapeutic relationship and space, which fosters a sense of empowerment and benefits self-confidence and self-reliance (Mateescu, 2020), ultimately contributing to the strengthening and affirmation of their identity.

The use of Oriental stories, parables, and metaphors—a distinctive element of PPT—plays a transformative role in trauma therapy by facilitating the indirect expression of emotions and experiences. Given the difficulty of verbalizing trauma due to its emotional intensity or the pain of particular memories, these tools enable individuals to access and process their experiences without confrontation. PPT's transcultural approach further enriches the therapeutic process: metaphors from the patient's own culture create a shared emotional-semantic field, while those from other cultures introduce novelty and offer contrasting perspectives, fostering new ways of understanding and healing (Lytvynenko et al. in Messias et al., 2020)

Conclusions

While often viewed negatively, dissociation can also be understood positively as a vital coping mechanism that supports self-protection, emotional processing, and adaptability to life's adversities. Working with clients affected by various degrees of dissociation, I have observed how recognizing dissociation's protective role within the psyche can be met with a sense of relief as clients put words to and understand something that often seems inexplicable, strange, or even frightening. Clients' distrust of this mechanism within the psyche's defense

structure may persist for a long in the therapeutic process, as often happens with egosyntonic elements in our psychological functioning. Constantly refocusing therapeutic attention on this mechanism when it appears, along with a precise analysis of its manifestations, benefits, and disadvantages for healthy functioning and appropriate life context defenses, is one therapeutic path that yields results. Strengthening the ability to detect dissociative mechanisms, along with raising awareness of dissociation's adverse effects—such as diminished capacity to recognize danger and the risk of "re-traumatization" cycles—lays the groundwork for healthier coping mechanisms.

Another prevalent feeling among the clients I work with is fear of dissociation's power, especially in those who rely predominantly on this defensive mechanism for emotional regulation, even to the extent of fearing they might lose control or "go crazy" (if they have not already come to therapy with this dissociation-induced fear). A frequent question involves how to stop and control dissociation once they have become aware of its adverse effects on the self's functional integrity, impacting the development of certain capacities while hindering others, leading to an imbalance across life's domains. Individuals can cultivate a more balanced and adaptable self by recognizing and nurturing neglected or underdeveloped capacities.

Often, addressing dissociative symptoms allows access to unresolved conflicts, as these symptoms tend to dominate the individual's daily functioning and form part of the actual conflict they bring to therapy. Clarifying dissociation's dual function as both a conflict-resolving mechanism and a symptom, with all its secondary benefits, is an important component of therapeutic strategy. Identifying preferred methods for working out conflicts aids in developing personalized strategies for managing them effectively without the negative symptoms of mechanisms initially adaptive but ultimately maladaptive over time. Sometimes, in the struggle to rebalance oneself and others, dissociation is "requested" back by clients in therapy: "Why am I no longer dissociated? Now I feel everything, and I cannot deny my anxiety," "I miss my dissociation," "It was easier when I was dissociated and didn't feel anything." However, identifying, experiencing, and emotionally acknowledging, along with increased frustration tolerance and developing more mature defenses, enhances resilience, equipping individuals to handle stress and adversity.

To foster a cohesive and resilient Self, it is essential to understand the origins and dynamics of conflicts and emotions that contribute to dissociation and the specific content and localization of these conflicts. Differentiating the content of conflicts into primary and secondary capacities, a concept specific to Positive Psychotherapy (PPT), offers a better understanding of the forces in conflict and how dissociation compartmentalizes psychological functioning (for instance, secondary capacities are often overdeveloped as a result of compartmentalization in response to suffering and adversity in the capacity to love domain). This allows for understanding the developmental dynamics of primary capacities (to love) and secondary ones (to know), the interplay between them, the compensatory mechanism - overcompensation that leads to the development or underdevelopment of some capacities - and the interdependencies of their functioning, which disturb the balance of life's four domains (body/health, achievement/work, contact/relationships, future/purpose/meaning of life) in one direction or another in the search for equilibrium.

Integrating dissociated or traumatized parts into one's self-functioning is key to restoring a cohesive, healthy identity. Decreasing the use of dissociation as a defense mechanism and reducing or eliminating dissociative symptoms frees up the energy needed for growth and development, aligns psychological time with the individual's biological time, fosters the development of undeveloped capacities and transforms them into resources, increases resilience, and enhances the ability to be present.

Integrating primary and secondary capacities within Positive Psychotherapy (PPT) provides a comprehensive framework for understanding how dissociation impacts the individual's psychological functioning. By addressing both the internal dynamics of conflict and the socio-cultural context in which these conflicts arise, PPT fosters a holistic approach to healing. As dissociated parts of the Self are reintegrated, it allows for the development of underutilized capacities and provides an opportunity to reshape the individual's identity within their

cultural context. This approach acknowledges the significant role culture plays in forming anxieties, vulnerabilities, and defensive mechanisms, thereby highlighting the need for a transcultural perspective in trauma treatment. In this way, the therapist's cultural sensitivity and adaptability can facilitate a deeper, more personalized healing process, bridging the gap between individual psychological dynamics and the broader social and cultural factors influencing trauma. This interconnected understanding empowers both the individual and the therapist to navigate the complexities of trauma with greater resilience and a more cohesive sense of Self.

.

References

[1]. **BANZHAF, H.** (2018). *Trauma: o cheie pentru înțelegerea suferinței fizice* [*Trauma: A Key to Understanding Physical Suffering*]. In Ruppert, F.; Banzhaf, H. (eds.), Corpul meu, trauma mea, eul meu. Constelarea intenției - eliberarea din biografia traumatică [My Body, My Trauma, My Self - The Constellation of Intention - Release from the Traumatic Biography] (pp. 131-180). București: Ed. Trei [in Romanian].

[2]. **BLACKMAN, J.-S.** (2009). 101 apărări. Cum se autoprotejează mintea [101 Defenses: How the Mind Shields Itself]. București: Ed Trei. 378 p. [in Romanian].

[3]. **CALHOUN, L.G., & TEDESCHI, R.G.** (2012). Posttraumatic Growth in Clinical Practice (1st ed.). Routledge. https://doi.org/10.4324/9780203629048.

[4]. **CARLSON, E. A., YATES, T. M., & SROUFE, L. A.** (2009). *Dissociation and Development of the Self*. In **DELL P. F., O'NEIL,** J. A. (eds.). Dissociation and the Dissociative Disorders: DSM-V and Beyond (pp. 39–52). Routledge/Taylor & Francis Group.

[5]. **CAVICCHIOLI M. et al. (2021).** ***Dissociation and Emotion Regulation Strategies: A Meta-Analytic Review.*** Journal of Psychiatric Research, vol. 143, 370-387. https://doi.org/10.1016/j.jpsychires.2021.09.011

[6]. **CHEW-HELBIG, N.** (2022). *Writing Evocative Case Studies: Applying Autoethnography as a Research Methodology for the Psychotherapist.* British Gestalt Journal, vol. 31, no. 1, 35-42.

[7]. **COPE, T. A.** (2023). *Systems of Reference for Personality Structure: Peseschkian & Zubiri on Systems of Reference.* The Global Psychotherapist, Vol. 3, No. 1, 35-49.

[8]. **CRASTNOPOL, M.** (2019). Micro-trauma: vindecarea rănilor psihice cumulate [Micro-trauma: A Psychoanalitic Understanding of Cumulative Psychic Injury]. București: Ed. Trei. 396 p. [in Romanian].

[9]. **FROLOV P.** (2020). *Supervision in Positive Psychotherapy*. In Messias E., Peseschkian,, H. & Cagande C. (eds.). Positive Psychiatry, Psychotherapy and Psychology, (pp. 359-370). Springer Nature Switzerland AG.

[10]. **FUNG H.W. et al.** (2023 Dec.). *The Relationship Between Dissociation and Complex Post-Traumatic Stress Disorder: A Scoping Review***.** Trauma Violence Abuse**,** vol. 24, no.5, 2966-2982. doi: 10.1177/15248380221120835. Epub 2022 Sep 5. PMID: 36062904.

[11]. **GABBARD, G.-O.** (2014)**.** Tratat de psihiatrie psihiodinamică [Psychodinamic Psychiatry in Clinical Practice]. București. Ed. Trei. 670 p. [in Romanian].

[12]. **GOODMAN, R.** (2017). Trauma Theory and Trauma-Informed Care in Substance Use Disorders: A Conceptual Model for Integrating Coping and Resilience. *Advances in Social Work,* vol. 18, no. 1, 186-201, doi: 10.18060/21312.

[13]. **GONCHAROV, M.** (2014). Conflict Operationalization in Positive Psychotherapy. Russia, Khabarovsk. 70 p.

[14]. **KALSCHED, D.** (1996). The Inner World of Trauma. Archetypal Defenses of the Personal Spirit. Near Eastern St.: Bibliotheca Persica, Ist edition. 230 p.

[15]. **KIRILLOV, I.** (2021). Basics of Positive Psychotherapy. Moscow: Academy of Transcultural Psychotherapy, Strana Oz. 328 p.

[16]. **LYTVYNENKO, O. et al.** (2020). *Using Stories, Anecdotes, and Humor in Positive Psychotherapy*. In Messias E., Peseschkian, H. & Cagande C. (eds.). Positive Psychiatry, Psychotherapy and Psychology, (pp. 349-358). Springer Nature Switzerland AG.

[17]. **LYSSENKO, L. et al.** (2018). *Dissociation in Psychiatric Disorders: A Meta-Analysis of Studies Using the Dissociative Experiences Scale*. The American Journal of Psychiatry, vol. 175, no. 1, 37–46. https://doi.org/10.1176/appi.ajp.2017.17010025

[18]. **MARSEILLE, A.R., MESSIAS, E.** (2020). *Positive Psychotherapy as an Existentialism*. In Messias E., Peseschkian, H. & Cagande C. (eds.). Positive Psychiatry, Psychotherapy and Psychology, (pp. 387-400). Springer Nature Switzerland AG.

[19]. **MATEESCU, V. M., BUTARU, L. T.** (2024). *Anxieties, Defenses and Perverse Dynamics*

in a Manufacturing Firm. International Journal of Applied Psychoanalytic Studies, vol. 21, no. 1, e1856. https://doi.org/10.1002/aps.1856

[20]. **MATEESCU, V. M.** (2020). *Online Therapy-Short-Term Solution or Opportunity During the Covid-19 Pandemic? An overview of the dynamics of the therapeutic field in Romania.* Studia Universitatis Babes-Bolyai-Studia Europaea, vol. 65, no.2, 71-89

[21]. **NICAMB (The National Institute for the Clinical Application of Behavioral Medicine), VAN DER KOLK, B.** How Dissociation Protects the Mind and Body From Trauma. URL: https://www.nicabm.com/program/dissociation-fb/ . Accessed: 25.10.2024

[22]. **PESESCHKIAN, H., REMMERS, A.** (2020). *Positive Psychotherapy: An Introduction.* In Messias E., Peseschkian, H. & Cagande C. (eds.), Positive Psychiatry, Psychotherapy and Psychology, (pp. 11-32). Springer Nature Switzerland AG.

[23]. **PESESCHKIAN, N.** (2007). Psihoterapie pozitivă. Teorie și practică [Positive Psychotherapy: Theory and Practice]. București: Ed. Trei, Centrul Medical Unirea. 436 p. [in Romanian].

[24]. **PESESCHKIAN, N.** (2016). Positive Psychosomatics: Clinical Manual of Positive Psychotherapy. AuthorHouse UK. 601 p.

[25]. **RINGEL, S.** (2012). *Overview.* In Ringel, S.; Brandell, J.R. (eds.). Trauma: Contemporary Directions in Theory, Practice, and Research (pp.1-12). Sage Publications, Inc. 1st Edition.

[26]. **RUPPERT, F.** (2018). *Corpul meu, trauma mea, eul meu, din perspectiva teoriei și terapiei traumei psihice orientate către identitate* [My body, my trauma, my self, from the perspective of identity-oriented theory and therapy of psychological trauma]. In Ruppert, F.; Banzhaf, H. (eds.). Corpul meu, trauma mea, eul meu. Constelarea intenției - eliberarea din biografia traumatică [My Body, My Trauma, My Self - The Constellation of Intention - Release from the Traumatic Biography] (pp. 9-130). București: Ed. Trei [in Romanian].

[27]. **RUPPERT, F.** (2020). Cine sunt eu într-o societate traumatizată? Cum ne determină viața dinamicile relației agresor-victimă și cum ne eliberăm de acestea [Who Am I in A Traumatized Society? How the Dynamics of the Aggressor-Victim Relationship Shape Our Lives and How We Can Free Ourselves From Them]. București: Ed. Trei [in Romanian].

[28]. **SARI, T., ERYILMAZ, A.** (2020). *Positive Psychotherapy in PTSD and Post-traumatic Growth*. In Messias E., Peseschkian, H. & Cagande C. (eds.). Positive Psychiatry, Psychotherapy, and Psychology, (pp. 153–163). Springer Nature Switzerland AG.

[29]. **SINICI E., SARI T., ÖZGÜR** (2014). Primary And Secondary Capacities in Post-Traumatic Stress Disorder (PTSD) Patients in terms of Positive Psychotherapy. *International Journal of Psychotherapy*, Vol. 18, No. 3, 22-34.

[30]. **STERN, D. B.** (2010). Partners in Thought: Working with Unformulated Experience, Dissociation, and Enactment. New York: Routledge Taylor & Francis Group. 256 p.

[31]. **TEDESCHI, R. G., & CALHOUN, L. G.** (2004). *Posttraumatic Growth: Conceptual Foundations and Empirical Evidence.* Psychological Inquiry, vol. 15, no. 1, 1–18. http://www.jstor.org/stable/20447194

[32]. **VAN DER KOLK B.A.** (1996). *Trauma and Memory.* In van der Kolk B.A., McFarlane A.C., Weisaeth L, (eds.). Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society, (pp 279–302). Guilford: New York.

[33]. **VASILE, D.** (2024). Anatomia traumei, Cum să ai o viață mai bună când sufletul te doare [The Anatomy of Trauma: How to Have a Better Life When Your Soul Hurts]. Bookzone: București. 239 p. [in Romanian].

Section: Theoretical reviews and research in PPT

PSYCHODYNAMICS OF TRANSFERENCE AND COUNTERTRANSFERENCE IN THE PSYCHOTHERAPY WITH SEXUAL TRAUMA

Mariia Tyshchenko

Psychologist, Certified positive psychotherapist,
Basic trainer of Positive Psychotherapy, supervisor (ECPP),
private practice (Kyiv, Ukraine)
Email: mmmariyko@gmail.com
ORCID: 0009-0009-8608-0841

Received 1.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj259

Abstract

In this article, we emphasize the nature of transference and countertransference while working with sexual trauma. Such kind of trauma can evoke intense emotional, cognitive, and somatic reactions. In order to avoid projective distortions and maintain the therapeutic stance, therapists need to develop an awareness of their reactions and use this dynamic as a pathway to a deeper understanding of the client's or patient's trauma. This article reviews theoretical perspectives from classical psychoanalysis to positive psychotherapy, illustrating methods for identifying and using transference and countertransference as therapeutic tools. In addition, the article discusses the prevalence and impact of sexual abuse on mental health. It describes how these psychodynamic processes work within an evidence-based framework to support emotional recovery.

This article emphasizes the need for ongoing self-reflection and supervision for therapists to prevent professional burnout and increase their therapeutic effectiveness while working with patients and clients with sexual trauma.

Keywords: transference, countertransference, sexual trauma, Positive Psychotherapy

Introduction

Transference and countertransference are key phenomena in the psychotherapeutic relationship, which psychotherapists of various psychodynamic schools study. These processes are especially important while working with cases of sexual violence, as traumatic experience is also transferred to the therapeutic space.

Transference can manifest as a way of recreating past experiences to interpret and integrate them, becoming a kind of 'clue' on the way to healing. Countertransference, in turn, emphasizes the therapist's reactions to the client/patient arising in response to the transference. This phenomenon involves not only conscious but also unconscious reactions of the therapist, which can be related to many factors.

When working with clients/patients who have experienced sexual violence, transference is often accompanied by intense reactions that have occurred in their experience. Such reactions as feelings, sensations, thoughts, fantasies, fears, and actions can cause complex countertransference reactions that must be carefully addressed. It is important for the therapist to be able to recognize these processes and use them as a tool to gain a deeper understanding of the client's traumatic experience.

The article explores the phenomena of transference and countertransference and the

peculiarities of their processing in the therapy of sexual violence. We also emphasize the practical aspects of therapeutic work and the avoidance of typical difficulties.

Methodology

2.1. Definitions of transference and countertransference: from classical psychoanalysis to positive psychotherapy.

Transference and countertransference are key concepts in psychodynamic psychotherapy. The concept of transference was first introduced by Freud S. & Breuer J. (1956), who described how patients reproduce their past emotional experiences in their relationship with the analyst. Later, Freud S. (1912) emphasized that transference is an integral part of therapy that helps to identify and integrate unconscious conflicts. Other researchers have significantly expanded and deepened the understanding of transference: Jung C. (1954) believed that transference has an archetypal dimension associated with the collective unconscious and can express universal symbols and themes; Klein M. (1932) emphasised that transference reflects the patient's internal objects, creating an opportunity for rethinking traumatic experiences; Kernberg O. (1965) considered transference as the main tool in working with patients from the boundary level of personality organisation, emphasising the need for conscious analysis by the therapist; Winnicott D. (1971) noted that transference allows the patient to re-experience and integrate early emotional experiences in a safe therapeutic space; Bion W. (1961) considered transference as a form of unconscious communication and emphasised the importance of the therapist's "container function" for processing strong emotions of the patient; Yalom I. (2001) emphasised the importance of transference in existential and group therapy, noting that it can be both a resource and a challenge in therapeutic work.

Countertransference is the therapist's emotional and psychological reaction to the client/patient, which can be both conscious and unconscious. It was introduced by Freud S. (1910) in the context of psychoanalysis while analyzing psychoanalytic emotional reactions to a patient. After Freud S., the concept of countertransference has been developed by other psychotherapists: Klein M. (1932) developed the idea that countertransference is a tool for understanding the patient's inner world and emphasised that through countertransference the therapist gains access to the patient's unconscious projections; Kernberg O. (1965) went deeper to investigate countertransference in cases with patients of borderline functioning, noting that the therapist must be actively aware of their emotional reactions in order to avoid their influence on the therapeutic process; Winnicott D. (1971) emphasised the importance of creating a therapeutic space where transference and countertransference become tools for restoring the patient's emotional balance, helping him to recreate early experiences in a safe environment; Bion, W. (1961) stressed that the therapist can use his emotions as a key to understanding the patient's unconscious communications and proposed the concept of "container function", according to which the therapist accepts and processes intense emotional experiences of the patient, facilitating their integration into his experience. Countertransference is a valuable tool for understanding the patient's inner world. However, Caligor, E., Kernberg, O.F., Clarkin, J.F. and Yeomans, F.E. (2019) identify four levels of countertransference, among which the key is the unconscious response to the patient, which manifests itself when other factors (therapist's personal conflicts, universal reactions to human relationships or external circumstances) are excluded, and reflects the therapist's deep processes that remain beyond his or her awareness. In this type of countertransference, if a patient makes the therapist feel ashamed, it may indicate that the patient is also experiencing similar feelings. Understanding and working with these reactions helps to deepen the therapeutic process and to better understand how the patient's past experiences influence their current relationships and behavior. In positive psychotherapy, transference and countertransference are the focus of research by Peseschkian N. (1987), Goncharov M. (2013), Kirillov I. (2019), Peseschkian H. and Remmers A. (2020), Dobiała E. (2020) Remmers A. (2021; 2023), Henrichs C. and Hum G. (2021), who emphasize the importance of interpersonal dialogue for the patient's healing and development.

Kirillov I. (2019) defines these concepts in the method of positive psychotherapy:

1. Transference is the ability of a person to spontaneously reproduce in the here and now, in an actual situation (including therapy), the significant emotional experience of the underlying conflict "there and then." Transference gives the therapist direct access to the patient's inner world.

2. Countertransference is the ability of a therapist to respond spontaneously to circumstances and behavior based on their own emotional experience. Exploring one's emotional experience allows the therapist to use conscious countertransference as a powerful tool for diagnosis and therapy.

2.1. Sexual violence: prevalence, forms, and impact on mental health

It was mentioned by Borumandnia N. and Khadembashi N. (2020) that about 35.6% of women in the world were subjected to sexual violence. Thus, it is hard to provide such statistics regarding men as it can be difficult to assess the scale of the problem. Shevchuk T. (2018) specifies that according to the United Nations Children's Fund (UNICEF), approximately 150 million girls and 73 million boys under the age of 18 experience sexual violence and exploitation every year.

Memories of traumatic events can often be repressed, and transference and countertransference are important tools for accessing the trauma hidden in the underlying conflict. A study by Williams (1995) found that only 16% of women who recalled experiencing sexual violence had initially repressed these memories. Complete amnesia is particularly common in cases of childhood sexual abuse: between 19% and 38% of survivors could completely forget the events.

This phenomenon raises several complex questions: Are such memories merely the product of morbid fantasies? Are people capable of creating physical sensations that they have never experienced? Where is the line between morbid imagination and rich fantasy? Is it possible that I am between memories and fantasies? These questions remain actual for many survivors of sexual violence and those who support them. Traumatic reactions are often irrational, uncontrollable, and strong. It can be difficult to control impulses and emotions, leading to feelings of "madness" and thoughts that one no longer belongs in this world. An important first step in recovery is learning to feel, name, and understand your internal world (feelings, thoughts, emotions, fears).

Van der Kolk B. (2014) specifies that between 36% and 51% of patients in psychiatric wards have experienced sexual abuse in childhood or adolescence, which indicates a close connection between trauma and the development of mental disorders. It is worth noting that people who have experienced trauma often doubt their memories, while psychotic hallucinations usually do not. Van der Kolk B. (2014) emphasizes that a characteristic feature of traumatic memory is a tendency to internalize doubt, even when these memories seem to be similar to hallucinations or delusions. This feature reflects the difficulty of integrating traumatic experiences into a person's personal history, which leads to the fragmentation of memories and partial dissociation.

Thus, therapists often work with repressed memories, even if patients unconsciously repress these experiences. Countertransference and transference help therapists recognize and process these traumatic experiences, creating space for emotional recovery.

In order to understand the patient's displaced experiences, it is advisable to consider the types of sexual violence, in particular, taking into account social and cultural factors. Brown J. and Walklate S. (2011) identify the main forms of sexual violence: sexual harassment, rape, domestic violence, and the impact of war and conflict on the spread of sexual violence. These categories align with international standards set out in reports by the World Health Organization (WHO) and the United Nations (UN) and with materials from psychological and human rights organizations. According to the WHO, sexual violence encompasses any forced sexual act or act directed against a person without their consent, including physical, emotional, and psychological violence (WHO, 2021). The UN Declaration on the Elimination of Violence against Women (1993) expands this concept to include sexual violence, trafficking, and violence in intimate relationships, which underscores the importance of addressing these forms of violence at the international level. In the national context, the Law of Ukraine "On Preventing and Combating Domestic Violence" (2019) defines sexual violence as a form of domestic violence that includes any act of a sexual nature committed without the consent of an adult or regardless of consent against a child. This

category also includes acts of a sexual nature committed in the presence of a child, coercion to have sexual intercourse with a third party, and other offenses against sexual freedom or inviolability of the person (Law of Ukraine, 2019). It is worth noting that sexual violence does not always involve physical touch; it can also occur in the absence of bodily contact when a person either witnesses or is a victim of sexual violence without physical interaction.

Discussion

Understanding the types of sexual violence in international and national contexts is an important element for effective psychotherapy, including in the context of working with transference and countertransference. Psychotherapists often face transference and countertransference when working with patients who have experienced sexual violence. According to Herman J. (2015), patients may unconsciously project their emotions onto the therapist, seeing him or her as both a saviour and an abuser, which makes it difficult to build trust, reflected in traumatic transference and countertransference as a response to the patient's unconscious.

Kernberg O. (1984) specifies that the therapist's countertransference reflect the patient's internal processes, helping to identify their unconscious roles formed through traumatic relationships (he calls this process - dyads). Ruppert F. (2008) explains that trauma provokes a split of the personality into three parts: surviving, traumatized, and healthy self. All these parts are functioning through dissociation to maintain psychological balance.

Van der Kolk B. (2014) specifies that survivors of childhood sexual abuse may repress their sexuality and experience shame in response to feelings or images that remind them of the trauma experience. Natural bodily pleasures can cause discomfort and guilt due to the activation of traumatic memories. In the process of verbalising the trauma (voicing, working through transference and countertransference), these patients may experience various physiological reactions, such as increased blood pressure, migraine attacks, or emotional withdrawal without visible physical changes. This reaction is evidence of dissociation as a defence mechanism to avoid emotional overload.

3.1. The Model Dimensions concept while exploring transference and countertransference

In this context, understanding the origin and specifics of role model sexual abuse becomes an important tool for the therapist. This approach allows for a deeper exploration into the patient's unconscious processes, using the mechanisms of transference and countertransference. Thus, in specific situations, the therapist may unconsciously identify either with the patient's experiences of violence or with his/her perpetrator, which can be difficult to maintain neutrality and can trigger hidden emotional reactions. Below, we will consider the role model's experience of sexual violence and the typical feelings that a therapist may experience in countertransference.

1. **"I" sphere.** *Sexual abuse of a child by those who care about him/her (parents, siblings, relatives)*. E Studies show that 80 per cent of cases of sexual abuse of children are committed by relatives or persons close to the family, which significantly increases the traumatic effect, as these people enjoy the child's trust. Violation of physical and psychological boundaries leads to the loss of the ability to distinguish between care and violence, distorting basic ideas about the world and self-worth. Touching that causes pain, or the absence of it, can create a distorted perception of bodily contact, creating a dichotomy: "a fervent desire for human touch with a simultaneous fear of physical contact." In countertransference, unconscious identification with the victim can cause the therapist to feel powerless or alienated or identification with the perpetrator can evoke complex, uncontrollable emotions, ranging from guilt and shame to unexpected arousal or pleasure, depending on the patient's unconscious processes.

2. **"You" sphere.** *A child as a witness of sexual violence between significant adults.* A child as a witness of sexual violence between significant adults. This experience reinforces violent models as an acceptable form of interaction in the child's mind. This creates a risk that the child may repeat these behaviours or avoid intimacy in future relationships. Fear of intimacy and emotional isolation often accompany such experiences, creating a distrust of relationships and a desire to avoid close contact. The therapist, unconsciously stepping

into the patient's shoes, may experience a fear of intimacy or, conversely, unconsciously distance themselves, experiencing anxiety in the context of close relationships.

3. **"We" sphere.** *The child is a witness of violence by significant adults against other people.* Observing violent acts, even without physical contact, can create the perception that any relationship contains elements of dominance and submission. This may lead to the development of aggressive or passive behavioral strategies in adulthood, where the individual identifies with the aggressor or victim, repeating these roles in the relationship. The therapist under countertransference may feel powerless in the face of authority or an increased desire to control, which can affect his neutrality.

4. **"Primer - We" sphere.** *Impact on generation from significant adults how they attitude to the of sexual violence.* Transmission of transgenerational trauma. Once sexual violence becomes part of the family narrative heritage, it can be transmitted through generations using behavior. These patterns form attitudes towards sexuality, intimacy, and violence in the family. Cultural taboos on discussing sexual violence contribute to further trauma and make it difficult to deal with. It was also proven by the research of Lytvynenko and Tereshchenko (2024), who mentioned that unresolved traumatic experiences affect the behavior and worldview of subsequent generations. It can be manifested as distrust, overprotection, or control, which become part of family history and determine the nature of future relationships of descendants. In this context, the therapist may unconsciously identify himself as a defender or observer of trauma. It can activate the need to intervene or feel uncomfortable when traumatic topics touch on their boundaries.

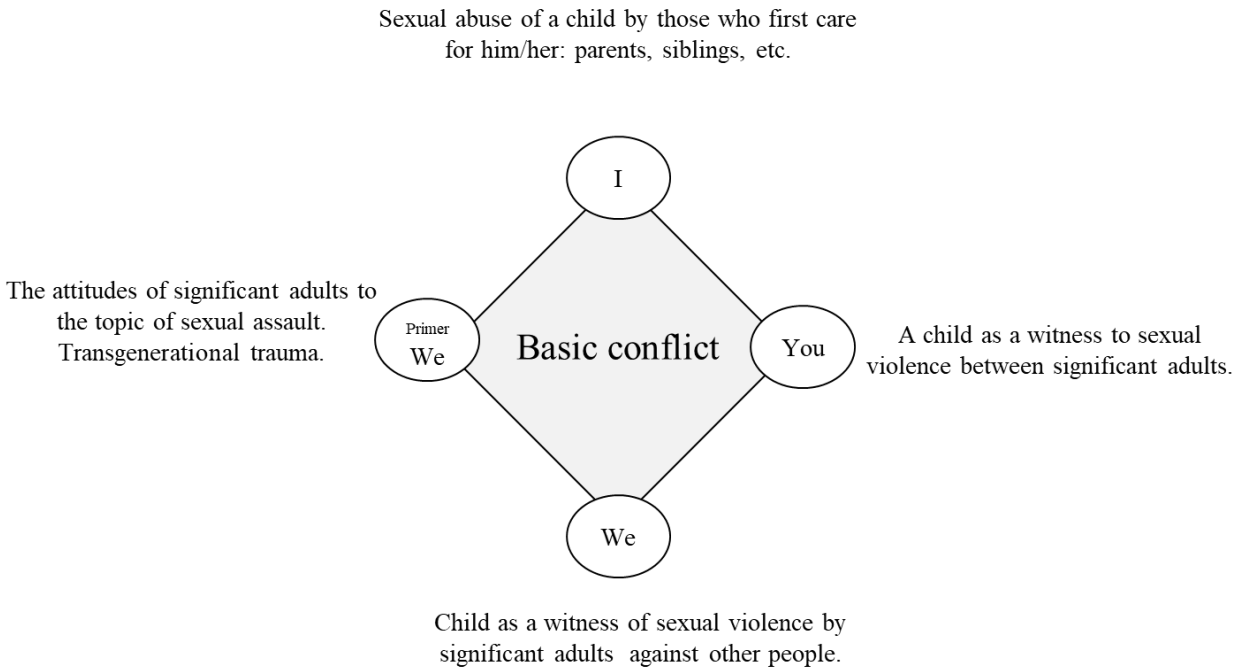


Figure 1. A model of sexual trauma formation

3.2. The Balance model concept while exploring transference and countertransference

The process of providing therapeutic support to a survivor of sexual violence poses profound emotional, physical, mental, and meaningful challenges to the therapist. Peseschkian H. and Remmers A. (2020) note that the Balance model helps to analyze not only the patient's transference but also the therapist's countertransference, which allows the therapist to interpret their reactions more deeply and increases the effectiveness of therapy. Understanding these channels helps the therapist be aware of their reactions and regulate them effectively, thus ensuring empathy and professional effectiveness in working with trauma. Thus, in the process of

psychotherapy, transference and countertransference can become effective tools for contacting the patient's repressed and painful experiences, which can manifest through the four channels of cognition of the world. According to Goncharov M. (2013), these channels cover all temporal dimensions: feelings and thoughts related to the present, experience of the past, and fantasies and expectations of the future.

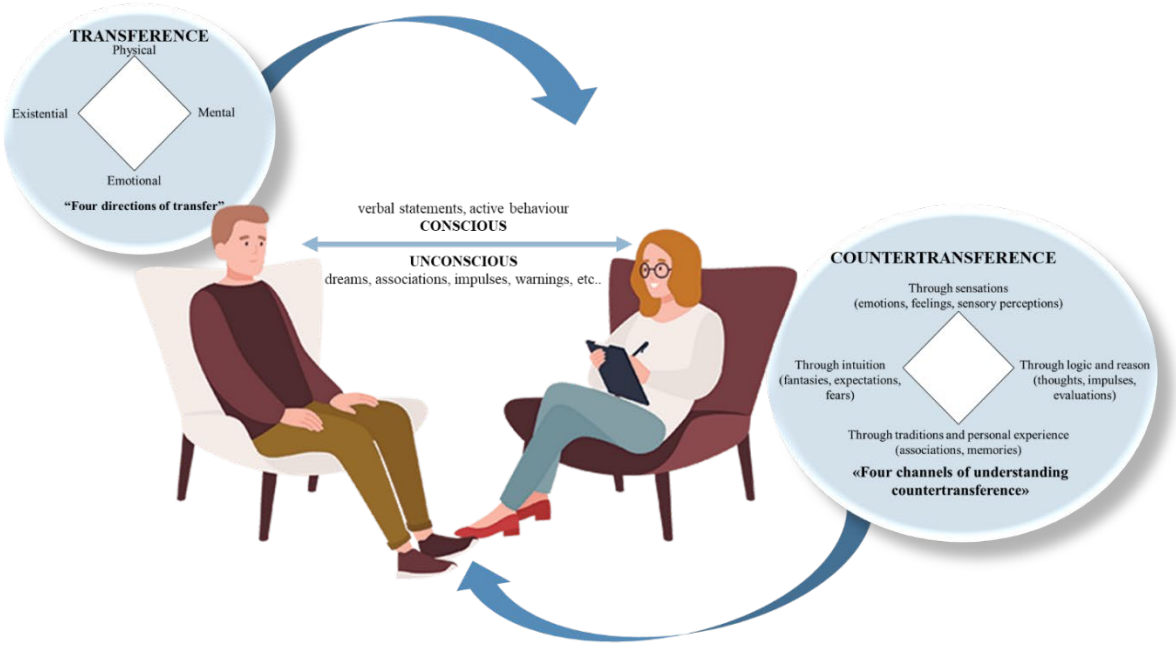


Figure 2. Transference vs. Countertransference in Therapy

Through sensations (emotions, feelings, sensory perceptions). The therapist may experience intense emotions during sessions, such as anger, powerlessness, or pain, in response to stories of violence. Such feelings may reflect not only compassion for the patient but also their own unresolved experiences. Countertransference can include sensory reactions, such as physical discomfort or fatigue, which indicate the deep emotional impact of the patient's stories.

Through logic and reason (thoughts, impulses, evaluations), the psychotherapist may encounter the desire to intellectualize the patient's experience to create distance from their own emotions. It is important to resist the temptation to rationalize the patient's experience to protect oneself from emotional overload. Evaluations or impulses that arise during therapy, such as judgment of the aggressor or guilt over not being able to help, can also be manifestations of countertransference.

Through traditions and personal experience (associations, memories), therapists may unconsciously activate their own memories or associations that reflect their past experiences. The patient's story can resonate with the therapist's own experience of trauma or loss. In this case, it is important to be aware of these reactions and use them to understand the psychodynamics of the interaction.

Through intuition (fantasies, expectations, fears). Intuitive reactions, such as feeling threatened or fearing failure, may reflect the therapist's fears about personal limitations or professional competence. Sometimes, the therapist fantasizes about saving the patient or expects rapid progress. Such processes can create a risk of going beyond the limits of their role.

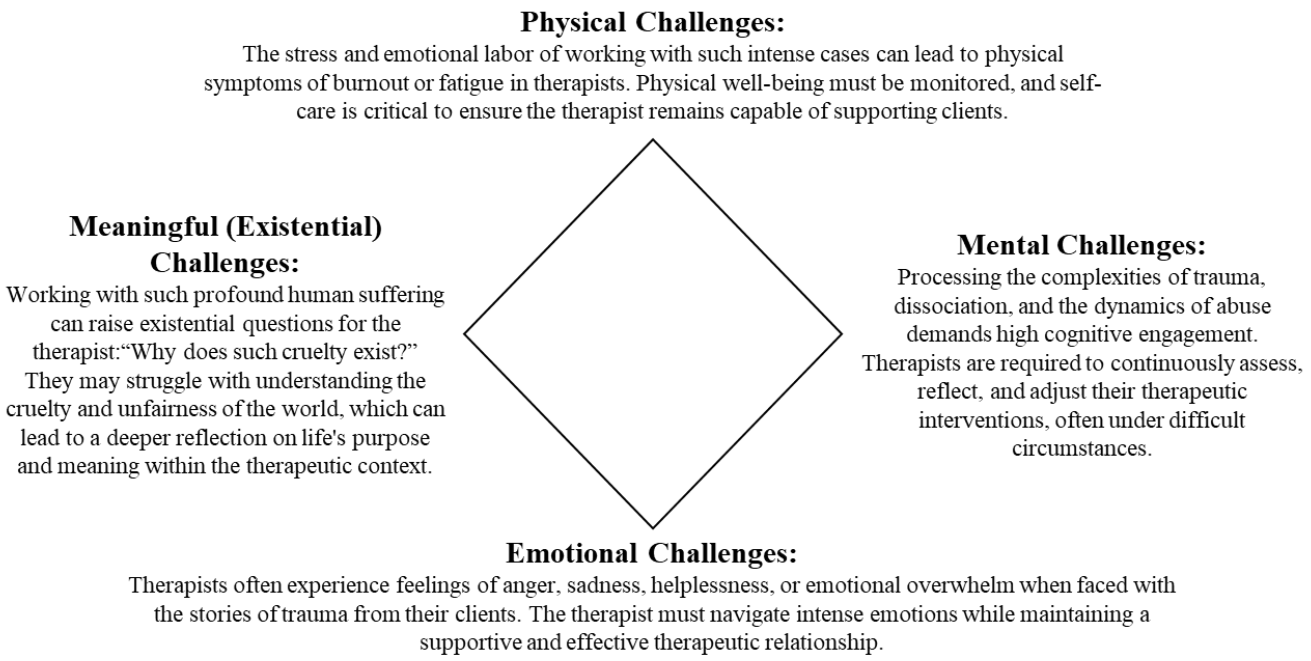


Figure 3. Challenges in working with sexual violence trauma

3.3. 3 stages of psychodynamics while exploring transference and countertransference

Dobiała E. (2020) emphasizes the changing role of the therapist, who initially helps the patient to set boundaries and later becomes a container for emotional processes of transference and countertransference, which contributes to a deeper processing of the patient's emotions at the individual and group levels. Henrichs C. and Hum G. (2021) also explore the role of transference and countertransference through the method of positive psychotherapy, emphasizing the importance of these processes through the lens of the three stages of psychodynamics: attachment, differentiation, and detachment for structured communication between therapist and patient. The authors note that these processes help to uncover unconscious conflicts and improve the therapeutic interaction.

In this context, we propose to consider the dynamics of transference and countertransference (attachment, differentiation, detachment) in cases of trauma caused by sexual violence.

- **Attachment:** The patient and therapist can become trapped in unconscious reactions related to the patient's traumatic experience, which manifests itself through transference and countertransference. The therapist's awareness of his/her countertransference (reflection on the Balance model) and its verbalization facilitate the transition to the verbalization stage. After analyzing their reactions, the therapist can reflect on their feelings, thoughts, and sensations by asking the patient: "Is it possible that you are feeling something like this right now?" For example, if during therapy, the therapist suddenly feels fearful or disgusted with the patient and perceives them as a seducer, he or she might say, "Could it be that you feel fearful or disgusted with me because you perceive me as someone who is seducing you?" Further, the therapist can elaborate in the next intervention: 'How often do you experience something like this in our relationship or other situations? Who else have you experienced something like this with?'
- **Differentiation:** The therapist must notice and verbalize transference and countertransference dynamics. This can help the patient to gradually realize the nature of their reactions (according to the Balance model) in the therapeutic process. At first, the therapist actively monitors the moments when the patient "transfers" past emotions or behavioral patterns to the situation in therapy, helping to make them aware of this through clear verbalization, for example: "Maybe now you feel afraid or irritated in my presence, as you have in the past with other people." This verbalization, which

emphasizes the roots of these reactions in past experiences, allows the patient to look at the situation objectively. Over time, the patient begins to notice when a certain emotional pattern is triggered in the relationship with the therapist. He or she realizes that these reactions may only reflect his or her inner experience and not a real threat to the relationship. Over time, this helps the patient to distance himself from such reactions, realizing that they are only an echo of past experiences that do not always correspond to the current circumstances.

- **Detachment:** At this stage, transference and countertransference lose their intensity because, by this time, the patient has learned to recognize and control their reactions. At this stage, the patient is no longer trapped in a vicious circle of 'inner conflict' or, if such dynamics arise, can recognize them in time and react accordingly. The patient begins to react differently, developing new behavior patterns based not on old traumatic experiences but on new experiences. For example, if previously the patient perceived authority figures as a threat or felt fearful in their interactions, which could cause associations with the traumatic experience of sexual abuse, now they can react more calmly to such situations. The patient no longer needs the active intervention of the therapist, as he or she has learned to monitor his or her reactions. Being at this stage indicates greater emotional maturity and the completion of an important phase of the therapeutic process when the patient can choose their reactions and manage their behavior both in the therapeutic relationship and real life.

Working with cases of child sexual abuse is often accompanied by complex emotions - a sense of numbness, powerlessness, and a strong desire to protect the child and bring justice to the perpetrators. This emotional burden raises existential questions: "How can the world be so cruel? Why did this happen to them?" Avoiding or distancing oneself from such cases is not an acceptable solution because children and adults who have experienced such traumas need attentive and empathetic support, even if the interaction with them causes the therapist to experience strong emotional feelings.

When working with survivors of sexual violence, there is often a tendency for them to unconsciously reproduce the dynamics of relationships with their perpetrators in other life situations. This poses an important therapeutic challenge: How to help the patient make sense of these behavior patterns without reinforcing harmful patterns? Such patterns often manifest themselves in the therapeutic process through transference, which requires the therapist to be aware of and able to keep the focus on their emotional reactions. In such cases, countertransference can manifest as feelings of regret, defensiveness, or even alienation, which requires increased attention in the work of the therapist.

Similar challenges arise when working with perpetrators of sexual violence. Communication with such patients often evokes intense anger and internal dialogues such as: "Who raised you like this? How could you do this? How can such people exist in the world?" Although such patients make up about one in ten, the therapist must work on their emotional reactions to provide space for effective therapy, controlling possible countertransference, such as rejection or excessive anger.

There are also cases when survivors of sexual violence bring to therapy stories of themselves committing or almost committing similar acts but were able to stop themselves. Sometimes, such patients re-enact this scenario in their minds, and they can act as both the victim and the perpetrator. This creates a particularly challenging situation for the therapist, as it is necessary to help the patient understand and accept this part of themselves without re-traumatizing them and avoiding judgment. Transference and countertransference in such cases take on a multifaceted meaning: the therapist may experience feelings of guilt or identification with both sides of the conflict.

Such situations require a significant level of self-reflection and supervisory support from the therapist to maintain professional balance and avoid falling into the trap of the transferred scenarios. Neutrality in this context is not an emotional detachment but rather a deep regulation of one's own emotions, which allows one to remain effective in the therapeutic interaction. Each meeting with such patients requires ongoing supervisory discussion and personal therapy to maintain the ability to reflect and effectively process professional challenges.

Finally, while emotional neutrality remains the goal, it does not mean indifference. Emotional sensitivity and authentic presence are essential components of the therapeutic

process. Maintaining this balance requires ongoing development and personal and professional support, including supervision and self-help. Working with such patients is possible, but the therapist's effectiveness depends largely on the availability of support systems that help them cope with countertransference and maintain regulation of their emotional reactions.

Conclusions

The psychodynamic process of transference and countertransference play a key role in therapeutic work with patients who have experienced or become perpetrators of sexual violence. These phenomena not only reveal deep unconscious conflicts but also become a powerful tool for understanding and integrating the patient's traumatic experience. In working with cases of sexual violence, trauma is often accompanied by intense emotional reactions, which poses difficult challenges for the therapist and increases the importance of constant self-reflection and supervision.

The therapy process requires the therapist to be not only aware of their own reactions but also to regulate them effectively while maintaining neutrality and empathy. Maintaining professional neutrality, however, is not indifference; it requires deep emotional sensitivity and authentic presence to provide a safe environment for the patient. The use of transference and countertransference as tools for recognizing trauma patterns helps the therapist gain a deeper understanding of the patient's inner world dynamics and facilitates emotional recovery.

Thus, working with transference and countertransference in the context of sexual violence trauma requires the therapist to be supported by supervision, personal therapy, and the professional assistance system. Only under these conditions can the therapist ensure the effectiveness of the therapeutic interaction and support the patient in the process of healing and integration of painful experiences.

References:

[1]. **BION, W.** (1961). *Experiences in Groups and Other Papers.* London: Tavistock Publications.

[2]. **BION, W.** (1962). *Learning from Experience.* London: Tavistock Publications.

[3]. **BORUMANDNIA, N., KHADEMBASHI, N., TABATABAEI, M., & SHAKERI, M.** (2020). The prevalence rate of sexual violence worldwide: A trend analysis. *BMC Public Health, 20,* 1835. https://doi.org/10.1186/s12889-020-09926-5

[4]. **BROWN, J. M., & WALKLATE, S.** (Eds.). (2011). *Handbook on Sexual Violence.* Routledge. URL: https://www.who.int/publications/i/item/who-RHR-12.37 Accessed: 10.01.2025

[5]. **CALIGOR, E., KERNBERG, O. F., CLARKIN, J. F., & YEOMANS, F. E.** (2018). *Psychodynamic Therapy for Personality Pathology.* American Psychiatric Association Publishing.

[6]. **FREUD, S.** (1910). The prospects of psycho-analytic therapy. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 11. London: Hogarth Press.

[7]. **FREUD, S.** (1912). The dynamics of transfer. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 12. London: Hogarth Press.

[8]. **FREUD, S., & BREUER, J.** (1956). *Studies on Hysteria.* London: Hogarth Press.

[9]. **HERMAN, J. L.** (2015). *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror.* Hachette UK.

[10]. **JUNG, C. G.** (1954). *The Practice of Psychotherapy.* London: Routledge & Kegan Paul.

[11]. **KERNBERG, O.** (1965). Countertransference. *Journal of the American Psychoanalytic Association, 13*(1), 38–56.

[12]. **KERNBERG, O. F.** (1975). *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson.

[13]. **KERNBERG, O. F.** (1984). *Severe Personality Disorders: Psychotherapeutic Strategies.* New Haven: Yale University Press.

[14]. **KLEIN, M.** (1932). *The Psycho-Analysis of Children.* London: Hogarth Press.

[15]. **LYTVYNENKO, O., & TERESHCHENKO, O.** (2024). Working with transgenerational trauma in Positive and Transcultural Psychotherapy. *The Global Psychotherapist, 4*(2), 62–67.

[16]. **PESESCHKIAN, N.** (1987). *Positive Psychotherapy: Theory and Practice of a New Method.* Berlin, Heidelberg: Springer-Verlag.

[17]. **REMMERS, A.** (2021). What does our body tell us in therapy? *The Global Psychotherapist, 1*(2), 41–44.

[18]. **REMMERS, A.** (2023). Transference and countertransference. *The Global Psychotherapist, 3*(1), 75–79.

[19]. **RUPPERT, F.** (2008). *Trauma, Bonding & Family Constellations: Understanding and Healing Injuries of the Soul.* Green Balloon Publishing.

[20]. **UNITED NATIONS.** (1993). *Declaration on the Elimination of Violence against Women.* URL: https://www.un.org/womenwatch/daw/beijing/platform/violence.htm Accessed: 10.01.2025

[21]. **VAN DER KOLK, B.** (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* Penguin Books.

[22]. **WILLIAMS, L. M.** (1995). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(3), 343–353. https://doi.org/10.1037/0022-006X.63.3.343

[23]. **WINNICOTT, D. W.** (1971). *Play and Reality.* London: Tavistock Publications.

[24]. **WORLD HEALTH ORGANISATION.** (2021). *Sexual Violence Overview.* https://apps.who.int/violence-info/sexual-violence/.

[25]. **YALOM, I. D.** (2001). *The Gift of Therapy.* New York: HarperCollins.

[26]. **ГОНЧАРОВ, М. [GONCHAROV, M.]** (2013). Операционализация анализа контрпереноса в позитивной психотерапии [Operationalizing the analysis of countertransference in Positive Psychotherapy]. *Позитум Украина, 5.* [in Russian]

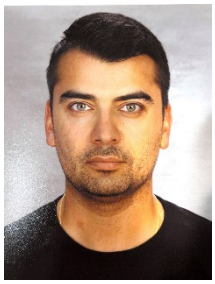
[27]. **ЗАКОН УКРАЇНИ «ПРО ЗАПОБІГАННЯ ТА ПРОТИДІЮ ДОМАШНЬОМУ НАСИЛЬСТВУ». № 2671-VIII від 17.01.2019. [LAW OF UKRAINE "ON PREVENTING AND COMBATING DOMESTIC VIOLENCE. " № 2671-VIII, 17.01.2019].** (2019). URL: https://zakon.rada.gov.ua/laws/show/2229-19#Text Accessed: 10.01.2025 [in Ukrainian]

[28]. **КИРИЛЛОВ, И. [KIRILLOV, I.]** (2019). *Позитивная психотерапия. Базовый курс. [Positive Psychotherapy. Basic Course]* Страна ОЗ. [in Russian]

[29]. **ШЕВЧУК, Т. І. [SCHEVCHUK, T.I.]** (2018). Сучасний стан та тенденції поширення сексуальної злочинності щодо дітей в Україні та світі [Current state and trends of sexual crimes against children in Ukraine and the world]. *Журнал східноєвропейського права, 51,* 102-110. [in Ukrainian]

Section: Theoretical reviews and research in PPT

PSYCHOSYNTHESIS IN POSITIVE PSYCHOTHERAPY



Zlatoslav Arabadzhiev

Assoc. Prof. Dr. Zlatoslav Arabadzhiev, MD, PhD,
Medical University of Plovdiv, Department of Psychiatry and Medical Psychology,
Certified positive psychotherapist (Plovdiv, Bulgaria)
Email: zlatolini@gmail.com
ORCID: 0000-0001-6310-1923

Stefanka Tomcheva

PhD, Master trainer of Positive Psychotherapy,
private practice (Shumen, Bulgaria)
Email: stefani_petkova@yahoo.com

Received 1.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj260

Abstract

This article examines the integration of psychosynthesis and positive psychotherapy as a holistic therapeutic approach. Psychosynthesis, developed by Roberto Assagioli, emphasizes integrating conscious and unconscious aspects of personality to foster personal growth and spiritual fulfillment. Positive psychotherapy, introduced by Nossrat Peseschkian, focuses on activating individual resources to address psychological challenges through a structured, transcultural framework.

The integration of these modalities combines psychosynthesis's spiritual depth with the practical tools of positive psychotherapy, offering a comprehensive strategy for addressing complex clinical issues such as identity crises, existential challenges, and developmental trauma. While highlighting their compatibility, the article also addresses potential risks, emphasizing the importance of systematic frameworks and rigorous training.

This synthesis broadens the scope of therapeutic applications, enhancing client-centered, flexible, and effective interventions. The proposed model demonstrates the transformative potential of integrating distinct psychotherapeutic approaches for holistic personal and psychological development.

Keywords: integrative approach, psychosynthesis, Positive Psychotherapy

Introduction

In contemporary psychotherapy, more and more professionals are using an integrative approach to accompany the client in their process of change, reaching a level of self-actualization, and connecting with significant others and society maturely. This article will offer an exemplary integrative approach to positive psychotherapy theory. Psychosynthesis was developed by Roberto Assagioli (Assagioli, 2000) and emphasizes the idea of a holistic conceptualization of the personality. It provides an understanding of both the conscious and unconscious aspects of the person, providing a resource for harmonizing and integrating all

levels of personality. Nossrat Peseschkian developed the theoretical and therapeutic framework of positive psychotherapy by offering an understanding of the resources of the individual and focusing on the possibilities for the development and positive transformation of the client using his or her capacity (Peseschkian, 1987). Psychotherapists often give a reason for their better understanding of the client's psychodynamics by drawing on the scientific evidence across modalities. On the other hand, related psychotherapeutic fields have formative significance for therapists themselves in their core modality. Psychosynthesis and positive psychotherapy represent two distinct approaches to psychotherapy that can be integrated to achieve a more holistic transformation of clients in therapy.

Psychosynthesis is a holistic psychotherapeutic modality created by Italian psychiatrist Roberto Assagioli in the 20th century with its theory. Inspired by psychoanalysis, Assagioli further developed the idea of integrating different psychological and spiritual aspects of the personality into a single holistic process to achieve a congruent self. The main goal of psychosynthesis is to achieve personal development and self-actualization through which the individual becomes aware of his inner potential and synthesizes it into a harmonious whole (Assagioli, 1965). These characteristics of psychosynthesis make it a resource-oriented psychotherapeutic modality.

Two basic principles underlie psychosynthesis - *"personal (personality) psychosynthesis" and "transcendent (spiritual) psychosynthesis.*" Personal psychosynthesis focuses on integrating the conscious and unconscious aspects of the personality into a whole, leading to deeper self-knowledge and psychological well-being - congruence. Transcendent psychosynthesis transcends the individual personality and directs attention toward spiritual fulfillment and connection to a higher purpose or meaning (Hardy, 1987). Assagioli also emphasizes that psychosynthesis is not exclusively a psychotherapeutic process but can also be applied to education and other areas related to personality development. Methods of psychosynthesis include the use of imagination, meditation, dream, and symbol analysis, as well as various techniques of self-knowledge and self-development (Assagioli, 1973).

Positive psychotherapy is an integrative, psychodynamic, and transcultural method developed by the German psychiatrist and psychotherapist Nossrat Peseschkian in the 1960s. This method is based on the assertion that the individual possesses an innate potential to cope with challenges and achieve balance when his inner resources (actual abilities) are utilized. It integrates theoretical frameworks from psychoanalysis, cognitive behavioral therapy, gestalt therapy, and existential psychology and focuses on building positive resources and healthy interpersonal relationships (Peseschkian, 1987). Positive psychotherapy uses the principle of the "four domains of life" - body, achievement, contacts, and future/meaning - to identify and develop an individual's personal qualities and strengths in a balanced way. Peseschkian sees the client's problem not only as a negative factor but as an opportunity for personal development - a positum. According to him, the therapeutic process helps the individual become aware of and use his resources and potential, which are often suppressed, blocked, or underdeveloped by negative beliefs and fears (Peseschkian, 1996). The method of positive psychotherapy is effective in individual, family, and group therapy. Through the transcultural and integrative method, Peseschkian emphasizes the common human values and universal approach that can assist the client in solving psychological problems in a multicultural context, which is important in positively reinterpreting the symptom and bypassing the client's psychological defenses (Peseschkian & Tritt, 1998).

Integrative psychotherapy combines techniques and principles from different therapeutic modalities. The basic idea is to create a personalized, flexible, client-centered, and holistic therapy that meets each client's unique needs (Norcross & Goldfried, 2005). Traditional approaches rely on a specific model or theoretical framework. However, integrative psychotherapy allows for adaptation by combining cognitive, behavioral, humanistic, and psychodynamic methods with the personality of the client and therapist. It is not rare for therapists of a particular modality to unfairly and unprofessionally deny, dismiss, and even denigrate another therapeutic method and fail to recognize the exclusive role of the therapist's effectiveness.

One of the main advantages of the integrative approach is the possibility of adapting the therapy to the personality, narrative, historical time, and the client's specific problem in his current situation. According to Stricker & Gold (2003), many clients do not fit within just one therapeutic model. Integrative psychotherapy allows the therapist to use various techniques that can be adapted to the specific case, thus increasing the chance of helping the client change. This supports the development of personal congruence, self-acceptance, self-actualization, and socially healthy altruism. Through the integration of different methods, clients can become aware of and accept multiple aspects of their personality, which contributes to a deeper understanding of their self and their responsibility not only for the dysfunctional aspects of the current situation but also for the potential for change and alternative thinking and behavior (Prochaska & DiClemente, 1986). This acknowledges the complexity of mental processes and promotes a holistic approach to personal development and mental health, emphasizing the capacity for mentalization. A significant advantage is provided to enhance the therapeutic alliance, a key factor in therapy success (Lampropoulos, 2001). The therapeutic relationship between therapist and client is created based on mutual bonding, differentiation, and separation, an important element of trust and cooperation. The integrative approach emphasizes the importance of cultural, historical, and personal differences (Norcross, 2019). This approach provides a space for combining modalities with a specific toolkit for seeking meaning and a will to change that accesses the emotional nature of the client. This makes integrative psychotherapy highly effective when working with clients with diverse, multi-layered, and polyetiological issues (Wachtel, 1997).

Methodology

2.1. Similarities between psychosynthesis and positive psychotherapy

Psychosynthesis is a holistic therapeutic approach aimed at the development of the individual as the basis for therapy. It views the individual as a dynamic and multilayered person with a specific experience of place and role in the world. The main aim is to achieve harmony and integration between the different aspects of the personality - emotions, thoughts, desires, and spiritual aspirations - without self-sacrificing behavior. In psychosynthesis, techniques such as visualization, symbol work, and meditation help people become aware of these different aspects and achieve balance (Hardy, 1987). This provides the individual with authentic living, realizing their aspirations, and "self-empowerment from within."

Positive psychotherapy is based on the idea that each person possesses inner resources (actual capacities) for coping with life's difficulties and challenges by realizing them in the core life domains-body, achievement, contact, and meaning are seen as key to psychological well-being when balanced (Peseschkian, 1987). Positive psychotherapy offers a “toolkit” for the client to become aware of their abilities and use them to process their conflict dynamics. The main similarities associated with an emphasis on personality development and transformation are:

Focus on the overall development of the personality (psychological experience accumulated so far and stabilized in time - main conflict). These two therapeutic modalities view the person as a dynamic being with potential for growth and transformation. Psychosynthesis focuses on the integration of different aspects of the self (Assagioli, 2000), while positive psychotherapy focuses on inner resources, the ability to cope with challenges and the concepts hidden behind them that shape the individual's life scenario - Peseschkian's understanding that "The patient knows best" and that "Where the problem is, there is the solution" (Peseschkian, 1987).

The role of consciousness and awareness. Psychosynthesis stresses the importance of awareness of and working with different parts of the personality. The psychotherapist assists the client in exploring them and bringing them to his awareness. Similarly, positive psychotherapy also promotes awareness of one's capabilities and the development of skills to overcome negative thoughts, emotions, and behaviors: the mismatch between expectation and reality (AC), the clash between primary need and secondary prohibition (BC); and the misunderstanding resulting from an irrelevant basic concept: the functional: "Every ball is round" versus the dysfunctional: "Everything round is a ball" (IC) (Peseschkian, 1986), Fig. 1.

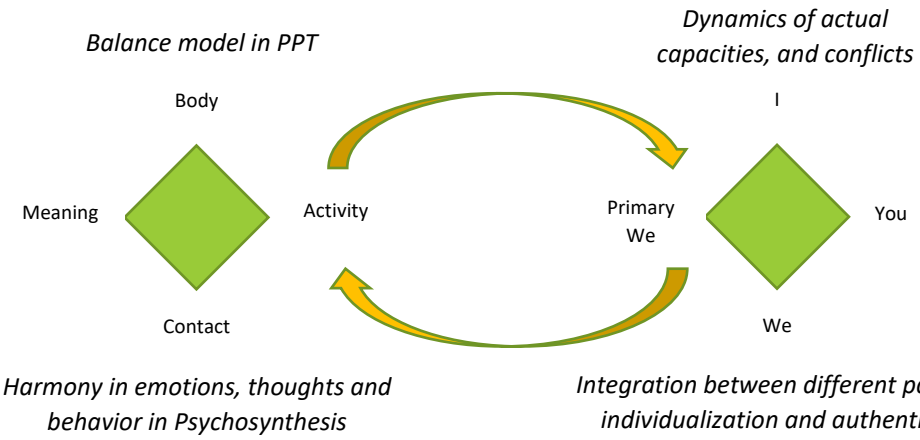


Figure 1.
Similarities between psychosynthesis and positive psychotherapy

2.2. Differences and unique features

Philosophical differences. Psychosynthesis emphasizes the spiritual component and connecting with the "higher self" (awareness, integration, and spirituality). At the same time, positive psychotherapy explores the deep psychological aspect of suffering through recognition of its psychodynamics - actual, basic, internal, and kye conflict. Psychosynthesis often uses visualizations and symbol work. In Positive Psychotherapy, the therapist, drawing on an easily understood and user-friendly schema - the 5-step intervention model - gradually introduces the client to the logic of his/her psychic suffering through an exploration of the balance between the four major domains of life (body, activity, contacts, and fantasy/future); the conflict response model - localization, processing domain, and content; and the family rhombus - the "Role Model" (I, You, We, Origin We) in which the various concepts, beliefs, and convictions are arranged. Conflict reaction, resistance, and defense mechanisms find their meaningful description through the actual abilities and function of the symptom (Peseschkian, 1987).

2.3. Integration of psychosynthesis in positive psychotherapy

Many of the principles of psychosynthesis (mindfulness, integration, spirituality) can complement positive psychotherapy, especially for clients experiencing normative and/or identity crises, people who are challenged to find meaning in their lives. Psychosynthesis can enhance the process of positive transformation through integration, finding one's inner center, and processing inner conflict. This process can have a cumulative effect with the tools of positive psychotherapy to address current life situations that are understandable in the context of the client's conflict dynamics. These two psychotherapeutic modalities have a synergistic and additive effect. Their combination can offer a more complex and holistic therapeutic process for the client's individual development and spiritual growth. Integrating psychosynthesis into positive psychotherapy can enrich the therapeutic process by adding a spiritual and personal aspect to the resource-based approach. It can help the patient become aware of his inner resources and how to use them to cope with his current situation. Psychosynthesis can help the client connect with and integrate his deeper experiences, such as inner conflicts and spiritual aspirations (Hardy, 1987), Fig. 2.

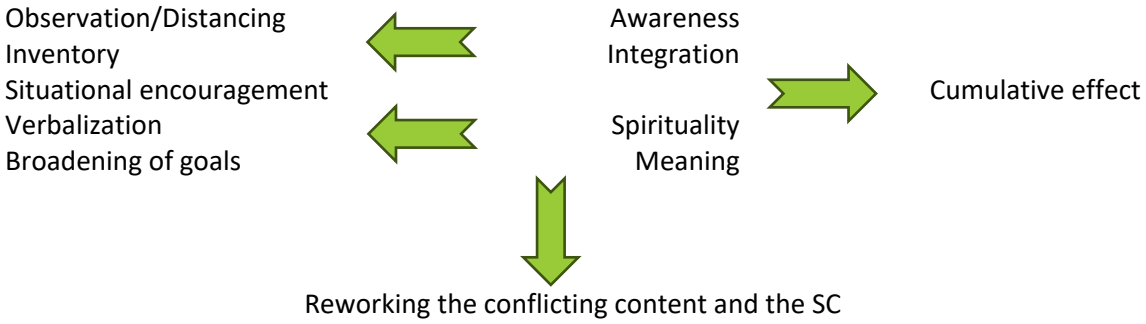


Figure 2.
Integration of psychosynthesis and positive psychotherapy

2.4. Psychosynthesis in positive psychotherapy: A proposal for clinical integration

The integrative approach to psychotherapy is a therapeutic work model combining different psychotherapeutic theories and techniques to offer the best possible strategy for formulating a therapeutic task for a particular client. This approach emerged as a response to the limitations of one-sided therapeutic models and provides a framework for flexibility and adaptation to the client's needs in their current situation (Norcross & Goldfried, 2005). Integrative psychotherapy integrates elements from different modalities-psychodynamic, cognitive-behavioral, humanistic, existential, and others to create a holistic therapeutic process tailored to the client's individual needs (Prochaska & Norcross, 2018). In the integrative approach, the focus is on how the different models can be combined to maximize effectiveness in the psychotherapeutic diagnosis and the therapeutic process. Positive psychotherapy is one successful example of integrative psychotherapy that also has its theory and toolkit. In the context of integrating psychosynthesis and positive psychotherapy, the therapist can work with both the spiritual and psychosocial side of the client. This is particularly useful for patients searching for meaning and purpose in their lives but also struggling with particular life issues (Norcross, 2005).

According to Prochaska& Norcross (2018), integrative psychotherapy is based on the fact that no single therapeutic paradigm can provide all the tools necessary to address the patient's complex needs (biological, psychological, social, and spiritual). Combining different models helps the therapist adapt his approach to the client's specific needs, but always taking into account the client's current situation, on whose stage his own and/or systemic conflict dynamics are played out (Prochaska& Norcross, 2018).

Psychosynthesis and positive psychotherapy, although they may seem different at first glance, can be successfully integrated to achieve comprehensive therapeutic work. This provides the following advantages:

2.1.1. Expanding the concept of resources

In positive psychotherapy, resources are seen as capacities that can be activated to overcome challenges in the current situation. These capacities are seen as dynamic, conditioned by different concepts, and have different manifestations (developed, hyperbolized, blocked, and underdeveloped). Psychosynthesis can add a further dimension to the understanding of internal resources by examining the psychological and physical and spiritual and emotional aspects of the individual. Psychosynthesis seeks to integrate all parts of the personality, including aspects that are often repressed or unconscious yet represent powerful internal resources (Assagioli, 2000). Understanding psychosynthesis theory has a formative effect on the positive psychotherapist. The integrative professional can illuminate the patient's path in the right direction and assist him in his congruence, Fig. 3.

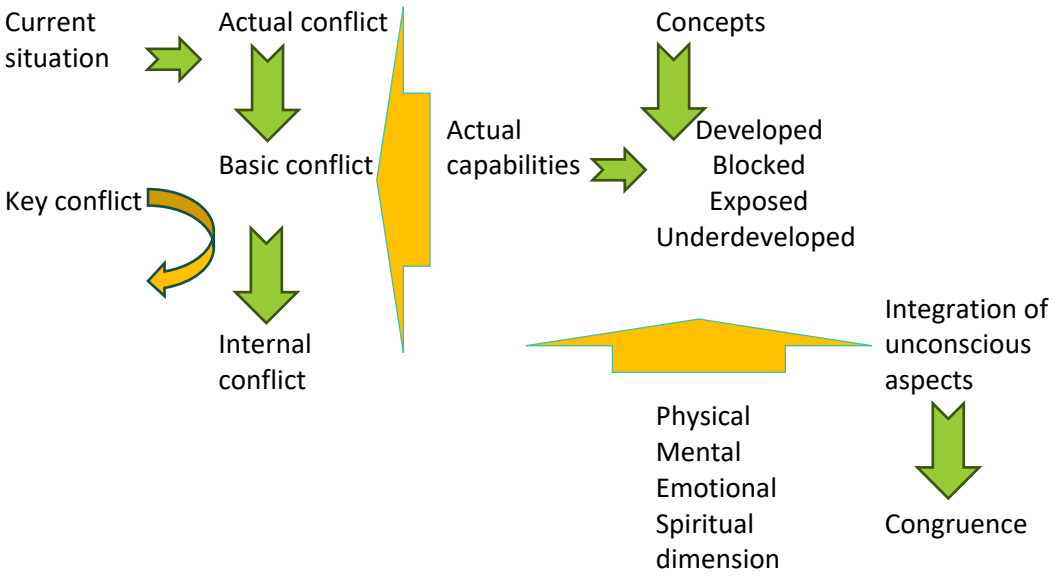


Figure 3.
Expanding the concept of resource

2.4.2. Working with internal conflict and dissonance in the main conflict

Often, clients in positive psychotherapy experience distress as a consequence of internal conflict that makes it difficult to mobilize their resources and use alternative ways of thinking, experiencing, and behaving. Psychosynthesis provides techniques for working with this dissonance, including visualizations and exercises for becoming aware of different parts of the personality that may be in conflict (Hardy, 1987). For example, a client with an internal dilemma between professional success and personal life can work on harmonizing these two aspects through the methods of psychosynthesis and arranging them in the Balance model of positive psychotherapy. The same model can be applied in working with the family rhombus, in becoming aware of and differentiating one's experiences from those of the family system or society. This process must involve setting realistic and acceptable boundaries.

2.4.3. Connecting with the "higher self"

While positive psychotherapy emphasizes the balance between the four domains of life (body, activity, contacts, and meaning), psychosynthesis adds another important dimension - connecting with the "higher self" or higher level of consciousness. This is important for patients seeking meaning in their lives or facing existential crises (Assagioli, 2000). This would assist in removing the deep sense of a vacuum, an existential meaninglessness that is not only seen in occupational burnout syndrome but also many patients with depression. Empirically speaking, this process would happen more easily in religious people where transcendental belief is integrated into their personality. This approach is also preferable when working with terminal patients anticipating the end of their lives.

2.5. Potential risks in integrating different psychotherapeutic modalities

While integrative psychotherapy has numerous advocates, significant arguments exist against the unsupervised integration of psychotherapeutic approaches due to their theoretical incompatibility. For instance, psychodynamic theories emphasize unconscious conflicts and early-life experiences, whereas cognitive-behavioral approaches (CBT) focus on the “here-and-now” and modifying dysfunctional patterns (Safran & Muran, 1995). If these modalities are combined without a coherent methodological framework, the therapist may inadvertently apply contradictory interventions - for example, simultaneously exploring unconscious conflicts while assigning behavioral tasks. This can create confusion for the client and diminish the overall effectiveness of the therapy. It underscores the necessity of

rigorous theoretical training, substantial clinical experience, and adherence to standards of psychotherapeutic integration, particularly in managing conflicting dynamics with emotional synthesis.

A pertinent example is the treatment of a client with generalized anxiety disorder (GAD). While CBT interventions such as cognitive restructuring effectively reduce anxiety-provoking thoughts, integrating a psychodynamic approach that emphasizes the exploration of early experiential factors can lead to an exacerbation of the client's anxiety in the short term if not carefully structured (Wachtel, 1977). A systematic progression, such as the five-step model of Positive Psychotherapy, can mitigate such pitfalls.

2.5.1. Risks of technique distortion

Another critique of integrative modalities pertains to the risk of distorting or misapplying techniques when they are disconnected from the contextual framework of their original theoretical model. For example, desensitization techniques used in CBT for treating phobias operate under strictly defined protocols, including controlled and gradual exposure to the stressor. Suppose this technique is integrated into a humanistic framework emphasizing the client's freedom and autonomy. In that case, the therapist may overlook crucial components such as structured planning and monitoring, thereby compromising the success of the intervention (Norcross & Goldfried, 2005).

2.5.2. The need for a systematic approach

To circumvent such challenges, some researchers advocate for systematic integration models, such as the Common Factors Approach. This model identifies universal elements underlying all successful therapies, including therapeutic alliance, empathy, and structured methods (Norcross & Lambert, 2019). An example of the effective application of this approach is the development of therapeutic plans that combine empathic client exploration with clearly defined, measurable goals grounded in evidence-based techniques. The five-step model of Positive Psychotherapy serves as a well-established example of a systematic and integrative approach.

2.5.3. An example of successful integration

A notable example of successful integration is the combination of Motivational Interviewing (MI) and Cognitive-Behavioral Therapy (CBT) for clients with substance use disorders. MI focuses on exploring and enhancing motivation for change, while CBT provides structured strategies for addressing specific maladaptive behaviors. Integrating these two approaches necessitates a clear understanding of their respective theoretical foundations and a sequential application to prevent therapeutic confusion (Miller & Rollnick, 2013).

2.6. Application of the integration of Positive psychotherapy (PPT) and Psychosynthesis in various clinical conditions

Integrating Positive psychotherapy (PPT) and Psychosynthesis presents a promising opportunity to combine two theoretical and therapeutic frameworks that place the client at the center of the therapeutic process. However, for this integration to be effective, it is essential to delineate the clinical conditions where they are most applicable while also understanding their limitations.

Discussion

3.1. Clinical conditions where integration is justified

3.1.1. Depressive Disorders

Positive Psychotherapy (PPT) and Psychosynthesis are particularly effective for clients with depression, especially when the condition involves a loss of meaning and motivation. PPT employs techniques such as identifying individual strengths and fostering a positive outlook, helping clients focus on attainable goals and process underlying conflict dynamics (Rashid & Seligman, 2018). Psychosynthesis complements this approach by encouraging clients to integrate various aspects of the self and discover inner harmony through work with archetypal images and symbols (Assagioli, 1965).

Example: A client with moderate depression experiencing feelings of isolation and

meaninglessness could explore their "inner subpersonalities" through Psychosynthesis techniques like guided visualization. Concurrently, PPT can emphasize processing micro-traumas and understanding the dynamics of current abilities and the hidden concepts behind them, including addressing macro-traumatic experiences and personality pathology.

3.1.2. Anxiety disorders

For anxiety disorders such as generalized anxiety disorder (GAD), social phobia, or panic disorder, PPT and Psychosynthesis can be integrated to reduce anxiety and enhance self-regulation. PPT employs techniques that enhance calmness and gratitude, effectively alleviating anxiety symptoms within the framework of the Balance model (Rashid, 2015). Psychosynthesis adds value by fostering awareness and managing internal conflicts through symbolic work.

Example: A client with GAD can create symbolic representations of "calmness" and "anxiety" within themselves, enabling awareness of opposing internal forces. Simultaneously, PPT can guide the client to construct balanced models of these inner images and develop alternative behavioral pathways.

3.1.3. Existential crises and trauma

A key contribution of this integration is its application to existential crises and post-traumatic growth. Psychosynthesis provides a framework for exploring deeper aspects of identity and life's meaning, while PPT offers techniques such as positive reframing and identifying the functional role of symptoms (Tedeschi & Calhoun, 2004).

Example: A client who has experienced the loss of a loved one can employ Psychosynthesis techniques, such as connecting with their "Higher Self," to cultivate a sense of spiritual connection. At the same time, PPT can introduce exercises like identifying personal values and resources to restore meaning and hope.

Case: Clinical conditions where integration is less applicable

3.1. Acute psychotic states

In clients with acute psychotic disorders (e.g., schizophrenia), methods involving introspection and symbolic imagery can exacerbate symptoms and lead to cognitive disorganization. Such conditions require structured approaches like Cognitive Behavioral Therapy for Psychosis (CBTp), which focuses on addressing distorted perceptions of reality (Morrison et al., 2014).

3.3. Severe addictions

During the early stages of addiction treatment, when clients often struggle with instability and impulse control, applying complex Psychosynthesis techniques can be counterproductive. More appropriate approaches include Motivational Interviewing (MI), which emphasizes short-term, concrete goals and behavior-change strategies (Miller & Rollnick, 2013).

3.4. Clients with cognitive or intellectual impairments

Therapeutic techniques requiring abstract reasoning or symbolic work, as used in Psychosynthesis, are inapplicable for clients with severe cognitive or intellectual impairments. In such cases, therapy should focus on practical skill development and structured interventions tailored to the client's needs.

3.5. Clinical case

The patient is a 55-year-old woman who suffers from depression (dysthymia, anhedonia, and hypobulia), feelings of meaninglessness, and emotional and social isolation. She lost her job a year ago, feels abandoned by her social circle, and does not belong anywhere. She complains of physical symptoms such as chronic fatigue, lack of appetite, energy, and insomnia. *The patient is symptomatic in every area of functioning, and the onset of this pathological cascade is associated with an acute onset of dysfunction in the area of achievement activity.* At the patient's request, no antidepressant therapy was used, and positive psychotherapy was initiated. The patient reports that her life has lost balance in the area of achievement, as the lack of work makes her feel worthless - she points to the conditioned concept between achievement and her sense of significance, respectively, identity. She also experiences a lack of social contact, which contributes to feelings of isolation and reinforces her sense of hopelessness and lack

of perspective. The first part of therapy focuses on restoring a sense of achievement by identifying new personal goals and opportunities for development in other areas, including those she has already achieved or put on the back burner. Positive psychotherapy helps the patient realize that she still has resources to cope with life and to achieve new goals by assisting her in formulating them. Psychosynthesis is introduced into the therapeutic process to integrate the inner conflicts related to identity and the meaning of life and how this connects only to her professional role. The therapist uses visualization to help the patient connect with her "higher self" and become aware of the deep inner resources she possesses, which is similar to the situational encouragement step. The patient begins to realize that her life is not just about professional success but has a broader meaning related to her spiritual, social, and personal development. In addition, the patient works on harmonizing different aspects of personality that have been in conflict in the past, such as the desire for career success versus the need for more personal time. The patient connects with his inner child and follows his needs, which have been repressed for years and are now time to be satisfied. Through psychosynthesis, the patient begins to integrate these conflicts, viewing them as parts of her larger identity, forming a complete puzzle - the individual pieces make no sense. However, the overall picture takes on new meaning. The combination of positive psychotherapy and psychosynthesis leads to transformation in the patient. She can regain her sense of personal worth and achievement through small but important life goals, distributing them in a balanced way in a rhombus. In addition, she discovers a deeper meaning in her life, develops a better relationship with her inner identity, and lives more authentically.

From the above clinical case, we can conclude that an integrative approach in psychotherapy is critical for improving the quality of therapeutic work by providing more flexible and personalized therapeutic interventions. This is particularly important in the context of complex clinical cases (developmental trauma, personality disharmony, and superimposed psychopathology), where different therapeutic models can complement and enrich the therapist's work (Norcross & Goldfried, 2005). An integrative approach to psychotherapy greatly enhances the quality of therapeutic work by providing additional techniques for working with different clinical situations. According to Prochaska& Norcross (2018), there is no single therapeutic model that addresses the patient's needs in the therapeutic process and, respectively, in his or her current situation. The integration of approaches such as psychosynthesis and positive psychotherapy allows the therapist to address the multifaceted aspects of the personality, such as spiritual and personality crises (Assagioli, 2000), and to connect its resources in order to regain balance in one's life (Peseschkian, 1987).

3.6. Transference and countertransference

The integration of the different modalities plays a critical role in exploring and incorporating the transference and countertransference processes into therapy. This also plays an important role in formative and remedial supervision, where the therapist has the opportunity to develop a deeper understanding of their own reactions and attitudes towards the client.

Transference and countertransference are key concepts in psychotherapy that describe emotional reactions and relationships between therapist and patient (Freud, 1912), emphasizing the relationship between past and present experience. In integrative psychotherapy, these processes become even more important and difficult as the therapist works with different aspects of the patient's personality and may encounter different emotional reactions depending on their approaches (covering, revealing, and/or rebuilding). According to Norcross (2005), the integrative approach allows the therapist to become aware of and analyze transference and countertransference using different models and theories. Psychosynthesis can allow the therapist to work on their personal reactions and spiritual conflicts that affect the therapeutic process (Hardy, 1987). At the same time, positive psychotherapy provides a structured way of examining the patient's resources and abilities, which can help to overcome countertransference (Peseschkian, 1987). These further evidence the importance of the therapist's personal experience and establish a moral and ethical framework for a standard in psychotherapy based on theory, practice, and scientific evidence.

3.5. Supervision in the integrative approach

Supervision is a key component of the professional development and formation of the psychotherapist, providing a space for reflection and discussion of therapeutic processes, including transference and countertransference. This supervision has not only a remedial but also a formative effect on psychotherapists. Integrative psychotherapy provides a greater and more complex challenge to supervision. The therapist and supervisor must be able to view their interventions and interpretations and set tasks through different therapeutic models (Bernard & Goodyear, 2018). An integrative approach requires the therapist to develop skills in using various tools and techniques, making supervision particularly important for analyzing how and when to apply these techniques and how congruent they are to the process. Bernard&Goodyear (2018) noted that supervision in integrative psychotherapy helps the therapist develop the ability to judge when and how to combine different models while being aware of their emotional reactions and potential personality obstacles. The process is complicated because the therapist must be part of the process at every moment, and authentically congruent and empathic Supervision also facilitates awareness of transference and countertransference, which can be amplified when working with various therapeutic approaches. There is a risk where the therapist becomes consumed with trying to be successful, pursuing their own need for rhythm in the process rather than following their client's pace, readiness, and need

During therapy, the patient begins to develop a strong transference to the therapist, seeing him or her as an authoritative (parental) figure who can answer spiritual questions, offer a ready solution, or shoulder the client's responsibility. The therapist is aware of this transference and should discuss it during the psychotherapeutic process and in supervision. The supervisor helps the patient to analyze his reactions (countertransference) by pointing out that the therapist may feel a desire to "save" the patient because of his unresolved issues with authority figures (Freud, 1912). Naturally, in both cases, there is the possibility of developing romantic transference and countertransference. Supervision helps the therapist consider how their different approaches lead to enhanced transference and countertransference and how this influences therapy dynamics (Bernard & Goodyear, 2018). Aware of these dynamics, the therapist decides to work on creating more distance (more successful differentiation) in the therapeutic process and give the patient more autonomy.

3.6. Avoiding the misperception of insufficiency in Positive psychotherapy (PPT) without integration with Psychosynthesis

3.6.1. PPT as a Holistic and Multifaceted Approach

Positive Psychotherapy (PPT), developed by Nossrat Peseschkian, extends far beyond a superficial focus on positive aspects. It is built upon a profound balance between the client's life's past, present, and future dimensions.

- Balance of Capacities: PPT emphasizes actual capacities and hidden concepts, enabling clients to identify, activate, and integrate their inner resources functionally and transformatively (Peseschkian, 2000).
- Conflict Dynamics: Symptoms are viewed as functional, with a clearly defined role within the individual's psychological life. This perspective enables PPT to analyze and transform internal conflicts comprehensively and integratively (Peseschkian, 1996).

3.6.2. The Existential and symbolic potential of PPT

PPT possesses significant depth in addressing existential and symbolic dimensions, essential for its work on values, meaning, and identity.

- Exploring Meaning: Techniques such as positive reinterpretation and identifying the function of symptoms empower clients to transcend suffering by fostering a deeper understanding of the self. This aligns with the psychosynthetic process of accessing the "Higher Self" (Tedeschi & Calhoun, 2004; Assagioli, 1965).
- Symbolic Work: PPT integrates culturally specific and universal metaphorical stories and tales as symbolic tools. These techniques activate unconscious resources

and potentially transform archetypal conflicts (Peseschkian, 2000).

3.6.3. Structured methodology as an advantage, not a limitation

PPT's structured yet flexible methodology serves as a critical advantage, enhancing its adaptability to the unique needs of each client:

- The Five-Step Model of PPT: This framework allows for interventions at both a surface level (addressing immediate behavioral changes) and a deeper level (working through internal conflicts and trauma) (Peseschkian, 1987).
- Cultural Adaptability: PPT incorporates cultural values and contextual dynamics into its therapeutic work unlike the universalist psychosynthesis approach. This flexibility makes PPT particularly effective in addressing varying levels of acculturation and cultural diversity (Peseschkian, 2000).

Conclusion

Integrating different but similar psychotherapeutic modalities is a responsible, clinically proven, and effective therapeutic process. This provides greater flexibility in therapeutic techniques and the opportunity to be individualized and client-centered. Good integrative psychotherapeutic work provides additive effects in terms of effectiveness. There are implications for complex recognition and inclusion in the

transference and countertransference process. It also allows for qualitative remedial and formative supervision of psychotherapists. Positive psychotherapy and psychosynthesis are one example of successful integrative psychotherapeutic work and the formation of the psychotherapist in his or her core modality.

Positive Psychotherapy is a self-sufficient therapeutic approach that integrates cognitive, behavioral, and psychodynamic techniques to achieve balance, meaning, and personality integration. While the integration of PPT with psychosynthesis may enrich the therapeutic process, it is not necessary to validate PPT's efficacy as a comprehensive, holistic model. By addressing existential, symbolic, and cultural dimensions through a structured yet flexible framework, PPT demonstrates its ability to meet clients' complex and varied needs without external supplementation.

References

[1]. **ARABADZHIEV, Z. & TOMCHEVA, S.** (2024). Two "faces" of repressed aggressive impulses and feelings. Atopic dermatitis and hypertension's conflict dynamic through the prism of Positive psychosomatic psychotherapy. *The Global Psychotherapist, 4*(2), 156–167. http://doi.org/10.52982/lkj244

[2]. **ASSAGIOLI, R.** (1965). *Psychosynthesis: A manual of principles and techniques.* The Psychosynthesis Research Foundation, pp. 15–30. New York: Viking Press.

[3]. **ASSAGIOLI, R.** (1973). *The act of will.* The Viking Press, pp. 45–75.

[4]. **ASSAGIOLI, R.** (2000). *Psychosynthesis: A collection of basic writings.* Penguin, pp. 101–120.

[5]. **BERNARD, J. M., & GOODYEAR, R. K.** (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson, pp. 10–42.

[6]. **CIESIELSKI, R.** (2023). The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. *The Global Psychotherapist,* 3(1), 80–86. https://doi.org/10.52982/lkj184

[7]. **DEMYANENKO, B. & UNINETS, I.** (2024). Methodological bases of integration of Positive Psychotherapy with modern directions of psychotherapeutic assistance. *The Global Psychotherapist*, 4(2), 93–107. http://doi.org/10.52982/lkj237

[8]. **FREUD, S.** (1912). The dynamics of transference. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 12, pp. 97–108).

[9]. **HARDY, C.** (1987). *Living from the center: Guided meditations and visualizations.* Theosophical Publishing House, pp. 20–55.

[10]. **HEFFERON, K., & BONIWELL, I.** (2011). *Positive Psychology: Theory, Research and Applications.* McGraw-Hill Education.

[11]. **LAMPROPOULOS, G.** (2001). Integrative psychotherapy: Toward a comprehensive approach. *Psychotherapy: Theory, Research, Practice, Training, 38*(3), 285–294.

[12]. **MILLER, W. R., & ROLLNICK, S.** (2013). *Motivational Interviewing: Helping People Change* (3rd ed.). Guilford Press.

[13]. **MORRISON, A. P., TURKINGTON, D., PYLE, M., SPENCER, H., BRABBAN, A., DUNN, G., & HUTTON, P.** (2014). Cognitive therapy for people with schizophrenia spectrum disorders not taking antipsychotic drugs: A

single-blind randomized controlled trial. *The Lancet Psychiatry, 1*(2), 87–96.

[14]. **NORCROSS, J.** (n.d.). *Towards a comprehensive approach.* Oxford University Press, pp. 50–80.

[15]. **NORCROSS, J. C.** (2019). *Psychotherapy relationships that work: Volume 1: Evidence-based therapist contributions.* Oxford University Press, pp. 60–100.

[16]. **NORCROSS, J. C., & GOLDFRIED, M. R.** (2005). *Handbook of psychotherapy integration* (2nd ed.). Oxford University Press, pp. 25–100.

[17]. **NORCROSS, J. C., & GOLDFRIED, M. R.** (2005). The future of psychotherapy integration. *American Psychologist, 60*(6), 644–652.

[18]. **NORCROSS, J. C., & LAMBERT, M. J.** (2019). Evidence-Based Psychotherapy Relationships. *American Psychological Association.*

[19]. **PESESCHKIAN, N.** (1986). *Positive psychotherapy of everyday life: Training in partnership and self-help.* Springer, pp. 30–70.

[20]. **PESESCHKIAN, N.** (1987). *Positive psychotherapy: Theory and practice of a new method.* Springer, pp. 50–90.

[21]. **PESESCHKIAN, N.** (1996). *Oriental stories as tools in psychotherapy: The merchant and the parrot.* Springer, pp. 15–60.

[22]. **PESESCHKIAN, N.** (2000). *Positive Family Therapy.* Cambridge, MA: Perseus Publishing, pp. 30–70.

[23]. **PESESCHKIAN, N., & TRITT, K.** (1998). *Positive family therapy: The family as therapist.* Springer, pp. 40–80.

[24]. **PROCHASKA, J. O., & DICLEMENTE, C. C.** (1986). Toward a comprehensive model of change. In *Treating addictive behaviors* (pp. 3–27). Springer.

[25]. **PROCHASKA, J. O., & NORCROSS, J. C.** (2018). *Systems of psychotherapy: A transtheoretical analysis* (9th ed.). Oxford University Press, pp. 20–100.

[26]. **RASHID, T.** (2015). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology, 10*(1), 25–40.

[27]. **SAFRAN, J. D., & MURAN, J. C.** (1995). *Negotiating the Therapeutic Alliance: A Relational Treatment Guide.* Guilford Press.

[28]. **STRICKER, G., & GOLD, J. R.** (2003). *Comprehensive handbook of psychotherapy integration.* John Wiley & Sons, pp. 5–50.

[29]. **TEDESCHI, R. G., & CALHOUN, L. G.** (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18.

[30]. **TEDESCHI, R. G., & CALHOUN, L. G.** (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry, 15*(1), 1–18.

[31]. **WACHTEL, P. L.** (1977). *Psychoanalysis and Behavior Therapy: Toward an Integration.* Basic Books, pp. 20–100.

[32]. **WACHTEL, P. L.** (1997). *Integrative and eclectic psychotherapy: Process and practice.* Guilford Press, pp. 35–75.

Section: Modern PPT practice

TYPOLOGY OF THE FAMILY SYSTEM AND CONFLICT DYNAMICS VIEWED THROUGH THE EXPERIENCES OF THE CHILD

Evgeniya Yordanova-Karageorgieva

PhD in Psychology, certified positive psychotherapist,
Master trainer of Positive Psychotherapy (Bulgaria)
Email: evgeniya.yordanova@gmail.com
ORCID: 0009-0001-1735-0870

Boryana Chalakova

Clinical Psychologist, certified positive psychotherapist, supervisor,
Master Trainer of Positive Psychotherapy and Psychodrama (Bulgaria)
Email: chalakova@gmail.com :

Received 8.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj261

Abstract

The present exposition is aimed at the family typology as part of the psychotherapeutic diagnostics of conflict dynamics within the family. The family psychotherapy focuses on the family system as an object of unique characteristics. More than other family members, children are likely to react to disruptions in family relationships with emotional or behavioral disorders and dysfunctions. For this reason, psychotherapeutic work with children is often a significant point for diagnosing family conflict dynamics. The present study describes our psychotherapeutic work experience with children from different family environments. For the purposes of the study, we categorized the individual types of family systems according to their specificities. We have structured these according to the leading existential fear and impulse, so four basic types of family have been identified – schizoid, depressive, compulsive, and histrionic. Specific conflict dynamics for each type are presented using cases from our practice. Therapeutic guidelines can be formulated based on these to help the psychotherapeutic process.

Keywords: Positive Psychotherapy, family psychotherapy, child and adolescent psychotherapy, family typology

Introduction

In the 1960s, family theories were associated with the theories of American anthropologist Gregory Bateson (Bateson, 1956) about interactions within small groups leading to homeostasis or disintegration of groups. Thus, psychotherapy's focus is also on the family system. According to the Positive psychotherapy method developed by Prof. Nossrat Peseschkian MD (Peseschkian, 1999), the influence of the family system upon the patient is examined using studying the four dimensions of the example model, which includes:

- family members' treatment of the patient in childhood;
- parents' partnership model;
- interactions within the extended family and the society;

- impacts of trans-generational concepts, beliefs, and value systems define the individual's functioning.

One of the most popular models for working with the family and the child as an identified patient is based on the family systems theory. According to this model, the family is regarded as a living organism that functions as a flexible, self-regulating system. It is more than the mechanical total of the individual members, while the identified patient is a family member who carries the symptom. More than other family members, children are likely to react to disruptions in family relationships with emotional or behavioral disorders and dysfunctions. For this reason, psychotherapeutic work with pre-adolescent children involves interaction with the whole family.

One of the founders of systemic family therapy, Salvador Minuchin (Minuchin, 1974), views the family system with its inherent boundaries as an entity that maintains balance through a set of internal rules. In positive psychotherapy, these are seen through the prism of actual abilities and family concepts. Every family member has a certain role in the family system. A change in the functioning of even a single family member results in a change for the whole system. Nowadays, the systematic approach is the basis of numerous scientific developments examining family dynamics (Ball, 2024; Dinmohaamadpour et al. l, 2024; Young & Seedall, 2024).

Family well-being demands achieving a balance between connectedness and differentiation. Differentiation, according to N. Peseschkian (Peseschkian, 1999, pp. 140-146) and Murray Bowen (1978), an American psychiatrist and one of the pioneers of the family systems theories, is the ability of each family member to achieve and maintain their autonomy while at the same time preserving their emotional connection with the family. A major characteristic of a healthy family is its capacity to allow its members to differentiate themselves. In contrast, the family remains whole and flexibly alters psychological areas and objects of connection and differentiation.

Cases from the psychotherapeutic practice

(Family therapy according to the peculiarities of the family system)

The psychotherapeutic classification of the family plays a major role in the diagnosis and definition of conflict dynamics. As a starting point in the present article, we step on a model widely applicable in clinical psychotherapeutic practice - the personality typology according to the basic forms of fear and life impulse (Riemann, 2002).

Personality characteristics can serve to a great extent as a description of a wider individual typology. It includes temperament and is grounds for fears and action impulses. We are all carriers of various character traits, but their unique combination builds the fundamentals of our personality. Such knowledge can make us predictable and be utilized successfully in the psychotherapeutic process when assisting the working hypotheses and constructing the therapeutic tasks for the client. More often than ever before, psychotherapeutic research has used Fritz Riemann's theory, published in his "Basic Fear Forms" book, as grounds for personality structuring. As a result of his psychotherapeutic work, the author stipulates four types of personalities based on a central existential fear – histrionic, compulsive, depressive, and schizoid.

Histrionic structured personalities fear loneliness, and limitations and needs are detrimental to them. A leading impulse here is the need for variety and current change. Provoking new experiences and participation in spontaneous adventures leads to life with no clear plans or goals, a life for the moment. Secondary abilities related to abiding by social norms and rules are considered fatal. Punctuality, planning, understanding timing, and responsibility are boring and often deficient in people with expressed histrionic structures. A central problem for the histrionic personality is the lack of a certain and stable identity. The question about authenticity finds an internal reflection in how these people run away from reality by adopting "roles." Their abilities are strong in spontaneity, freedom, and finding variety in life, but such people could also behave impulsively. They are lively, generous, and know how to express themselves well. A basic concept for the histrionic personality is "I don't care what happens when I am gone" and "Charm is crucial to success."

As per Fritz Riemann, the second type of personality structure is the compulsive one. A leading impulse here about behavior and

inclinations is the need for order and control to protect tradition. Individuals with domineering compulsive fundamentals limit or do not allow changes as they lead to the accumulation of conflict and tension. Overestimating the need for security is a major problem reflected in the fear of taking a risk. Such people want to learn to swim without ever entering the water. On the other hand, they possess a resource directed at being careful, planning with a purpose and for longer periods, and an inclination for consistency. Unlike the histrionic personality, we can observe a secure and stable identity with a strongly expressed loyalty to rules and regulations. These are abilities that help avoid chaos in life. A leading concept with these personalities is "May everything remain as it was."

Riemann identifies personalities where the fear of loneliness is domineering and becoming an independent I is not an option as depressive. A leading impulse with them is the need for connection and unconditional love – both at the giving and receiving end. Such symbiosis creates a feeling of security in depressive personalities. This is how a partner and children become overvalued, a prerequisite for developing a dependency on being in contact with them. It also makes their fear of separation and loss even more acute. The debt they feel toward family and friends often leads them to neglect their personal boundaries and autonomy. We can identify a resource here for directing basic abilities. They are capable of unconditional care and are loyal friends. As the fantasy of evil in others or themselves is taboo with them, people with depressive personality structures strive to adhere to several altruistic virtues – humility, readiness to give in, peacefulness, selflessness, and complicity. Their behavior is often dominated by the concept of "I need you because I love you" or "I love you because I need you."

The last, fourth personality structure described by Riemann is the schizoid one. The domineering impulse of these people is the impulse for self-protection, uniqueness, and independence. Such a need is also dominated by the fear of opening yourself and establishing emotional closeness. Living in isolation and loneliness is preferred and safe, and the world revolves only around them as the center of the universe. The schizoid personality fantasies often sound like, "People are looking at me weird! I wonder what the rest of the people think of me…". The schizoid type has a strongly developed rational side to themselves. They are brave enough to be themselves and to rely on their resources, such as intellect, consciousness, and reason. A leading concept for this personality type is "The strong person is strongest when alone!" (by Yordanova-Karageorgieva, 2024)

Applying this theoretical basis to the family system, we can distinguish four basic types of family:

- Schizoid type – at the forefront of these families is the fear of self-giving experienced as dependence and risk of losing one's self. That is why there is a need here to preserve individuality.
- Depressive type – fear of loss and separation. Here, the driving impulse is to connect and surrender.
- Compulsive type – fear is provoked by change experienced as uncertainty. For these families, the need is for order and control.
- Histrionic type – leading here is the fear of stagnation and rules, experienced as deprivation of freedom. That is why the driving force is that of constant change.

The collaboration of the said typology and the set of positive psychotherapy instruments enables in-depth and structured therapeutic relationships. The Balance model, the family rhombus "Model—Imitation," and the three interactional stages of bonding, differentiation, and separation could help the psychotherapist establish the peculiarities of parenting patterns and attitudes towards children, the leading concepts, and family boundaries. These aspects are specific to the four family systems we examine and are a foundation for working hypotheses and therapy progress.

In the present article, we describe the specific characteristics that distinguish the four types of family. We have attempted to illustrate the theoretical framework with cases from psychotherapeutic practice. For this purpose, we have presented four cases of children from different family systems. The emotional aspect of their experiences has been studied with the help of the technique of the "Enchanted Family" (Kos & Biermann, 2002). To this end, the following instruction has been given: *Imagine that a wizard has entered your home and has enchanted your family. Now draw what he has*

turned you into, and we shall create a fairy tale based on your drawing."

2.2. Schizoid type of family

Borders in this family system are closed for "The Others." The world outside is usually perceived as aggressive. Family members are also detached from one another: *"We exist in the same space so that each can be on their own and different from the others.* For them, family becomes protection against the advances of the conventional and statistical average. The major fear is loss of individuality and autonomy, which is passed down across generations as an ability to survive in a hostile world and manifest one's worth.

The leading concepts established in the family spirit and atmosphere are:

- ✓ *"The others" are enemies. "*
- ✓ *"Attack is the best defense"*
- ✓ *"The world needs to be reformed, "*etc.

Relationships and Parenting Patterns: Relationships are characterized by detachment and reflexive withdrawal without a phase of bonding. Parenting patterns are connected with avoiding contact with the child, a father's "indifference and non-participation," and his distancing from family matters; emotional closeness is impossible, while emotional detachment is frequently demonstrated. Children are often seen as an obstacle and a threat to maintaining separation.

Parents can be united about ideas and missions but not about their child's "living needs." This creates a risk of emotional distancing and failure to understand the children's experiences.

The hypothesis here is that children raised in such type of family environment are likely to develop psychosomatic problems in their bodies, difficulties in making contact – resignation/ withdrawal, autistic acts, and addictions.

The case of Boris: the "prayer" of the little boy seeking his father's support

Theirs is a family of four – father, mother, and two sons, the elder one from the mother's first marriage. Mother and father are academics and devoted to their career. The elder brother leaves the family early on to study abroad. The younger son, who is 20 years old, is a psychotherapy client. His mother brings him in because he has developed a strong psychological addiction to psychoactive substances, and this has irreversibly affected his health (somatic). The family atmosphere can be described as cold. Everyone is enclosed in their world; contacts are limited, and emotional exchange is missing. From a very early age the younger son had to follow strict house rules: to keep quiet to not disturb the father in his academic pursuits. The mother guarded these "norms". The boy remains lonely after his brother left home. He was six at the time. =-'+In the process of psychotherapy, when asked how he coped with loneliness, he presents the following picture: *a little 6-year old boy, who wants some advice from his father but has no access to him, so every evening he kneels in his room and starts a prayer to God - he tells him what he went through during the day, asks him what he did wrong, begs to be forgiven and protected.*

In this family, there is a lack of the bonding stage, so no stable attachment is built towards parents. There is a deficit of love and unconditional acceptance of the child. The necessary primary abilities are missing. The emphasis is on the secondary ones, but they, too, are abstractly presented, which in turn poses a difficulty for the important processes of personal development—overall integrity and adequate detachment from parental figures.

Psychotherapeutic guidelines: From a psychotherapeutic viewpoint the resources of the schizoid family are the abilities for autonomy. The psychotherapist could expand the Basic Conflict to the ability to survive in this hostile world. Everything outside the family borders is scary and bad but ideas can improve it. The main concept for the schizoid families is "The warrior walks alone" but this warrior has the chance to help the good win. Regarding parenting patterns, the strong fixation in the interactional stage of detachment could be reinterpreted as 'the otherness' being an opportunity for new ideas. Lack of emotional closeness could be compensated using proximity in the field of ideas and concepts. Children bring the outside reality into these families. After all, this can be the more painless way to perceive the world.

2.3. Depressive type of family

Boundaries in the depressive-type family system are established within the framework of

the extended family. Duty to other family members defines the 'open doors' for relatives in need. To a certain degree, personal boundaries and autonomy are neglected.

Concepts are mostly connected with primary qualities and abilities like:

- ✓ *Care and 'help' are a sign of love;*
- ✓ *We need to stick together;*
- ✓ *Let's build 'a big house', so that our children's families can live under our roof;*
- ✓ *The closer, the better* and other.

Relationships and Parenting Patterns: relationships are also subjected to primary abilities. In these families there is not enough space for reaction to negative emotions such as anger, resentment, disgust and indignation. Aggression is dangerous and, within limits, even forbidden. Often dependence is built on partners – spouses, children, parents and grandparents. There is a low degree of emotional differentiation. From the interactive stages the most problematic is that of separation and the major fear is loss of a family member. In this family type we often come across control through love and the pattern of the overprotective mother.

Conflict dynamics hypothesize that a child growing up in a depressive type of family will develop fears, most likely that of losing an object, or psychosomatic problems – as an opportunity to keep parents/ the mother 'close at hand'.

The case of Denis and the fear to face your 'demons'

The family consists of 4 members: a mother, a father and two children – a boy, 10, and a girl, 4. The parents are united, work together, pay a lot of attention to the children, look after their parents, which in turn help raise the grandchildren. The parents come because of their son, referred by a neurologist who is treating the boy for 'nervous twitches'. These have been recurring for the third time in 4 years, with some intermitting periods. The mother is over-protective and subjects her daily life to the children's and the family's needs. Everyone must be around her. She shows excessive care and creates relationships of dependence. She fears her son growing up and hence acts hyper protectively towards him. She sets the overall atmosphere in the family. With her son she continues the relationships of fusion: until the therapy started the boy used to fall asleep in the parents' bed with her and was after that carried by the parents in his bed. The father is more differentiated, but has delegated child care to the mother.

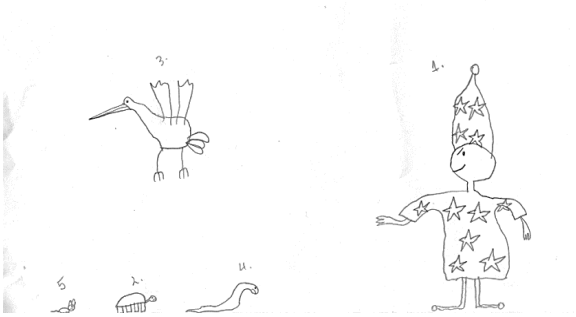


Figure 1. Drawing 1 – Denis, 10

Denis's drawing of the "Enchanted Family" reflects his strive for differentiation, his fear of separation, and his guilt for feeling this need and being unable to control it.

The composition consists of three little figures: the turtle (the mother), which follows the snake's (the son) tail, and the little mouse (the daughter). This reflects the blending between mother and child, while the stork (the father), who is a larger figure, protects them from above. The snake faces the wizard and seems to expect something from him. The largest figure is that of the wizard, who looks powerful and obviously invincible.

The account of the enchantment: *„When he meets them, the wizard turns the mother into a turtle, the father – into a stork, the son – into a snake and the little girl into a mouse. He is gloating because he is evil and wanted to turn the people into animals. When they were people they lived well, got on well together, loved each other. Now they are sad because they have to part…"*

The need for "separation" (emotional differentiation and detachment in certain areas) on the verge of puberty is an age-appropriate task. However, it seems to contradict family concepts of connectedness and closeness. This generates the son's strong anxiety and feeling of guilt.

Psychotherapeutic guidelines: For depressive families, the therapeutic tasks will be directed toward asserting the importance of individuality. There is a need for closeness and a need for privacy. The parents' attitude toward

freedom and the uniqueness of the person is strongly primacy.

2.4. Compulsive type of family

Boundaries are closed in this family system and are defined by the motto: “My home is my castle.” There is a strong differentiation between " us” and “The Others.”

Concepts are predominantly defined by secondary abilities:

- ✓ *introduce “order” in the family;*
- ✓ *chaos is unacceptable;*
- ✓ *fun outside the family can be dangerous;*
- ✓ *achievements are important, and each one of us must succeed;*
- ✓ *take care not to be harmed by the world outside;*
- ✓ *honesty, obedience, and reliability are prerequisites for success, order, and security*.

These concepts reflect the ability to protect against the chaos and dangers of the world, and at the same time, they mirror the major fear in the family - that of losing control and surrendering to chaos.

Relationships and Parenting Patterns: Secondary capacities are leading in compulsive families. Family roles are strictly defined, and characteristics of the patriarchal model are preserved to a certain degree. Bonding is based on duty to one another. In this model, children have a strictly defined place where they feel secure, though not particularly spontaneous. Not enough space exists for showing feelings.

A hypothesis for problems with children is directed toward fears of losing control over the family's well-being. It is possible to develop feelings of guilt and excessive anxiety, which may appear as a psychosomatic disorder.

The case of Vladko – the child who distributes illness among the people in the family in order to cope with his fear of loss.

The family has four members: a mother, a father, and two sons aged 13 and 7. It is a close-knit family; parents are united and bring up their children without outside help. Both parents are teachers. The father, a keen sportsman, plays the leading role. Both boys train football. Rules are strictly obeyed: *honesty and fairness are the most important human qualities, and achievements are a matter of honor.* The mother looks after the house and is ‘her three boys' confidante and the emotional balancer in the family. The family comes for counseling because of the young son, who often complains of stomachache at school and has to go home. When the boy was 3 years old, the mother was diagnosed with cancer. Her life was at risk. None of it was shared with the children, the little boy being particularly protected. The mother had a successful operation, was stabilized, and beat the cancer over the next four years, but the child still lives with the unprocessed trauma. He sensed that something fearful was lurking behind the silence.

Figure 2. Drawing 2 – Vladko, 7

The “Enchanted Family” drawing clearly reflects his attempt to ‘arrange the family within the disease’ to save its wholeness. The elder brother is not presented in the drawing. There is no oral account, either. Only the figures can be commented on: In the middle is the wizard – a woman who holds the magic weapon in her left hand and separates the boy from the parents. All figures are bandaged from head to toe and look the same. They are smiling – they have overcome something scary, but whether everything is all right… No one speaks about the disease, but bandages explicitly point to trauma.

In the magical space, the 7-year-old boy finds the salvation that can bring him back security and order in the family and, therefore, in the world. He needs to stay at home more to avoid missing what is happening (ability to be alert), and stomachache helps.

Psychotherapeutic guidelines: In the compulsive family, we can find the ability to protect against the chaos and dangers of the world. On this basis, the family may expand its concepts, adding to norms and rationality the

idea of planning the holidays because they restore the working capacity. In addition, fun and rest stimulate thinking. Because this type of family is aimed at the ratio, to improve parents' treatment of children, the psychotherapist can introduce information about child development and explain the role of spontaneity.

2.5. Histrionic type of family

Boundaries in this type of family are diffuse, unclear, and changeable. They do not create a feeling of security and stability. The family resembles a stage where anyone can perform, and different actors come on stage.

Concepts are associated with variety and how to maintain this variety:

- ✓ *We have to be admired, loved, and applauded;*
- ✓ *Charm is essential for success;*
- ✓ *There must be variety to save ourselves from boredom because boredom is death.*

Relationships and Parenting Patterns: In histrionic family systems, there are diverging messages between "you may" and "you have to," coming from immature parents behaving like teenagers. They may have parallel relationships outside the family, which reduces the time spent with the child and the attention paid to them. Often, excessive attention is followed by negligence regarding the child's needs. Rules are imposed emotionally, and no mechanism is created to follow them. No connection has been established between primary and secondary abilities.

The hypothesis for possible problems is in the direction of the dependence on seduction-like contact.

The case of Annie – and childhood anxiety resulting from unclear boundaries and family roles

Again, the case involves a family of four: mother, father, and two daughters aged 17 and 10. The younger daughter, Annie (10), is sent for counseling by her school psychologist because of aggressive behavior toward classmates, failure to recognize the authority of teachers and headmasters, turning up for school improperly and provocatively dressed, and, in general, not one can confront her. It turns out this is also the case in her family. Whenever she wants something, she yells and answers back, and no rules can be imposed on her. This is the second time the parents have been separated for several months. Daughters do not seem to have an established regime for visiting the father and the mother. Annie is fully aware of the relationships between her parents and, though worried, freely and openly comments on them. In addition to school, she attends piano lessons, chess classes, street dance practice, martial arts, and swimming; a private tutor helps with homework. Yet her grades at school are deteriorating. There are no clear boundaries and norms; concepts are unstable. Both parents are good-looking, successful, and 'flirt' with their children to gain supremacy.

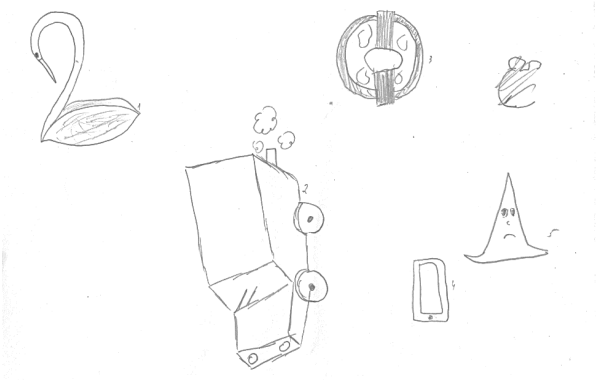


Figure 3. Drawing 3 – Annie, 10

The "Enchanted Family" drawing testifies to the distance in family relationships. The mother (a swan) is in the air, flying away from the family, and the father (a large jeep) is the central figure, blowing up smoke. The big sister (the iPhone) seems to have nearly dropped out of the system, and the little sister is divided between the baby (a rattle) in the upper half of the sheet and the wizard's hat guarding the border on the right. The account supplements the child's experiences and her need for established order, clear rules, and boundaries: *„The wizard was exiled from the kingdom of wizards because he was very greedy. He came down to Earth and entered the house of a family. He wanted to find out what everyone could do and enchanted them. He turned them into his servants: the mother swan cooked for him, the father–jeep drove him wherever he fancied going and gave him money, the elder daughter (iPhone) gave the wizard massages, and the baby was just a useless rattle. The wizard took the swan and the iPhone because he liked them. He also took the hat because it served as a*

disguise and cover for other wizards. Then he drove off with the jeep, but as he reversed the car, he drove over the rattle, which punctured his tires. That is why the wizard remained in our world. Before long, the police arrested him because the special hat gave him away. He was made to give the family back their human appearance, and the baby was awarded for saving the family."

Annie needs understanding, attention, and acceptance of her individuality (as a stage of differentiation). However, as none of her parents realize this, she expresses her needs by behavioral deviations from the generally accepted.

Psychotherapeutic guidelines: Having in mind the peculiarities of such a "drama" family, one of the therapeutic tasks would be aimed at building the attitude that the stage, too, has limits. For this purpose, abilities could be developed to discover variety and new experiences inside the family. The psychotherapist could roll out the leading concepts to the idea that physical charm goes hand in hand with inner charm. As order can function as a guardian of spontaneity, developing secondary abilities can guarantee variety in life. Thus, linking primary and secondary abilities in parents' attitudes to children in histrionic families is also possible.

Discussion

Symptoms shown by children acquire meaning within the family system, according to Boss et al., 1993. Therefore, psychotherapeutic work with a child is, by default, carried out through working with the family. Often, in the case of psychological conflicts, the process of triangulation unconsciously appears. According to the family system theory, such are the emotional connections in the family. Invariably, when two members of the family system have a problem with each other, they will attempt to draw a third member to their side. In this way, they stabilize their relationship. In the family system, triads usually contribute to maintaining homeostasis. Common triangulations are those between a child and parents, between two children and one parent, or a parent, child and grandparent (Glick & Spitz, 1992). As seen in the psychotherapeutic practice, children often bear the burden of the conflict and tension generated in the family system. Individual work with children confirms the hypotheses for the emergence of a specific Basic Conflict, depending on the type of family/ extended family in which the child's individuality, attitudes, and concepts are formed. Positive psychotherapy describes These basic conflicts through actual abilities and family concepts (Boessmann & Remmers, 2016).

Experience gained in psychotherapeutic practice and synthesized in the present article has established the following specifics of the different types of family systems.

In the schizoid type of family, the Basic Conflict is rooted in the clash between the following dual attitudes: social isolation versus socialization; individuation/ autonomy versus dependence; distancing/ separation versus closeness; domination and control versus submission/helplessness.

A depressive family is the opposite of a schizoid one in that it favors relationships of dependence and closeness with others at any cost. For this reason, the clash contained in the Basic Conflict can be found in the following experiences: self-accusation against accusing the other, taking the blame against blaming, and confidence about one's worth against shame, insecurity, and self-doubt.

Regarding the compulsive type of family, the following conflicting tendencies have been established: feebleness/ helplessness/ submission to rules, traditional values, and others versus domineering and control. The Basic Conflict in these families may lie in the discordance between one's self-image and what it is in reality – the idealization of the history of the primal family. Often, identification with a prestigious occupation or leading social group can be found.

Practice shows that the Basic Conflict with the histrionic type of family contains the following opposite tendencies: attractiveness and sexual rivalry against refusing sexual contacts and pleasure; dissonance between the self-image and its appearance in reality—messages are often imitational/ insincere, devoid of content, and superficial; proclivity to competitiveness and entering triangulating relationships.

A similar typology would facilitate the therapeutic process, directing the psychotherapist's attention to specific working hypotheses and tasks. For this reason, the possibility of defining meaningful characteristics

that build up the family identity is a significant factor.

The typology of families and its therapeutic implications in the article are case-study-based. For the future, we consider it essential to prove them empirically as well.

Conclusion

Our findings regarding the specifics of the different family types are essential in the psychotherapeutic process as they help understand each individual's conflict dynamics and experiences. The child is the bearer of the basic conflicts in the family system, and projective methods with children are a good source of quick and reliable psychotherapeutic diagnostics for directing the therapist to a certain type of family relationships, values, and concepts and later – to applying effective therapeutic interventions.

References:

[1]. **BALL, P. L.** (2024). Systemic family therapists and dementia: A constructivist grounded theory study. *Journal of Family Therapy, 46*(2), 179–195.

[2]. **BATESON, G., JACKSON, D. D., HALEY, J., & WEAKLAND, J.** (1956). Toward a theory of schizophrenia. *Behavioral Science, 1*, 251–264.

[3]. **BÖSMANN, U., & REMMERS, A.** (2016). *Praktischer Leifaden der tiefpsychologisch fundierten Richtlinientherapie [Practical guide to depth-oriented directive therapy].* Berlin: Deutscher Psychologen Verlag GmbH. [in German]

[4]. **BOSS, P., DOHERTY, W., LAROSSA, R., & SCHUMM, W.** (1993). Sourcebook of family theories and methods: A contextual approach (pp. 505–529). Plenum Press.

[5]. **BOWEN, M.** (1978). *Family Therapy in Clinical Practice.* Northvale, NJ: Jason Aronson Inc.

[6]. **DINMOHAAMADPOUR, M., TAVANAEI, S., KABIRI, E., HAJIYOUSEFI, E., BEKI ARDEKANI, E., & MOHEBIAN, M.** (2024). The effectiveness of systemic family therapy on marital conflicts and marital burnout of couples. *Iranian Evolutionary Educational Psychology Journal, 6*(2), 157–169.

[7]. **GLICK, R. A., & SPITZ, H. I.** (1992). Common approaches to psychotherapy. In Kass et al., *The Columbia University College of Physicians and Surgeons complete home guide to mental health* (pp. 44–62). Henry Holt and Company, New York, USA.

[8]. **IVANOVA, V.** (2021). Family Dynamics in Psychotherapy in Adolescents with Anorexia. *The Global Psychotherapist, 1*(1), 34-38. https://doi.org/10.52982/lkj139

[9]. **KOS, M., & BIERMANN, G.** (2002). *Die verzauberte Familie.* München.

[10]. **MINUCHIN, S.** (1974). *Families and Family Therapy.* Harvard University Press.

[11]. **REMMERS, A.** (2024). Family therapy is a dynamic balance of action and inaction. To act or not to act – Dilemmas in family therapy. *The Global Psychotherapist,* 4(1), 73–80. https://doi.org/10.52982/lkj219

[12]. **YOUNG, B., & SEEDALL, R. B.** (2024). Power dynamics in couple relationships: A review and applications for systemic family therapists. *Family Process.* https://doi.org/10.1111/famp.13008

[13]. **YORDANOVA-KARAGEORGIEVA, E**. (2024). Client's personality structure as a guide to their attitude towards conflict. *The Global Psychotherapist, 4*(2), 10–22.

[14]. **РИЙМАН, Ф. [RIEMANN, F.]** (2002). *Основни форми на страх [Basic Forms of Fear].* София: Лик. [in Bulgarian]

[15]. **ПЕСЕШКИАН, Н. [PESESCHKIAN, N.]** (1999). *Позитивна фамилна психотерапия [Positive Family Therapy].* Варна: Сиена. [in Bulgarian]

Section: Modern PPT practice

CONCEPTUALIZATION OF DEPRESSIVE DISORDERS AND THEIR TREATMENT IN POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY (PART 2)

Roman Ciesielski

Ph.D., M.D,
Certified psychotherapist, supervisor, and trainer of PPT
Polish Center for Positive Psychotherapy (Wroclaw, Poland),
President of the Polish Association for Psychotherapy Development
Email: romcie66@gmail.com

Received 20.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj262

Abstract

In this article, the author attempts to conceptualize the treatment of depressive disorders through the lens of positive and transcultural psychotherapy (PPT), referring to the main tenets of this approach and his own experience as a psychotherapist and psychiatrist. The most important aspects are included here to structure and operationalize the psychotherapy of depression. Relational aspects and differential analysis of symptoms, psychodynamic conflicts, and early symptomatic experiences are discussed.

Keywords: psychotherapy of depression, therapeutic relationship, psychodynamic conflicts in depression, differential analysis, Positive Psychotherapy

Introduction

Given the multifactorial etiology of depressive disorders and their varied course, comprehensive treatment is always worth considering (Freeman, 2009; Bortolotti et al., 2009; Cipriani et al., 2009). Comparative studies indicate that in many cases, the most effective treatment is a combination treatment that includes psychotherapy and pharmacotherapy (Cuijpers et. a, 2009a; Cuijpers et al., 2009b). Among the numerous schools of psychotherapy with operationalized treatment, the cognitive-behavioral approach (Dobson et al., 2008; Haarhoff et al., 2011; Huisman et al., 2011) stands out, thanks largely to the work of Aron Beck (Beck, 2011; Beck et al., 1996), and rational behavior therapy thanks to the merits of its creator Albert Ellis (Ellis, 2005).

It seems reasonable, therefore, to attempt to conceptualize psychotherapeutic interventions with depressive patients in PPT. This method is an integrative (psychodynamic-humanistic) approach and is distinguished by the specificity of its theory and applied practices (Peseschkian, Remmers, 2020).

By design, this article will omit psychiatric-medical treatment methods and focus exclusively on psychological interactions. Due to the vastness of the topic, some of the issues will be discussed more extensively, and others will be discussed briefly.

Methodology

2.1. Therapeutic relationship in the treatment of depression - three stages of interaction

Given the dependency tendencies present in depressive patients and the consequent need to support them in healthy separation and autonomy, it is worth considering several basic issues when establishing and building a therapeutic relationship. To understand these,

reference will be made to the interaction model (Peseschkian, 1987).

INTERACTION MODEL

The interaction model includes three stages: attachment, differentiation, and detachment. These stages will now be briefly discussed in relation to the specifics of the therapist-depressive-patient relationship.

1. Attachment phase

The attachment phase, in the case of depressive patients, should last relatively longer and should include, as far as possible, defining the patient's bonding needs and describing them in terms of easily defined primary capabilities. Particularly noteworthy here is the ideal dimension of capabilities, e.g., *What is ideal love, acceptance, trust, etc. for you?* Questions of this kind allow you to identify expectations of the therapeutic alliance and overall therapeutic goals. In the attachment phase, it is possible to allude to the anticipated detachment phase that will take place when the essential therapeutic goals have been realized. This makes it possible to assess possible difficulties in the patient's separation from the therapist and prevent them in good time.

2. The differentiation phase

In the differentiation phase, more activity is expected from the patient, who has already built and strengthened a therapeutic alliance with his therapist. However, it is advisable to maintain an understanding and accepting attitude in the face of continuing tendencies toward withdrawal, passivity, and avoidance of responsibility. Such attitudes should be interpreted to identify the fears behind them and support the patient to regain a renewed grip on his life.

3. Detachment phase

The detachment phase should occur at the stage of accomplishing therapy's main goals and the therapeutic relationship's intended resolution. It allows the patient to recognize any dependency tendencies that may persist despite the fulfillment of his/her assumptions about the contracted goals of therapy. At this final stage, the patient's desire for attachment in interpersonal and personal relationships and the simultaneous need to maintain autonomy should remain balanced.

2.2. Psychotherapy of depression and neurobiological conditions

Regarding depressive disorders, abnormalities in the cooperation of the limbic system and prefrontal cortex of the brain deserve special attention (Brody et al., 2001). Studies show that people prone to developing depression exhibit an increased sensitivity to the limbic system, particularly the amygdala, which has a genetic basis (MacQueen et al., 2003; Hamilton at. al., 2008); as a result of this hypersensitivity, these individuals react with excessive arousal of negative affects in response to stressful situations. This state of emotional arousal abolishes the inhibitory function of the prefrontal cortex and negative affects cause it to "flood." As a result, depressed individuals have a reduced capacity for strategic-operational thinking, and their ruminations are dominated by so-called ruminations, i.e., tendencies to unproductively dwell on unsuccessful events and trigger feelings of guilt. This state is undesirable from the patient's perspective and that of the psychotherapist because it is difficult for the patient to use the newly provided knowledge and change rigid patterns of thinking, reacting, and behavior. For this reason, various forms of interventions and therapeutic recommendations that help neutralize negative affects and restore neurophysiological balance within the limbic system and prefrontal cortex can be useful to begin with.

Positive psychotherapists, given the specificity of the phenomena described here, readily reach for certain tools to expand the perceptual-cognitive capabilities of patients. Such interventions include:

(1.) Positive reframing of disease symptoms;

(2.) Exploring the function and meaning of disease symptoms;

(3.) Increasing the patient's resilience;

(4.) Exploring and strengthening the patient's mental resources;

(5.) Exercising mindfulness and inducing positive affect.

2.3. The therapeutic process and therapeutic interventions in the treatment of depression

In PPT, in therapeutic work with depressive patients, we deal with differential analysis in three stages (Ciesielski, 2024) (Tab. 1):

A. symptoms;

B. conflicts;

C. source symptomatic experiences.

Table 1.
Levels of therapeutic interventions in the treatment of depression

LEVELS OF THERAPEUTIC INTERVENTIONS in PPT	differential analysis
A. Symptoms	
B. Psychodynamic conflicts	
C. Target symptomatic experiences	

Discussion

3.1. Depressive symptoms - differential analysis

Depressive symptoms in the context of the patient's life

At PPT, we believe in the wisdom of the messages that disease symptoms carry, even those as painful as depressive symptoms. To discover this wisdom, it is necessary to broaden and deepen the patient's perspective to learn the hidden meaning of the symptoms in the broader context of his or her life. To this end:

(1.) We explore the relationships between depression and the major dimensions of the patient's Balance Model.

(2.) In addition, we encourage the patient to externalize depression as a whole or its selected symptoms and, through this, weaken his or her identification with the illness.

(3.) Then, from the position of an outside observer, the patient examines how depression has affected major areas of his life. Of interest at this stage seems to be the search for what visible changes depression causes in the distribution of the patient's life energy. The answer to this question is often a clue as to what unconscious needs the patient may be compensating for due to the presence of depression.

According to Beck's triad (Beck, 1967), depressive patients used to think that their symptoms:

(1.) Are present in every area of their lives (ubiquitous);

(2.) They will last indefinitely (timeless);

(3.) Are beyond their control (loss of influence).

On the other hand, N. Peseschkian makes us realize that assessing the impact of depressive symptoms on a patient's quality of life in the Balance Model (BM) can challenge these implicit assumptions. The question - *In which of the dimensions in your BM does depression wreak the most havoc?* - implicates that there are dimensions in which depression makes its mark to a lesser degree. One can assume that it is in these areas that the patient's hidden resources make him more resistant to the negative influences of the disease. In the following, it seems reasonable to ask:

EXAMPLES

a) Through what do you manage to defend yourself more effectively against depression in terms of your care of your body and senses?

b) How is it that depression does not prevent you from fulfilling your professional duties, even though it deprives you of energy when you spend time at home with your family in the evenings?

This kind of inquiry implicitly challenges the assumption that depression is ubiquitous in a patient's life, or it points to the presence of mental resources that he or she had previously underestimated.

Regarding the timeless nature of the occurrence of disease symptoms, in PPT, too, there are ways of dealing with them that enable the patient to place the end to his or her suffering in time and inspire hope for recovery. A helpful way to do this is to encourage the patient to create a BM energy distribution that is optimal for him or her in the near or distant future. Such action assumes that if the signals of depression are heeded in time, the patient will be able to free himself from it and manage his life more effectively. Careful design of future BM has the advantage of marking an end, in terms of the existence of the disease, and at the same time, allowing the patient to regain a sense of influence and control over his own life.

Positive reframing of depressive symptoms

In the subjective experience of illness, almost every patient has the belief that their symptoms are solely a source of suffering and cause increased dysfunction. PPT takes a broader perspective in this regard and, while showing respect for the patient's emotional suffering, on the one hand, seeks to see in the illness, on the other hand, the developmental potential and the desire to improve the quality of life. Positive psychotherapists assume that to ultimately free oneself from the influence of the disease; it is necessary to understand its functions and

hidden meanings. For this reason, working at the level of depressive symptoms, they seek to uncover their familial, social, and cultural context. As we know from previous descriptions, in some cultural circles, depression provides care and attention from closer and extended family (capabilities: contact, closeness, bonding), while in others, on the contrary, it is a way to withdraw from social contacts and previous commitments to be with oneself alone in isolation (capabilities: internal cohesion, contact with one's Self). Thus, as can be seen, the functions of depression on an individual and collective level can be different. Their recognition, differentiation, and ultimate acceptance create opportunities to find alternative ways to meet one's own needs and those of others. In PPT, we use positive reframing, which involves attributing constructive connotations to certain symptoms. Through such therapeutic interventions, patients find a new sense of their suffering and the roles that come with being a sick person.

CLINICAL ILLUSTRATION. PART 1

Ms. Kathrin, 19 years old, was regarded as a child prodigy from early childhood. She manifested numerous talents, and learning came easily to her. Her abilities stood out from those of her peers in the sciences and humanities. In addition, she was very ambitious. Everything indicated that she would be "doomed to success." To the expectations of her parents and teachers, she invested all her time and energy in her studies. However, the price she paid was a lack of friends and extracurricular activities. Her parents actively sought prestige and social status. Her father was a well-known attorney, and her mother was a university teacher. Her father devalued his wife's professional achievements, believing that professional success was measured by salary. Meanwhile, she responded to his accusations by writing more academic publications that strengthened her position at the university.

A well-known family motto was: Don't waste time playing; take care of your studies.

Everything in the family would have gone well if it had not been for the fact that two months before matriculation, Ms. Kathrin's mood deteriorated noticeably. She lost her self-confidence and sense of direction going forward. She stopped enjoying everything that had previously given her pleasure and, worst of all, lost motivation to study. She finally mobilized just before her high school graduation and successfully passed her final exams. As a result, she obtained an index to her desired university, the law faculty.

However, before the final session of her freshman year, the situation repeated itself, and Ms. Kathrin. developed a second depressive episode, this time requiring therapeutic intervention. She complained of depression, constant fatigue, lack of motivation to do things, lowered self-esteem, and sleep disturbances. To her shame, she admitted that to force herself to study at home, she would cut her body with her fingernails and tear her wounds.

As can easily be seen in the case of both depressive episodes, the contribution of pre-examination stress and its impact on Ms. Kathrin's self-esteem was evident. One can conclude that the pursuit of success in the academic sphere was her only source of positive self-esteem. At the same time, she was overly self-critical and assumed that those close to her expected a lot from her and that she might not be able to live up to those expectations.

Her personality was characterized by responsibility, perfectionism, ambition, and self-discipline.

At the beginning of psychotherapy, Ms. Kathrin perceived her depression as something extremely negative. However, after several meetings, when asked about the positive message of depression, she stated, to her surprise: Depression tells me to *stop... take care of yourself... give yourself something nice... pay attention to what is happening to you right now... look around you.* In subsequent sessions, she and her therapist formulated several hypotheses about the function of depression in her life. I list them below:

- *Depression makes me realize how much I try to be loyal to family traditions and values;*
- *Depression shows me how much I want to be an independent woman in my life, just like my mother;*
- *Perhaps depression is planting doubt in me about whether I want to follow my father's career path.*
- *Perhaps I am learning from the depression that I have overinvested in education while neglecting other things that are important to me.*
- *Ms. Kathrin. also made some positive reframing of her depressive state. Here they are:*
- *Thanks to depression, I am reaching my longings that have been suppressed for years.*
- *Depression helps me experience care and kindness from colleagues.*
- *Depression allows me to be closer to my body and its needs, which I had previously neglected.*

After initial insights into the function and meaning of depression, Ms. Kathrin. engaged in further discovery of the impact of the illness symptoms of depression on the various dimensions of her Balance Model. She developed initial strategies for developing the most neglected areas (body and social contacts). Changes in these areas stabilized her sense of self-esteem and improved contact with herself and her significant others.

3.2. Psychodynamic conflicts - differential analysis

As mentioned earlier, in PPT terms, we consider emotional and mental disorders as a form of expression of unresolved internal conflicts. In other words, disease symptoms indicate the presence of active intrapsychic processes, i.e., dysfunctional patterns of perceiving, experiencing, and reacting. This means that the patterns adapted in childhood to meet basic biological-emotional needs have ceased to fulfill their functions. In the case of depression, we speak of the ineffectiveness of actions taken in response to new environmental stimuli (actual conflict). Repeated attempts to apply strategies inadequate to the situation (inner conflict) give rise to high levels of frustration and a loss of influence over one's life. This is one of the most common criteria for the diagnosis of depressive disorders. Under these circumstances, identifying adaptive patterns (basic conflicts) that have become too rigid and overgeneralized becomes indispensable in the diagnostic and therapeutic process. Identifying and discovering their sources and recognizing their previous functions allow new ways of satisfying patient's needs and a related behavior change.

According to PPT concepts, people prone to depression may present quite diverse adaptive patterns (basic conflicts) that underlie their psychopathology. What characterizes them is excessive rigidity and generalization. This raises the question of whether there are patterns of basic conflict that predispose to or sustain depression. Observations and the author's clinical experience indicate the presence of such a pattern and the associated inner conflict.

The risks associated with developing depression were addressed by Beck (1983) and Blatt and Luyten (1982). The first author referred to the concepts of sociotropy and autonomy, and the other two introduced analogous terms, i.e., dependence and autocritical perfectionism. According to the researchers, sociotropy/dependence and autonomy/self-critical perfectionism describe how the self is organized in an individual's life and how his sense of self-worth is formed. The concepts described here are generally consistent with the author's observations, so it is worth paying a little more attention to them. It turns out that people prone to depression depend too much on the approval of people important to them for their sense of value and, at the same time, are overly focused on the need for achievement to gain their autonomy. Such a situation creates an internal conflict between the need for attachment and the need for independence. The authors believe that the development and self-organization of the "self" proceed properly if two opposing tendencies remain in balance. The first is attachment, which tends to lead to mature and mutually satisfying interpersonal relationships, and the second is autonomy through self-determination, which promotes the formation of a stable, realistic, and essentially positive sense of self. Empirical research shows that the unfulfilled need for recognition and acceptance (attachment) in people prone to depression causes them to fear not meeting these expectations and results in increased distance in close relationships. Fonegy (2002) believes that this further promotes the occurrence of hyper-vigilance to rejection, which leads to constant self-doubt and hinders the development of a sense of autonomy, integrity, and agency. The same author reports that self-critical, perfectionist individuals tend to elicit criticism and disapproval from others because of their exorbitant standards and overly demanding attitudes. In this way, the social environment tends to confirm dependents' fears of rejection and fears of disapproval of self-critical individuals. It can be said that an implicit principle is at work here: *We cannot satisfy your emotional hunger anyway, or you will never satisfy my emotional hunger anyway.*

Self-critical individuals show excessive vigilance when it comes to their failures. This

usually leads to increased self-doubt and often to a loss of self-esteem. Such feelings and fantasies make it very difficult to build a positive self-image. These findings (McGonagle, Kessler, 1990; Meyer et al., 2001) correspond with mainstream models of depression, which draw attention to the increased sensitivity to stressful situations in people prone to it.

On the other hand, the pursuit of autonomy in such individuals is often the result of their identification with the high demands of attachment figures or is a defensive compensation for their understated sense of worth. This is expressed in an exaggerated focus on achievement, with excessive mental and/or physical energy commitment. One may assume that such a propensity for sacrifice essentially serves the purpose of seeking recognition and approval. However, in this case, self-critical perfectionism causes the individual to remain constantly dissatisfied with himself or herself despite the constant efforts, sometimes on the verge of exhaustion. In this case, the principle is revealed: *Whatever I do and achieve, I won't be satisfied with myself anyway, or Whatever I do and whatever I achieve, people close to me won't be satisfied with me anyway.*

The most common pattern of basic conflict (adaptive schema) of people predisposed to depression, described here, is shown in Fig. 1.

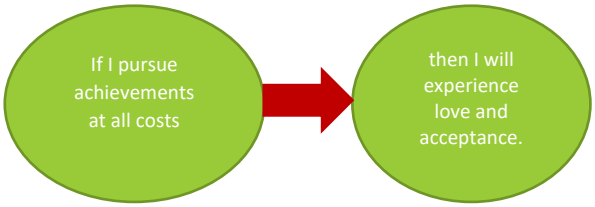


Figure 1. Predisposition to depression - the pattern of underlying conflict in PPT

In contrast, the nature of the internal conflict in this case is illustrated in Fig. 2

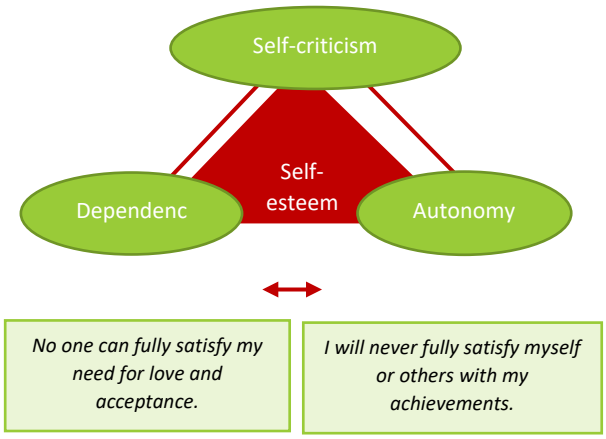


Figure 2. Predisposition to depression - internal conflict model (R. Ciesielski)

The internal conflict model proposed here that characterizes people with a predisposition to depression and those experiencing depression implies certain directions for therapeutic work in PPT.

One of the key therapeutic challenges at the stage of differential analysis of psychodynamic conflicts in people with depression is to work with self-esteem. In PPT, using the Structural Model of Personality (OPD 2) (Cierpka et al., 2007), we refer accordingly to four dimensions that regulate the sense of value in depressive patients (Figure 3) and define the related directions of therapeutic work.

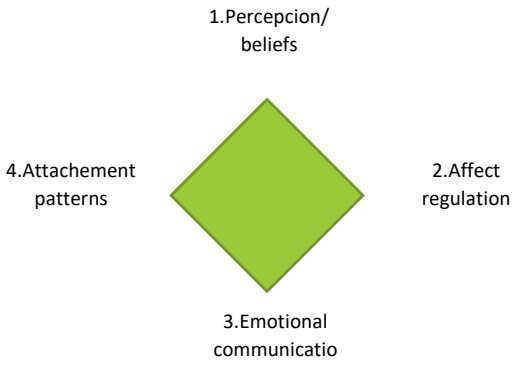


Figure 3. Dimensions of self-esteem in depressive patients

Directions of work with self-esteem in depressive patients

(1.) PERCEPTION AND BELIEFS

Depressive patients' inadequate and undervalued sense of worth often stems from their cognitive distortions and false assumptions about themselves. They repeatedly depreciate

their achievements and their life achievements based on misconceptions.

The main lines of therapeutic action in this case include:

(a) working with the Ideal Self and the Real Self;

(b) analyzing one's projections attributed to the social environment;

c) separating one's self-perception from that of others (self-image vs. social image);

(d) differentiating social perceptions of self (multidimensionality of perceptions);

(e) reflecting oneself against the therapist (social mirror).

(2.) REGULATION OF AFFECT

The destructive nature of negative affects occurring in depressive patients and related thought ruminations has been mentioned earlier. As far as working toward improving their sense of self-worth is concerned, the following are of importance:

(a) positive reframing of the symptoms of illness;

(b) discovering the function and meaning of symptoms;

(c) affirmations to induce positive affect;

(d) mindfulness and self-hypnosis techniques to help ground oneself in a safe and friendly place.

(3.) EMOTIONAL COMMUNICATION

Emotional communication describes how the patient monologues with himself at various important moments in his life. His comments on various events can be supportive and empowering or depreciating and devaluing. In depressive patients, the latter situation usually takes place. We say that their inner critic is very harsh to them. So, not coincidentally, the work on improving self-esteem will relate largely to the metacomments that occur in them and include:

(a) calibration of the internal critic (working with sound submodalities like voice intonation, intensity, source, direction, amplitude, etc.);

(b) dialogue of internal and external polemical voices;

(c) seeking and recreating positive past experiences (activating psychological resources) and interpreting and commenting on them;

(d) internalizing the voice of a mentor, guardian, or benevolent life guide.

(4.) ATTACHMENT PATTERNS

Research indicates that people suffering from depressive disorders often experience relational trauma, abuse, and parental neglect during childhood. This may have resulted in the development of an insecure attachment style and deprivation of their basic needs for security and psychological comfort. Moreover, it may have resulted in a lack of confidence in their judgment of events and ability to understand social situations. In PPT, regarding such deficits related to the sense of worth in depressed patients, we propose, among other things:

(a) identifying the patient's dominant attachment style;

(b) creating corrective experiences in the therapeutic relationship (enhancing the development of actual capabilities that are latent);

(c) active modeling of secure attachment style by the therapist (PPT interaction model);

(d) work in the mentalization of self and others.

All these therapeutic interactions, with the idea of improving and making self-esteem more adequate in depressive patients, simultaneously create experiences that constitute alternative sources of knowledge about themselves. This knowledge will provide a new frame of reference for further work in source symptomatic experiences.

CLINICAL ILLUSTRATION. PART 2

As mentioned earlier, Ms. Kathrin adopted a certain model of functioning in childhood that gratified her needs for acceptance, recognition, and contact. By striving for success in the academic sphere, she instilled a sense of pride in her parents and gained their attention. This behavior pattern worked particularly well when her grandmother was raising her due to her parents' excessive work responsibilities. Thus, as can be seen, she depended on good grades and praise from her parents and teachers for her sense of worth (basic conflict). However, in her dwellings, adults were too demanding and critical, so she persisted in her efforts to win their favor. At the same time, she began to set higher and higher expectations for herself. In this way, she fell into the trap of being unable to fully satisfy herself or others. In this situation, her self-worth was fragile and strengthened too one-sidedly. At a moment of increased stress (high school and semester exams), and given the patient's personality predispositions, i.e., her perfectionism and low frustration threshold, the aforementioned pattern of basic conflict was

bound to break down sooner or later (inner conflict). As a result, her desire for closeness (contact) remained unsatisfied. What's worse, there was a growing distance in her relationships with people close to her, as these people subconsciously felt that they were unable to respond adequately to her needs. At the same time, Ms. Kathrin's desire to gain autonomy through academic success also could not be fulfilled due to the deterioration of her academic performance. The prolonged internal conflict in proximity-independence (contact-success) resulted in Ms. Kathrin's development of depressive symptoms, which became a temporary solution to the conflict situation for her. This was because they could serve to satisfy her regressive dependency needs and postpone her plans for autonomy.

At this stage of psychotherapy, Ms. Kathrin learned the specifics of her basic conflict (currently a disadaptive pattern) and its destructive impact on her sense of self-efficacy and self-esteem. Subsequently, she began to adopt new alternative ways of satisfying such needs as recognition, acceptance, and admiration and learned to show care and kindness to herself. Eventually, she took steps to strengthen or transform her own social self, which she recognized as too "template-like" and unattractive. Therapeutic work related to the patient's emotional communication also produced satisfactory results. As a result, she "tamed" her inner critic and called up an "inner ally" whom she called a "tender and attentive guide."

3.3. Target symptomatic experiences - differential analysis

As we know, the human brain stores all previously acquired experiences, constituting personalized knowledge of the world. The thing is that some of these memories promote a distorted picture of reality and become a source of mental suffering. In PPT, we talk about so-called prior (target) symptomatic experiences. Clinical practice shows that, in many cases, the links between childhood experiences and later-occurring disease symptoms are not so obvious. An analogous situation occurs in patients with depression. In psychotherapy for depressive disorders, the main goal becomes for the patient to reach the so-called target memories stored in the unconscious and eventually change their original records at the neuronal level. This will ultimately result in the extinction of the unpleasant symptoms of the disease. This phase of treatment in PPT is called differential analysis in symptomatic experience. The way to reach the significant events of the past is called affective and neuronal pacing. Affective pacing empathetically reinforces an emotional resonance in the patient, the so-called affective bridge, which connects memories with similar content. At the neuronal level, this means that specific emotions evoked in therapy cause stimulation of selected neuronal pathways that store target experiences underlying disease symptoms. An example of such an affect-enhancing pathway in depressive patients might be sadness associated with rejection, exclusion, loneliness or guilt, or feelings of shame or ridicule. N. Peseschkian (1987) sought, among other things, the genesis of depressive experiences by exploring patients' main concepts of self and environment, i.e.

(a) the concept of self;
(b) the concept of partnership;
(c) the concept of social relationships;
(d) the concept of the world.

He hypothesized that significant distortions in terms of a selected one of these concepts have their origins in the past and can trigger and sustain depressive symptoms. He encouraged patients to successively reconstruct from memory the landmark and critical events of their lives so that they could relive them and analyze them in depth. He tried to work with patients to find similar content in them (see actual capabilities) and recognize either the developmental potential present in them (see active capabilities) or the inhibition of that potential (see latent capabilities). Differential analysis at this stage involves extracting from among the many possible events the earliest ones that are in vivid emotional resonance with the patient's current depressive experience. The experiences associated with these form the matrix for memory and are replicated at later stages of life, resulting in depressive disorders. Identified and recalled experiences of this type can be subjected to differentiation, which will allow the patient to separate his associations from sensory perception, bodily reactions, etc., and eventually discover his assumptions and emotional truths associated with them. Usually, this process is accompanied by clear insights and a search for alternative explanations and possibilities for new constructive experiences. Positive therapists try at this stage to create the

optimum conditions for a so-called transformative experience, in which the patient can challenge his previous truths, causing his current dysfunctions, and adapt useful knowledge for himself or herself. He or she has accumulated this knowledge successively in earlier phases of psychotherapy within the sessions (relational experiences) and outside them (experiments and spontaneous experiences), and in the present moment, he can integrate it and change his previous records at the neuronal level. The disease symptoms begin to subside when integrating new or early acquired knowledge is complete.

CLINICAL ILLUSTRATION. PART 3

Over time, Ms. Kathrin became increasingly aware of her fear of failure and not meeting her ideals. She was surprised to discover that she radicalizes her position so much and that the smallest failures or related fantasies cause her strong feelings of rejection and loneliness. Encouraged to carefully experience this feeling of loneliness once again in the presence of a therapist (affective bridge), she gradually recalled memories that corresponded with this feeling. She regretted that there had been many such episodes in her life when she had felt unnoticed, unappreciated, and even abandoned. She first recalled the moment of her grandmother's death and realized that her grandmother was, at times, closer to her than her mother. Later, she quickly linked the facts and returned to when her parents gave her to her grandparents to raise to pursue their careers. The patient discovered that this was the time when she strenuously fantasized about how to regain her parents' love. As a child, she intuitively put some facts together rather quickly and saw that she could win their admiration and appreciation by studying hard and getting the best grades in school. As with her father, the prospect of a career as a lawyer aroused a lot of enthusiasm in her closer and more distant family. As a result, she abandoned all pleasures and devoted herself entirely to her studies. However, on an unconscious level, she was constantly accompanied by anxiety, which seemed to say: *What if I fail? What then?* Trying to tame her anxieties, she pursued success with even greater determination.

When Ms. Kathrin analyzed the period of her life when she lived with her grandparents (age 7-9), she questioned her earlier assumption that a substitute for love is admiration and recognition and that one can earn them solely by giving up all pleasures in favor of learning and constantly striving for success. Remaining in a state of cognitive-emotional dissonance, when she questioned the universality of the adaptive schema she had hitherto used (basic conflict), i.e., success = love, she opened herself to new possibilities. During this time, she began to recall everyday experiences that were surprising to her, which did not correspond to her previous assumptions and became more attentive to events in the therapeutic relationship that challenged her rigid beliefs and views. As it turned out, this was a time of transformative experiences for her and a cessation of her disease symptoms.

Conclusions

Depressive disorders, despite their complex etiology, are amenable to psychotherapeutic interventions. They undoubtedly require a comprehensive approach and multi-specialist cooperation. PPT has developed its conceptualization of depressive disorders in the sense of their etiology, triggers and maintenance factors, and treatment methodology. The treatment process includes three consecutive stages of differential analysis with appropriately tailored therapeutic interventions.

1) Disease symptoms, which includes:
   a) learning about symptoms in the context of the patient's life;
   b) positive reframing;
2) Psychodynamic conflicts including:
   a) current conflict;
   b) basic conflict;
   c) inner conflict,

and on the self-esteem regarding:

- perception;
- affect regulation;
- emotional communication;
- attachment styles.

3) Target symptomatic experiences and its reconstruction (transformative experience).

Finally, it is worth emphasizing that depressive disorders develop in a socio-cultural-historical context. For this reason, in the process of diagnosis and treatment, it is necessary to consider all those conditions that contribute to the appearance of depression, its presence, and its resolution.

References

[1]. **BECK, A. T.** (1967). *Depression: Clinical, experimental, and theoretical aspects.* New York: Harper & Row.

[2]. **BECK, A. T., EPSTEIN, N., HARRISON, R. P., & EMERY, G.** (1983). Development of the Sociotropy-Autonomy Scale: A measure of personality factors in psychopathology. Center for Cognitive Therapy, University of Pennsylvania Medical School, Philadelphia.

[3]. **BECK, A. T., STEER, R. A., & BROWN, G. K.** (1996). *Beck depression inventory manual* (2nd ed.). San Antonio, TX: Psychological Corporation.

[4]. **BECK, J.** (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.

[5]. **BLATT, S. J., QUINLAN, D. M., CHEVRON, E. S., MCDONALD, C., & ZUROFF, D.** (1982). Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology, 50,* 113–124.

[6]. **BORTOLOTTI, B., MENECHETTI, M., BELLINI, F., MONTAGUTI, M. B., & BERARDI, D.** (2008). Psychological interventions for major depression in primary care: A meta-analytic review of randomized controlled trials. *General Hospital Psychiatry, 30,* 293–302.

[7]. **BRODY, A. L., BARSOM, M. W., & BOTA, R. G.** (2001). Prefrontal-subcortical and limbic circuit mediation of major depressive disorder. *Seminars in Clinical Neuropsychiatry, 6,* 102–112.

[8]. **CIERPKA, M., GRANDE, T., RUDOLF, G., VON DER TANN, M., & STASCH, M.** (2007). The operationalized psychodynamic diagnostics system: Clinical relevance, reliability and validity. *Psychopathology, 40*(4), 209–220.

[9]. **CIESIELSKI, R.** (2024). Psychoterapia zaburzeń depresyjnych. In Psychoterapia bez granic? [Psychotherapy for depressive disorders. In Psychotherapy without borders?] In: *Psychoterapia pozytywna transkulturowa w teorii i praktyce* (pp. 113–130). Positum Sp. z o.o., Wroclaw. [in Polish]

[10]. **CIPRIANI, A., FURUKAWA, T. A., SALANTI, G., GEDDES, J. R., HIGGINS, J. P., CHURCHILL, R., et al.** (2009). Comparative efficacy and acceptability of 12 new-generation antidepressants: A multiple-treatments meta-analysis. *Lancet, 373*(9665), 746–758.

[11]. **CUIJPERS, P., DEKKER, J., HOLLON, S. D., & ANDERSSON, G.** (2009a). Adding psychotherapy to pharmacotherapy in the treatment of depressive disorders in adults: a meta-analysis. *J Clin Psychiatry, 70,* 1219–1229.

[12]. **CUIJPERS, P., VAN STRATEN, A., WARMERDAM, L., & ANDERSSON, G.** (2009b). Psychotherapy versus the combination of psychotherapy and pharmacotherapy in the treatment of depression: a meta-analysis. *Depress Anx, 26,* 279–288.

[13]. **DOBSON, K. S., HOLLON, S. D., DIMIDJIAN, S., SCHMALING, K. B., KOHLENBERG, R. J., GALLOP, R. J., RIZVI, S. L., GOLLAN, J. K., DUNNER, D. L., & JACOBSON, N. S.** (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *J Consult Clin Psychol, 76,* 468–477.

[14]. **ELLIS, A., & MACLAREN, C.** (2005). *Rational Emotive Behavior Therapy: A Therapist's Guide* (2nd ed.). Impact Publishers.

[15]. **FONAGY, P., GERGELY, G., JURIST, E. J., & TARGET, M.** (2002). *Affect regulation, mentalization, and the development of the self.* Other Press, New York.

[16]. **FREEMAN, M. P.** (2009). Complementary and alternative medicine (CAM): considerations for treating major depressive disorder. *J Clin Psychiatry, 70*(Suppl 5), 4–6.

[17]. **HAARHOFF, B., GIBSON, K., & FLETT, R.** (2011). Improving the quality of cognitive behavior therapy case conceptualization: The role of self-practice/self-reflection. *Behavioral and Cognitive Psychotherapy, 39,* 323–339.

[18]. **HAMILTON, J. P., SIEMER, M., & GOTLIB, I. H.** (2008). Amygdala volume in major depressive disorder: a meta-analysis of magnetic resonance imaging studies. *Mol Psychiatry, 13,* 993–1000.

[19]. **HUISMAN, P., & KANGAS, M.** (2018). Evidence-based practices in cognitive behavior therapy (CBT) case formulation: What do practitioners believe is important, and what do they do? *Behavior Change, 35*(1), 1–21.

[20]. **LUYTEN, P., & BLATT, S. J.** (2012). Psychodynamic treatment of depression. *Psychiatric Clinics of North America, 35*(1), 111–129.

[21]. **MACQUEEN, G. M., CAMPBELL, S., & MCEWEN, B. S.** (2003). Course of illness, hippocampal function, and hippocampal volume in major depression. *Proc Natl Acad Sci USA, 100,* 1387–1392.

[22]. **MCGONAGLE, K. A., & KESSLER, R. C.** (1990). Chronic stress, acute stress, and depressive symptoms. *Am J Community Psychol, 18,* 681–706.

[23]. **MEYER, S. E., CHROUSOS, G. P., & GOLD, P. W.** (2001). Major depression and the stress system: a life span perspective. *Dev Psychopathol, 13,* 565–580.

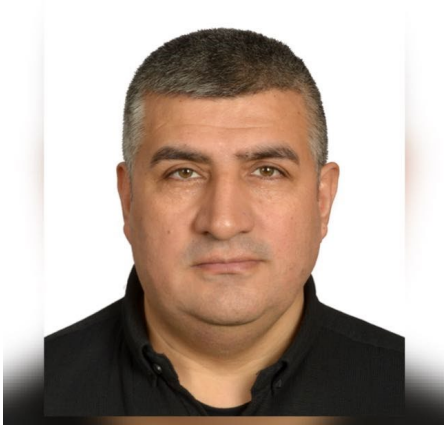
[24]. **PESESCHKIAN, H., & REMMERS, A.** (2020). Positive Psychotherapy: An introduction. In E. Messias, H. Peseschkian, & C. Cagande (Eds.), *Positive Psychiatry, Psychotherapy and Psychology* (pp. 11–32). Springer, Chad.

[25]. **PESESCHKIAN, N.** (1987). *Positive Psychotherapy. Theory and Practice of a New Method.* Springer-Verlag, Germany, USA, 135–144.

[26]. **PESESCHKIAN, N.** (1987). *Positive Psychotherapy. Theory and Practice of a New Method.* Springer-Verlag, Germany, USA, 114–128.

Section: Modern PPT practice

POSITIVE PSYCHOTHERAPY IN ACTION: THE "DYNAMICS" METHOD FOR FORMULATING BASIC CONFLICTS



Ali Eryilmaz

Prof. Dr., Yildiz Technical University, Faculty of Education
Psychological Counseling and Guidance,
Master Trainer of Positive Psychotherapy (İstanbul, Türkiye)
Email: erali76@hotmail.com, aeryilmz@yildiz.edu.tr
ORCID: 0000-0001-9301-5946

Received 19.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj263

Abstract

Positive psychotherapy is a therapy model that stands out with its analytical and humanistic features. According to the positive psychotherapy approach, one of the important conflicts is the basic conflict. The conflicts between the concepts developed by the clients form the basis of the basic conflict. In order to solve the basic conflicts of the clients, it is first necessary to formulate their basic conflicts. This study aims to present a systematic model for formulating the basic conflict. In this direction, the DYNAMICS method was developed in the study. In this method, clients go through eight stages and examine their basic conflicts multi-faceted. With this method, clients realize their unmet needs and how they create pathological and healthy patterns to meet these needs. Psychotherapists can also help clients formulate their basic conflicts through this method. Concurrently, this method is compatible with the five stages of positive psychotherapy. The effectiveness of this model investigated by empirical research can be revealed in the future.

Keywords: Positive Psychotherapy, conflict formulation, basic conflict, dynamics

Introduction

In the psychotherapy process, there are two important needs for clients. The first is the need for change, while the other is maintenance. The simultaneous presence of these two needs in the individual causes internal conflict. Clients with a dominant need for change try to resolve their internal conflicts throughout psychotherapy (Binder et al., 2010). Client characteristics are an important part of their identity and self. Therefore, changing such characteristics is worrisome for clients and is not easy. The equilibrium between change and continuity appears to be a source of internal conflict (Paz et al., 2019). During the psychotherapy process, clients want to experience change. However, at the same time, they may see the changes they have experienced or will experience as a threat to their self, personality, and identity. During the psychotherapy process, individuals resolve the internal conflicts they experience and make their current self healthier and more harmonious. Due to the aforementioned characteristics of conflict, the psychodynamic approach (Freud, 1959) emphasizes that it is the most important element of the psychotherapy process.

Positive Psychotherapy takes a broader perspective on conflict. In this approach, three main types of conflict are identified: key conflict, actual conflict, inner conflict, and basic conflict (Peseschkian, 1997). Conflict experienced in interpersonal relationships is referred to as actual conflict. It is called key conflict when an individual experiences conflict between abilities such as honesty and politeness. As for inner conflict, inner conflicts are caused by physical or mental symptoms. In this conflict, the individual has difficulty coping with the situation. The

individual experiences helplessness, and the conflict manifests in the body or psychic structure. In positive psychotherapy, the basic conflict's main elements are concepts closely tied to personality and family rules. Since concepts are acquired in people's early developmental stages, they are also called basic concepts. These basic concepts are a theme that emerges in different ways in the lives of individuals. The positive psychotherapy theory states that the basic conflict includes more than one capability (Eryılmaz, 2020; Peseschkian, 1997). Capabilities formation is affected by personal experiences and social and cultural surroundings. These differences can give rise to miscommunications and conflicts among individuals. It is essential to understand that the root causes of these conflicts are rooted in the varied capabilities inherent to each person, and such dilemmas cannot be attributed to any single individual (Peseschkian, 1996). Secondary capabilities include talents such as cleanliness, order, punctuality, honesty, courtesy, obedience, justice, and loyalty. These capabilities consist of knowledge and skills that include social norms. Secondary capabilities are effective in initiating and maintaining relationships with other people. Primary capabilities are capabilities such as trust, love, patience, relationships, hope, time, and faith, which emerge as a result of the reflection of the capacity to love.

In psychotherapy, formulation refers to the process by which the therapist structures, summarizes, interprets, and clarifies what the client has shared using specific words. This process makes the client's complex or ambiguous emotional and mental states more comprehensible (Persons, 2006; Weerasekera, 2009). The concept of formulation is defined in different manners within the literature. In this context, formulation is understood as a hypothesis related to the causes, triggers, and sustaining effects impacting an individual's psychological, relational, and behavioral challenges (Kendjelic & Eells, 2007). In addition, formulation is a temporary hypothesis or explanation regarding how an individual faces a specific disorder or condition during a particular period (Weerasekera, 2009). The formulation process includes activities such as explaining, summarizing, and characterizing and contributes to forming a shared understanding between the therapist and the client (Heritage & Watson, 1979). The therapist's goal is to use formulations to express the problems the client is experiencing, discover root causes, and help the client develop a clearer understanding of his or her internal conflicts and relational problems. This process demonstrates that the therapist understands the client and helps the client gain a more holistic perspective on their situation. Formulation involves a process involving a series of steps, such as defining the client's problem, identifying its causes, and gathering evidence related to those causes (Ingram, 2016).

The formulation has many functions, including clarifying problems, providing a general understanding of the issue, prioritizing problems, planning treatment strategies, selecting specific interventions, predicting the effectiveness of interventions, establishing criteria for successful outcomes, and identifying a lack of progress (Dallas et al., 2013). According to the DCP (2011), the formulation helps to recognize gaps in knowledge, determine medical interventions, incorporate cultural understanding, allow the client to feel understood and at peace, enable the therapist to feel secure, establish the therapeutic alliance, emphasize needs and strengths, increase the client's hope, and normalize issues.

When viewed within a psychodynamic framework, the formulation can be viewed as a method for explaining the causes of clients' imbalances and how their symptoms arise and persist. In this vein, formulation serves as both a map and a guide for the selection process in psychotherapy (Aveline, 1999). In Positive Psychotherapy, there is a significant amount of explanation regarding conflicts (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). However, there seems to be limited studies on formulating the basic conflict. This study aims to examine systematic, analytical, and positive psychotherapy-based methods for formulating basic conflict.

Method

This study generally examines systematic, analytical, and positive psychotherapy-based methods in formulating the basic conflict. In line with this purpose, the study aims to examine the DYNAMICS method that can be used to formulate the basic conflict. This method is evaluated as a cycle consisting of eight stages. The DYNAMICS method discussed in this study is based on positive psychotherapy and an

analytical approach. In addition, empirical studies have also been the sources used in the creation of the DYNAMICS model (Aveline, 1999; Cesko, 2024; Ciesielski, 2024; Eryılmaz, 2020, 2023; Dallos et al., 2013; Peseschkian, 1990, 1997, 2016; Weerasekera, 2009). With this DYNAMICS method, understanding the dynamics of the basic conflict can become a systematic reality for both clients and psychotherapists.

2.1. Formulating Basic Conflict with the DYNAMICS Method

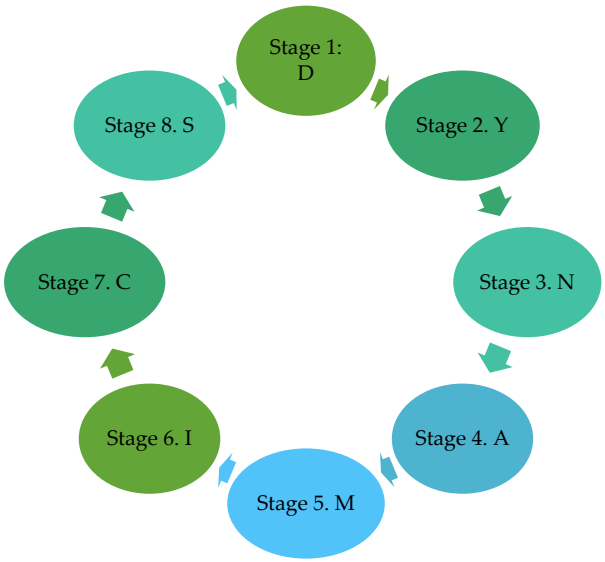


Figure 1. Diagram of DYNAMICS model

The DYNAMICS method is an acronym formed from the first letters of its eight phases. It provides a structured framework for exploring and identifying conflicts. The eight consecutive phases and the names of each phase are listed below. In the later stages of the study, these eight stages are explained with examples from the therapy process.

1. D-Describing Unmet Needs
2. Y-Yielding a Dysfunctional Way to Meet the Needs
3. N-Noting Intermediary Capabilities to Satisfy the Needs
4. A-Analyzing Emerging Psychopathological Patterns
5. M-Manifesting How Capabilities Indicate the Cycle Is Wrong
6. I-Investigating Emerging Secondary Pathologies
7. C-Clarifying the Secondary Pathology Affecting the Primary Pathology
8. S-Studying How Capabilities Are Used to Cope with the Current Situation
9.

Stage 1: D-Describing Unmet Needs

The first stage is referred to as describing unmet needs. In this phase, the psychotherapist conducts an in-depth examination of the issues the client brings into the therapeutic process, focusing on identifying the client's unmet or unfulfilled needs about the problems they seek to resolve. These unmet needs are fundamental to the internal conflicts and psychological challenges the client faces. At this stage, the therapist seeks to uncover which psychological needs have remained unfulfilled in the client's life, delving into the root causes of the client's difficulties. This stage also aligns with the **observation distance** phase in Positive Psychotherapy.

Positive Psychotherapy generally acknowledges that unmet needs are typically associated with knowing and loving capacities. These capacities are intrinsic human abilities that enable individuals to establish healthy relationships with themselves and others. Primary capabilities, such as patience, time, hope, trust, relationship-building, sexuality, faith, and love, as well as secondary capabilities, such as order, cleanliness, punctuality, politeness, honesty, success, reliability, frugality, obedience, justice, and loyalty, are critical to maintaining psychological balance (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). In Positive Psychotherapy, the basic conflicts experienced by individuals are evaluated in terms of which

primary capacities are lacking or have gone unmet (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). Recognizing these unmet needs marks a critical point of awareness in the therapeutic process. In order to help the client develop a clearer understanding of these needs and their effects on their life, the psychotherapist poses three essential questions at this stage:

What are your unmet needs?

This question aims to uncover which psychological capabilities of the client have not been fulfilled.

Why were these needs unmet?

The second question seeks to explore the underlying causes of these unmet needs. During this phase, the therapist delves into the client's past life experiences, familial relationships, traumas, or deeply held beliefs about themselves and others. Developing awareness of why these needs have remained unfulfilled is an important step in the therapeutic process.

How has the lack of these needs affected you?

Finally, the impact of these unmet needs on the client's balance is addressed. Within the framework of Positive Psychotherapy's Balance model, the therapist analyzes how the unfulfilled needs have disrupted the client's psychological equilibrium and overall well-being.

Example from the Psychotherapy Process with Therapist Reflections: The client is a 32-year-old woman who works as a teacher and is married, though she does not have children. She describes her problem as "struggling to maintain a balance between emotions and thoughts in relationships, experiencing difficulty in decision-making, and ending the relationship due to the stress caused by these issues.

Therapist: What are your unmet needs?

Client: My needs for trust and love were not fulfilled.

Therapist: You feel that your trust and love needs were not fully met in your relationships. These needs seem fundamental to your feeling secure and valued.

Client: Yes, exactly.

Therapist: What do you think are the reasons for these unmet needs?

Client: I tend to evaluate the other person more based on their thoughts than their emotions. I focus on inconsistencies and issues that are known but not addressed. Although I expressed these matters clearly, my needs were unmet because the other person didn't address things with the same clarity. We couldn't communicate in a way that would allow me to feel heard and understood, leading to me overthinking everything even more.

Therapist: You're saying that while you tried to clearly express what was important to you, the lack of a reciprocal response or similar clarity from the other person left you feeling that your emotional needs weren't being considered. This imbalance in communication deepened your frustrations and led to even more mental rumination.

Client: Yes, that's right. It just kept building up.

Therapist: How has the lack of these needs affected you according to the Balance model?

Client: The lack of these needs negatively affects me in the traditional sense. I escape from problems by focusing solely on achievements. In the spirituality dimension, I've started paying more attention to religious practices, praying more often, and living in alignment with my values to understand myself better.

Therapist: It sounds like you're recognizing the impact of unmet needs on your well-being and exploring spirituality to reconnect with your values and find deeper understanding.

Stage 2: Y-Yielding a Dysfunctional Way to Meet the Needs

The second stage, titled Y-Yielding, a Dysfunctional Way to Meet the Needs, emphasizes that individuals develop dysfunctional ways to meet their needs in life. In this stage, the paths individuals choose may be incompatible with their psychological makeup and can lead to symptoms of psychopathology. It is common for individuals to unknowingly enter into repetitive cycles in their quest to meet their needs, and this is addressed in Positive Psychotherapy (PPT). Therapy assesses individuals' abilities to meet their needs and intervenes in this process. A central element of this phase is exploring how clients have met their needs in dysfunctional ways through their personal experiences and concepts. This phase is also related to the Inventory Phase of Positive Psychotherapy. In the context of situation formulation, it is important to identify the dysfunctional strategies individuals are using. In Positive Psychotherapy, recognizing these unhealthy ways helps individuals break free from harmful cycles.

In this stage, the following questions should be asked to the clients:

What dysfunctional path do you follow to meet your unmet needs?

When you use this dysfunctional path to meet your unmet needs, what feelings and thoughts do you have?

How does this dysfunctional path affect you in terms of your Balance model?

Example from the Psychotherapy Process with Therapist Reflections: 36-year-old male, university lecturer/professor, married, father of one child; challenges: perfectionism, pressure to meet high standards, maintaining academic balance.

Therapist: What wrong path do you take to satisfy the desires you need but are not being met?

Client: I suffer from perfectionism. I constantly strive to improve myself.

Therapist: How does this constant desire for success affect your general health?

Client: I am physically exhausted because I am constantly setting unattainable goals for myself, which leads me to perfectionism.

Therapist: Your perfectionist tendencies are exhausting you.

Client: Yes, I don't know what to do.

Therapist: What emotions and thoughts are you experiencing during this process?

Client: Finishing tasks gives me a sense of accomplishment, but I see myself in a horse race. Constantly running around is tiring me out, and I feel depressed.

Therapist: You are having difficulty in other areas of life

Client: Yes, I am having a very hard time.

Therapist: How is this dysfunctional path affecting your body, your accomplishments, your spirituality, and your relationships?

Client: I get anxious because the goals I set in these dimensions are unattainable. Then, I give up on my goals.

Therapist: You have come to an important realization with yourself. The pressure to be perfect is preventing you from reaching your goals.

Stage 3: N-Noting Intermediary Capabilities to Satisfy the Needs

The third stage leads people to create subjective and individual conditions to fulfill neglected needs, frequently coming about within the utilization of maladaptive methodologies. This conviction may lead them to create reliance issues in connections, considering that "I must be submissive and faithful to be adored and to feel trust myself." Instead of straightforwardly tending to their center enthusiastic needs, the person utilizes auxiliary capabilities in a broken way, which can result in encouraging passionate trouble. This arrangement adjusts with the stock stage in Positive Psychotherapy. This organization includes investigating essential and auxiliary capacities, as laid out in Positive Psychotherapy (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). The individual may overemphasize secondary abilities such as punctuality or obedience to compensate for unmet primary needs such as love or security. In Positive Psychotherapy, these mechanisms may manifest themselves as avoidance behaviors, suppression of emotional needs, or projection of internal conflicts onto external situations or people. This stage also progresses in harmony with the observational detachment stage in Positive Psychotherapy. From a psychodynamic perspective, these maladaptive strategies are often associated with defense mechanisms; Freud (1959) described these mechanisms as unconscious processes used to protect the ego from anxiety. If an individual feels very powerless (trust ability), they may exhibit very dependent behaviors in their relationships with people (obedience ability). Thus, individuals may feel loved by remaining in a dependent relationship, but this does not help them develop true self-confidence.

Recognizing these dysfunctional methods in Positive Psychotherapy is critical to understanding the emotional conflicts underlying unmet needs.

In this stage, the following questions should be asked to the clients

What intermediary capabilities do you use to meet your unmet needs?

What feelings and thoughts arise when you use these intermediary capabilities to meet your unmet needs?

How do the intermediary capabilities you use to meet your unmet needs affect you in terms of your Balance model?

Example from the Psychotherapy Process with Therapist Reflections: Information about the client: Age: 28 gender: female, profession: PhD student, family status: not married, middle child; challenges: self-esteem and self-worth problems

Therapist: What intermediary capabilities do you use to meet your unmet needs?

Client: I don't spend time with people because I focus on achievement. I'm always trying to become more equipped.

Therapist: It sounds like you are dedicated to your personal and professional growth, which is admirable. However, this intense focus on success and meeting your mother's expectations might be causing you to isolate yourself from others.

Therapist: What feelings and thoughts arise when you use these intermediary capabilities to meet your unmet needs?

Client: Achievement leads to conditional love; I think I'll only be valuable if I'm successful. As for spirituality and faith, when I discover beliefs through research, I feel happy and at peace. However, hope makes me neglect my relationships and encourages me to focus solely on my success.

Therapist: *How do the intermediary capabilities you use to meet your unmet needs affect you in terms of your Balance model?*

Client: Success in my business life takes up a big place in my life. That's why I neglect my body, my relationships, and my spirituality. I have always dreamed of my future self to cope with this situation.

Stage 4: A-Analyzing Emerging Psychopathological Patterns

The most important feature of this phase is that the clients, together with the psychotherapist, investigate the psychopathological pattern that has emerged. The client is made aware of how the intermediary abilities that the clients use to satisfy their unfulfilled needs cause psychopathological patterns. During the psychotherapy process, dysfunctional emotional and intellectual states associated with psychopathological patterns are also reviewed. At this stage, the effects of psychopathological patterns on the clients' bodies, achievements, relationships, and spiritual areas are examined in depth (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). This stage overlaps with the inventory stage of positive psychotherapy.

The clients should be questioned about the following at this point:

How do these intermediary capabilities manifest in maladaptive patterns when your needs remain unfulfilled?

What thoughts and emotions arise because of this dysfunctional framework?

How is your Balance model affected by this dysfunctional structure?

Example from the Psychotherapy Process with Therapist Reflections: A 38-year-old male doctor is coping with narcissistic personality features. The client tries to create admiration and superiority for himself with the authority and status of being a doctor. Other doctors and nurses interacting with the client feel comfortable in this case.

Therapist: *What pathological patterns emerge when you use these intermediary capabilities to meet your unmet needs?*

Client: I get consumed by the situation when my needs aren't fulfilled. It's as though I can't let go until I've made it right, but this only deepens my sense of being stuck. Then, the frustration builds up into anger— at others—and I end up pushing people away. I isolate myself because I feel like no one would understand, or they'd judge me for not being able to handle things better. But the more I pull away, the worse it gets, and I feel even more disconnected.

Therapist: *What emotions and thoughts do you experience as a result of this pathological structure?*

Client: I feel a deep, ongoing hopelessness, which makes it seem like my needs will never be satisfied. I also feel persistently let down.

Therapist: *How does this pathological structure affect you in terms of your Balance model?*

Client: Regarding the Balance model, I spend much time on success and the body. However, I have problems with my relationships and spirituality. I think there is no problem with me, but those around me complain about me.

Stage 5: M-Manifesting How Capabilities Indicate the Cycle Is Wrong

The most distinctive feature of the fifth stage is that the psychotherapist works with the client with the skills that show that the cycle is wrong. Both secondary skills and some of the primary skills show the client that the cycle is wrong. Clients actively use their skills to cope with conflict (Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016). This stage is compatible with positive psychotherapy's Inventory and Situational Encouragement stages. An example of this stage is the problem of perfectionism. Perfect individuals use skills such as success,

order, and punctuality to meet their needs for trust and relationships. Justice or honesty skills show clients this cycle is wrong from an experiential perspective. For example, a client may think that although I use the skills of success, order, and punctuality, I still do not trust myself and cannot take part in unconditional relationships. This process, especially the justice skill, can show them that the cycle is wrong, such as giving so much of yourself but not getting anything in return. This stage also aligns with the *Inventory and Situational Encouragement Stage* in Positive Psychotherapy.

The clients should be questioned about the following at this point:

What capabilities indicate that the pathological cycle you are experiencing is wrong?

What emotions and thoughts do these misleading capabilities evoke in you?

How do the situations created by these misleading capabilities affect your Balance model?

Example from the Psychotherapy Process with Therapist Reflections: Information about the client: Age: 27, gender: female, profession: nurse, family status: not married, challenges: shyness, having to express her emotions and ideas.

Therapist: *What are the capabilities that indicate to you that the pathological cycle you are experiencing is wrong?*

Client: My first ability that tells me this cycle is wrong is justice. My second is honesty. Not being open to my own desires, expectations, feelings, and thoughts means not being honest with myself. It is not fair not to be able to achieve what I want with the tools and skills I use.

Therapist: *What emotions and thoughts do these misleading capabilities evoke in you?*

Client: I feel very lonely when I am with people. I make myself very small and make them bigger. I feel like I will make a mistake, and they will laugh at me. I feel anger, guilt, and worthlessness toward myself. I have very important and valuable thoughts like everyone else, but I am disappointed that I cannot express them.

Therapist: *How do the situations created by these misleading capabilities affect your Balance model (body, success, relationships, and fantasy)?*

Client: I sweat. I have rapid heart palpitations. I get paralyzed. I get anxious. I get bored. I feel like it will never end. I get excited. I think about what would happen if everyone laughed at me. What if I can't say anything, or what if I make a mistake and I'll be embarrassed? I can't perform at my best in classes where I have to give a presentation. I can't be an active participant by staying silent. I always stay silent in classes. Because of this, no one thinks I don't know anything. I have trouble starting close relationships. I'm afraid if this problem continues like this. Because I think I won't be able to do my job. Because my job is a job that depends on talking. I think that in the future, I may be victimized when I can't protect my rights and express myself. If it continues like this, I'm afraid of being alone in the future.

Stage 6: I-Investigating Emerging Secondary Pathologies

This step investigates emerging secondary pathologies and explores secondary symptoms or pathologies that complicate the primary conflict. According to the perspective of positive psychotherapy, secondary disorders are considered to arise as a result of unresolved basic conflicts (Peseschkian, 1990, 1997, 2016). The emotional difficulties experienced by the clients are examined at this stage. Failure to resolve the basic conflict brings with it secondary pathologies. In particular, the defense mechanisms that the clients produce against reality feed these secondary pathologies. This stage also aligns with the *Verbalization Stage* in Positive Psychotherapy.

In this stage, the following questions should be asked to the clients:

What secondary pathologies are these misleading capabilities causing you?

What emotions and thoughts do these secondary pathologies evoke in you?

How do the secondary pathologies affect your Balance model?

Example from the Psychotherapy Process with Therapist Reflections: The client is 45. The client's profession is an engineer. The client is a married person with two children. The client has been diagnosed with OCD. The client overuses his cleaning and ordering abilities.

Therapist: *What secondary pathologies are these misleading capabilities causing you?*

Client: I am experiencing detachment. It's like I'm not myself. I'm becoming more and more alienated from my environment and surroundings.

Therapist: What emotions and thoughts do these secondary pathologies evoke in you?

Client: **I get so angry with myself because I stutter. When I talk to people, I suddenly get stressed and bored.**

Therapist: How do the secondary pathologies affect your Balance model?

Client: **I find myself feeling resentful, demoralized, and constantly thinking about myself. I can't focus on my work. Someone says something. I don't hear it at all. I've distanced myself from everyone. I get angry at unnecessary things. Feelings and thoughts of fear and discouragement about the future dominate.**

Stage 7: C-Clarifying the Secondary Pathology Affecting the Primary Pathology

If people do not regulate these pathologies while experiencing primary pathologies, they will find secondary pathologies in their lives. For example, if a client is experiencing social anxiety and this problem continues for a long time, they may also experience secondary problems such as alienation from themselves or low self-esteem. Low self-esteem and alienation from themselves put more pressure on the individual psychologically, and the individual begins to feel the primary psychopathology more intensely. This stage also aligns with the *Verbalization Stage* in Positive Psychotherapy.

From a psychodynamic perspective, primary pathology emerges as a result of unconscious conflicts, whereas secondary pathologies develop due to the individual's inability to cope with these conflicts (Kernberg, 1995; Sandler & Sandler, 2018). In the context of Positive Psychotherapy, the concept of primary and secondary pathologies can be examined through the lens of individuals' attempts to resolve core conflicts in dysfunctional ways. As a result, secondary pathologies may arise alongside the primary issues (Peseschkian, 1990, 1997, 2016). These secondary pathologies not only affect the individual directly but also amplify the impact of the primary pathology.

In this stage, the following questions should be asked to the clients:

How does the secondary pathology affect the primary pathology?

As a result of the secondary pathology affecting the primary pathology, what kinds of emotions and thoughts arise in you?

How does the secondary pathology strengthening the primary pathology affect you from a Balance model perspective?

Example from the Psychotherapy Process with Therapist Reflections: The client, now 33, has a background in sociology and works within a public institution. Her significant childhood trauma stems from being abandoned by her family, leaving deep emotional scars that manifest in attachment difficulties. This impacts her ability to form secure and trusting relationships, both personally and professionally. The abandonment likely influences her self-perception, emotional regulation, and approach to intimacy and social bonds. As a result, her attachment patterns might lean towards insecurity, with possible tendencies to avoid closeness or fear abandonment in adult relationships.

Therapist: How does the secondary pathology affect the primary pathology?

Client: I experience a lack of self-worth (cognitive distortions such as "I am worthless; I am unlovable"). This leads to introversion, depression, and social isolation. There is a heavy emotional state, accompanied by existential problems where I question the purpose and meaning of life.

Therapist: It sounds like the secondary pathology—feelings of low self-worth—are reinforcing your primary struggles, leading you to withdraw from social interactions and face a deep existential crisis. These cognitive distortions seem to make you internalize the idea that you are unworthy of love or connection, which may intensify your depressive symptoms.

Therapist: As a result of the secondary pathology affecting the primary pathology, what kinds of emotions and thoughts arise in you?

Client: I feel sadness, hopelessness, and a sense of meaninglessness in my life. It's as though I'm losing sight of any purpose, and this weighs heavily on me.

Therapist: I hear that this experience leaves you feeling overwhelmed with sadness and a loss of hope. The sense of meaninglessness must feel deeply unsettling.

Client: I feel understood and accepted here.

Therapist: How does the secondary pathology strengthening the primary pathology affect you from a Balance model perspective?

Client: I notice somatic symptoms—tension, headaches, and fatigue. I struggle with self-care and feel an increasing sense of hopelessness. However, on the achievement dimension, I do see some improvement, as my sense of inadequacy drives me to achieve more to compensate.

Therapist: It's interesting to see that while your emotional and physical balance is being challenged, especially with somatic symptoms and self-care struggles, you're also noticing some gains in the achievement dimension. It seems that perhaps you are using work or success as a way to counterbalance feelings of inadequacy.

Stage 8: S-Studying How Capabilities Are Used to Cope with the Current Situation

Clients have to cope with primary pathologies that are strengthened by secondary pathologies. In this case, clients draw strength from primary and secondary capabilities. As the positive psychotherapy approach advocates, they immediately resort to the capabilities they have in order to cope with conflict. Applying these abilities is very closely related to the principle of hope, which is a very important principle of positive psychotherapy. Clients turn to this type of coping process in order to solve all problems. This stage also aligns with the *Broadening Goals Stage* in Positive Psychotherapy. In Positive Psychotherapy, the focus is on helping clients recognize and utilize these capabilities effectively so they can restore balance in their body, fantasy, achievement, and relationship domains.

In this stage, the following questions should be asked to the clients:

What capabilities do you use to cope with the strengthening of the primary pathology by the secondary pathology?

As a result of using these capabilities to cope with the strengthening of the primary pathology by the secondary pathology, what kinds of emotions and thoughts arise in you?

How do the capabilities you use to cope with the strengthening of the primary pathology by the secondary pathology affect you from a Balance model perspective?

Example from the Psychotherapy Process with Therapist Reflections: **The client is a 38-year-old single male who exhibits symptoms of dissociative disorder.**

He describes feeling emotionally alienated, often disconnected from his emotions, and struggling with an overwhelming intensity of thoughts. This mental overload is accompanied by a constant need for control as he attempts to manage anxiety and uncertainty. These symptoms affect his relationships and daily functioning, creating a persistent internal struggle to cope with his dissociative experiences.

Therapist: *What capabilities do you use to cope with the strengthening of the primary pathology by the secondary pathology?*

Client: I use my capacities related to order, hope, and faith. My life is more structured and less anxious when there is order. Hope gives me confidence that I can improve. My faith gives me the fortitude to overcome obstacles.

Therapist*: As a result of using these capabilities to cope with the strengthening of the primary pathology by the secondary pathology, what kinds of emotions and thoughts arise in you?*

Client: Staying within a controlled area makes me feel safe and relaxed. Being aware of my situation and trying to find ways to manage it gives me hope.

Therapist: It's powerful that you find safety and relaxation through maintaining control. It suggests that you are actively engaging with your experiences rather than avoiding them, which is essential for progress.

Client: Yes, exactly.

Therapist*: How do the capabilities you use to cope with the strengthening of the primary pathology by the secondary pathology affect you from a Balance model perspective?*

Client: I'm looking for ways to relax myself and try to create a safe space, which has led to better sleep and muscle relaxation (body). I find myself withdrawing from my relationships. Because I feel a need to understand myself better and act more in control, my communication and sharing in relationships have decreased (relationship). I am conducting research to solve my problems and understand myself better. I read books and give myself assignments, and I try to gather information from my colleagues about these issues (achievement). My hope and faith increase my spirituality (fantasy).

Discussion

When the psychotherapy literature is examined in general, it is seen that the formulation is an important goal of the

psychotherapy process. (Eryılmaz, 2020; Dallos et al., 2013; Weerasekera, 2009). This process has various stages. Through formulation, clients see how they cope with the problems they experience and further clarify their complex, ambiguous emotional and mental states (Heritage & Watson, 1979; Weerasekera, 2009). During the formulation process, the therapist helps the client express the problems they experience, discover the root causes, and understand the client's internal conflicts and relational problems more clearly (Davis, 1986). Due to the above-mentioned features, the place of formulation in the positive psychotherapy process cannot be denied. Although there are studies on the importance of resolving the basic conflict in this field (Cesko, 2024; Ciesielski, 2024; Eryılmaz, 2020; Peseschkian, 1990, 1997, 2016), the number of studies on formulating the basic conflict is very few. This study has contributed to the literature, especially because it presents a formulation method for basic conflict from a systematic and analytical perspective and a positive psychotherapy perspective.

A summary of the DYNAMICS method related to these points is provided in Table 1. Therapists should pay attention to several important points throughout the process. First, creating an environment that allows clients to express themselves is crucial for establishing a safe and trusting connection. This fosters a space where clients can openly share their internal experiences and feelings. Additionally, it is important to focus on clients' past experiences, relationships, and traumas at every stage to understand the roots of their needs and issues. Therapists should continuously reference the clients' Balance model, identifying factors that disrupt this equilibrium and guiding clients in recognizing the impacts of these factors. Finally, helping clients identify their strengths and resources is essential for enhancing their sense of self-efficacy. This process supports clients in developing healthier coping strategies and regaining their psychological balance.

Table-1.
Summary of the DYNAMICS Method in Formulating Basic Conflicts

Stage	Questions to Ask	Therapist Focus Points
Stage 1: D-Describing Unmet Needs	a) What are your unmet needs? b) Why were these needs unmet? c) How has the lack of these needs affected you?	- Encourage self-reflection on unfulfilled psychological capacities. - Explore past experiences and model dimension influences. - Assess the impact on the client's balance.
Stage 2: Y-Yielding a Dysfunctional Way to Meet the Needs	a) What dysfunctional path do you follow to meet your unmet needs? b) When you use this dysfunctional path, what feelings and thoughts do you have? c) How does this path affect you in terms of your Balance model?	- Increase awareness of dysfunctional coping strategies. - Facilitate emotional awareness related to these behaviors.
Stage 3: N-Noting Intermediary Capabilities	a) What intermediary capabilities do you use to meet your unmet needs? b) What feelings and thoughts arise when you use these capabilities? c) How do these capabilities affect your Balance model?	- Identify intermediary capabilities - Reassess how these capabilities contribute to maintaining balance.
Stage 4: A-Analyzing Emerging Psychopathological Patterns	a) What pathological patterns emerge when you use these capabilities? b) What emotions and thoughts do you experience from these patterns? c) How do these patterns affect you in terms of the Balance model?	- Help clients recognize maladaptive behaviors and thought patterns. - Address the emotional and cognitive impacts of these patterns.

Stage	Questions to Ask	Therapist Focus Points
		- Examine disruptions to balance in key life areas.
Stage 5: M-Manifesting How Capabilities Indicate the Cycle Is Wrong	a) What capabilities indicate to you that the cycle is wrong? b) What emotions and thoughts do these capabilities evoke? c) How do situations created by these capabilities affect your Balance model?	- Identify strengths that signal dysfunction. - Explore emotional responses to misleading capabilities. - Analyze broader implications of the Balance model
Stage 6: I-Investigating Emerging Secondary Pathologies	a) What secondary pathologies do these misleading capabilities cause you? b) What emotions and thoughts do these secondary pathologies evoke? c) How do these pathologies affect your Balance model?	- Understand the impact of misleading capabilities on secondary issues. - Evaluate the effects of the Balance model on areas of life.
Stage 7: C-Clarifying the Secondary Pathology Affecting the Primary Pathology	a) How does the secondary pathology affect the primary pathology? b) What emotions and thoughts arise from this interaction? c) How does this dynamic affect you from a Balance model perspective?	- Explore the relationship between primary and secondary pathologies. - Assess how this interaction challenges overall balance.
Stage 8: S-Studying How Capabilities Are Used to Cope with the Current Situation	a) What capabilities do you use to cope with the strengthening of the primary pathology? b) What emotions and thoughts arise from these coping strategies? c) How do these capabilities affect you from a Balance model perspective?	- Identify coping mechanisms in terms of capabilities - Explore the implications of these capabilities on Balance model dimensions.

In this study, the explanations regarding the developing DYNAMICS method are given in Table 1 and Table 2. It is necessary to underline a few points when formulating the basic conflict with the DYNAMICS method. First, it is possible to manage this process by including the five stages of positive psychotherapy. Secondly, psychotherapists must establish therapeutic skills and conditions when using this model. Thirdly, psychoeducation may be required on topics such as the basic concepts of positive psychotherapy, abilities, Balance model, and basic conflict as needed by the clients. Fourthly, progress and speed in the stages should be carried out by focusing on the client. Fifthly, one stage should not be passed to the next without understanding it. Sixthly, individual differences between clients should be considered in the stages of progress. Seventhly, using the positive interpretation technique frequently is necessary to motivate the client.

Table-2.
The DYNAMICS Model According to Five Stages of Positive Psychotherapy

Five Stages of Positive Psychotherapy	The DYNAMICS Method	Transition to Positive Psychotherapy's Five Stages
Observing-Distance Stage	Stage 1: D-Describing Unmet Needs	The initial focus on unmet needs aligns with the first stage of Positive Psychotherapy, which emphasizes identifying and understanding the individual's core needs.
Inventory Stage	Stage 2: Y-Yielding a Dysfunctional Way to Meet the Needs	This stage parallels the recognition of maladaptive coping strategies in Positive Psychotherapy. Understanding dysfunctional paths allows clients to gain insight into their behaviors and the underlying beliefs that drive them.
Inventory Stage	Stage 3: N-Noting Intermediary Capabilities	Identifying intermediary capabilities resonates with the Positive Psychotherapy focus on strengths and resources.
Inventory Stage and Situational Encouragement Stage	Stage 4: A-Analyzing Emerging Psychopathological Patterns	Analyzing emerging patterns reflects Positive Psychotherapy's focus on understanding the origins of psychological issues, allowing clients to contextualize their struggles and recognize recurring themes in their experiences.
Verbalization Stage	Stage 5: M-Manifesting How Capabilities Indicate the Cycle Is Wrong	This stage is about awareness and reflection, similar to Positive Psychotherapy's approach of fostering insight into how current behaviors may perpetuate distress. Clients learn to articulate and recognize the implications of their capabilities.
Verbalization Stage	Stage 6: I-Investigating Emerging Secondary Pathologies	Investigating secondary pathologies links to Positive Psychotherapy's exploration of the multifaceted nature of psychological issues. Understanding how these secondary issues complicate the primary pathology allows for a more comprehensive therapeutic approach.
Verbalization Stage	Stage 7: C-Clarifying the Secondary Pathology Affecting the Primary Pathology	Clarifying the interactions between primary and secondary pathologies aligns with Positive Psychotherapy's integrative approach, which seeks to illuminate how different psychological elements interact and contribute to overall well-being.
Broadening Goals Stage	Stage 8: S-Studying How Capabilities Are Used to Cope with the Current Situation	This final stage encourages clients to develop actionable strategies and coping mechanisms, similar to the Positive Psychotherapy goal of fostering resilience and adaptive functioning in daily life.

Recommendations

It is necessary to underline a few points to consider when using the "DYNAMICS" method in psychotherapy. First, clients must understand the cause-effect relationships regarding the basic conflict they experience. At this point, the formulation of the clients' basic conflicts should be worked on after the clients' awareness is ensured regarding the model dimensions and sources of coping with the conflict. Secondly, since raising awareness regarding the basic conflict is also an intervention method for the clients, it is functional to address this issue in the fourth stage of positive psychotherapy. Thirdly, the psychotherapist needs to be supportive and guiding in this process. For the therapist to fulfill this function, it is desired that their interpretation and analysis competencies are sufficient. Fourthly, it is necessary to remain loyal to the five stages of positive psychotherapy when formulating the basic conflict. Fifthly, formulating the basic conflict through examples from the clients' real lives will facilitate understanding the basic conflict in the client's eyes.

Limitations and future directions

There are a few points to consider when using the DYNAMICS method. First, using this model before the clients are ready is not right. Secondly, flexibility can be applied in using the model that is being considered depending on the client's perception capacity. Thirdly, the DYNAMICS model in this study is holistic (Eryılmaz & Doenyas, 2024). However, proceeding with a holistic model for each client may differ due to the client's characteristics, the way they process information, and the nature of the problems they bring. Fourthly, this model may not be necessary for individuals who need supportive psychotherapy. Fifthly, when determining the basic conflict, it is necessary to get momentum from the client, and it would not be right to give a definite number of sessions for its formulation at this point. At this point, the factors determining the number of sessions will be the client's readiness and capacities and the therapist's management of the process. In the future, empirical and experimental studies can be conducted on individuals with different psychological problems using the DYNAMICS model. Thus, the effectiveness of the developed DYNAMICS model can be examined. Sixthly, the psychotherapy process must be managed in a culturally sensitive manner. Using the DYNAMICS model, developed to resolve the basic conflicts of clients from different cultures, and reporting the results with scientific studies contributes to the field.

References

[1]. **AVELINE, M.** (1999). The advantages of formulation over categorical diagnosis in explorative psychotherapy and psychodynamic management. *The European Journal of Psychotherapy, Counselling & Health, 2*(2), 199–216.

[2]. **BINDER, P. E., HOLGERSEN, H., & NIELSEN, G. H. S.** (2010). What is a “good outcome” in psychotherapy? A qualitative exploration of former patients' point of view. *Psychotherapy Research, 20*(3), 285–294. https://doi.org/10.1080/10503300903376338

[3]. **CESKO, E.** (2024). Assessment of Basic Benefits of Positive and Transcultural Psychotherapy in Working with a Group of Multicultural Students. *The Global Psychotherapist, 4*(1), 19–23.

[4]. **CIESIELSKI, R.** (2024). Conceptualization of depressive disorders and their treatment in Positive and Transcultural Psychotherapy (Part 1). *The Global Psychotherapist, 4*(2), 108–116.

[5]. **DAVIS, K.** (1986). The process of problem (re) formulation in psychotherapy 1. *Sociology of Health & Illness, 8*(1), 44–74. https://doi.org/10.1111/1467-9566.ep11346469

[6]. **DIVISION OF CLINICAL PSYCHOLOGY.** (2011). *Good Practice Guidelines for the Use of Psychological Formulation.* Leicester: The British Psychological Society.

[7]. **DALLAS, R., STEDMON, J., & JOHNSTONE, L.** (2013). Integrative formulation in theory. In *Formulation in Psychology and Psychotherapy* (pp. 173–190). Routledge.

[8]. **ERYILMAZ, A.** (2020). *Meta teori: Bir gelişim ve psikoterapi kuramı olarak pozitif psikoterapi [Positive psychotherapy as a developmental and psychotherapy theory].* Nobel Akademi. 288 p. [in Turkish]

[9]. **ERYILMAZ, A., & DOENYAS, C.** (2024). An Integrative Model to Increase Client Motivation During the Psychotherapy Process. *Journal of Contemporary Psychotherapy,* 1–12. https://doi.org/10.1007/s10879-024-09642-w

[10]. **FREUD, S.** (1959). *Inhibitions, Symptoms, and Anxiety.* W.W. Norton & Company, Inc., New York.

[11]. **HERITAGE, J. C., & WATSON, D. R.** (1979). Formulations as Conversational Objects. In G. Psathas (Ed.), *Everyday Language: Studies in Ethnomethodology.* London: Wiley.

[12]. **INGRAM, B. L.** (2016). Case formulation and treatment planning. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & R. Krishnamurthy (Eds.), *APA handbook of clinical psychology: Applications and methods* (pp. 233–249). American Psychological Association. https://doi.org/10.1037/14861-012

[13]. **KERNBERG, O. F.** (1995). *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson Inc.

[14]. **KENDJELIC, E. M., & EELLS, T. D.** (2007). Generic psychotherapy case formulation training improves formulation quality. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 66–77. https://doi.org/10.1037/0033-3204.44.1.66

[15]. **PAZ, C., MONTESANO, A., WINTER, D., & FEIXAS, G.** (2019). Cognitive conflict resolution during psychotherapy: Its impact on depressive symptoms and psychological distress. *Psychotherapy Research, 29*(1), 45–57. https://doi.org/10.1080/10503307.2017.1405172

[16]. **PESESCHKIAN, N.** (1990). Positive psychotherapy: A transcultural and interdisciplinary approach to psychotherapy. *Psychotherapy and Psychosomatics, 53*(1–4), 39–45.

[17]. **PESESCHKIAN, N.** (1997). *Positive Psychotherapy: Theory and Practice.* Fischer TB, Frankfurt.

[18]. **PESESCHKIAN, N.** (2016). *Positive Psychotherapy of Everyday Life.* .

Bloomington, USA: AuthorHouse. (First German edition in 1977).

[19]. **SANDLER, A. M., & SANDLER, J.** (2018). *Internal objects revisited.* Routledge.

[20]. **WEERASEKERA, P.** (2009). A formulation of the case of Antoinette: A multiperspective approach. In *Clinical Case Formulation: Varieties of Approaches* (pp. 145–156)

Section: PPT training

POSITIVE PSYCHOTHERAPY TOOLS IN GROUPS

Arno Remmers

MD, Psychotherapist, WAPP International Master Trainer of Positive Psychotherapy, Supervisor Köln-Bonn Academy for Psychotherapy
(Bonn, Germany)
Email: remmers@positum.eu

Received 20.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj264

Abstract

In Positive group therapy, certain tools can be used to moderate and guide the process and interactions, directing them toward specific topics: the use of stories and proverbs as narrative tools; visualization tools like the four areas of body, achievement, contact, and fantasy application in groups; actual capacities to describe group processes and interaction pattern; the group process as a matter of treatment, connotation and contents; positive group psychotherapy moderated in a five steps process; positive group theory to understand the internal and external group dynamics will be presented; sociodynamics and psychodynamic descriptions of the upcoming dynamic in groups.

Keywords: Positive Group Therapy, group process, sociodynamics, sociogenesis, group dynamic, Positive Psychotherapy

Introduction

Group therapy can initially be emotionally challenging for therapists trained in individual psychotherapy. Facilitating a group often involves emotional vulnerability, as the therapist may feel less influential or significant. This is because the therapeutic process and impact largely arise from the group. In the one-to-one encounter, therapists can feel successful as human beings. The training period, supervision, and exchange of colleagues are predominantly about 'who I am as a therapist' and what I can do as a professional. ' In group therapy, on the other hand, it is about 'the group itself as a therapist, 'hardly about the therapist as the effective factor. A group therapist does not have a direct influence on the presented subjects, on the insights of the group members, or being responsible for the individual outcome.

"Group psychotherapy offers unique benefits such as a sense of belonging, purpose, hope, altruism, and meaning. These factors are crucial for symptom improvement and overall well-being. Universality, or the shared understanding that group members face similar problems, is consistently identified as one of the most effective components of group therapy. ...Group psychotherapy is equivalent to individual therapy for many disorders, including anxiety, depression, grief, eating disorders, and schizophrenia (Burlingame & Strauss, 2021). In addition to effectively reducing symptoms, the group offers members a sense of belonging, purpose, hope, altruism, and meaning throughout treatment (Yalom & Leszcz, 2020)."

In groups, the members benefit from each other through the therapist's presence, style, and the moderation of the process. The style and atmosphere are shaped by the environmental conditions therapists create through their approach to attachment, differentiation, and detachment. The group works on the content and goals, forms the social microcosm where the healing interaction thrives, and offers room for

unexpected emotional experiences and changes. Therapists are like 'traffic signs' on their interactive journey, using secondary capacities to moderate, with goals, structure, and process in mind. Representing primary capacities of patience, giving time to feel and think, having confidence in the group, or believing in the group as a therapist, the moderator can create an emotionally safe environment in which the participants can feel accepted, ready to share, to have and to solve conflicts with each other.

The commitment of an outpatient group therapist to a certain weekly time over long distances, with longer-term holiday planning, may be an obstacle to the lifestyle of the therapist. Spontaneous rescheduling of the group or cancellations is much more difficult than in individual therapy. Two therapists can substitute for each other when two therapists work in tandem, as practiced in clinics. A time commitment is needed to create a safe place for a group of people so that a fruitful group atmosphere can grow. The overall satisfaction with the sustainable treatment outcome in groups outweighs these disadvantages. Healing processes are created in the 'we' identification of a group, in the attachment with each other, in sharing their multifaceted experience. The group itself provides the content and emotional commitment.

Patients with positive experiences in previous groups in classrooms, sports groups, adolescents, work, or clinic treatments certainly have the best basis for starting treatment in a therapy group, regardless of diagnosis, conflict issues, or personality. Groups are effective for addressing a variety of diagnoses, resolving conflicts, and fostering the development of personality and structural skills. Self-perception and perception of others, emotional communication skills, regulating each other, giving each other a feeling of trust, mediating secure attachment, and emotionally correcting experiences. People with depressive reactions, adjustment disorders, recurrent depression, or anxiety and panic disorders are usually quite open to the group setting. Individuals with distinctive structural personality traits are often skeptical initially and may struggle to trust enough to share their innermost thoughts and feelings with others.

However, in the long term, they can often experience an unaccustomed, unreserved acceptance in the group, through which confrontation with difficult issues can be endured in a safe environment. At times, the group demonstrates a lasting supportive impact, facilitated by its consistency, cohesion, and unique modes of interaction. Groups with a size of about 7 to 12 participants have an amazing ability to deal with so-called 'difficult fellow human beings' and to catch each other up. Small groups of 3 to 5 people require more activity by the therapists. Initial reservations about taking patients into the group were often greater than the surprising flexibility and acceptance experienced afterward. It is a special experience for suffering people to be caught and taken seriously by the therapist and people who have affected themselves, to exchange experiences with them, and finally, to change perspectives and attitudes. There is an effect of growth in the groups that the members often find amazing.

A group moderator uses therapeutic thinking and wording for the process and contents that show up. In group therapy, viewing the members as experienced contributors and the group as a collective therapist with multidimensional transference contrasts with individual therapy, where the interaction is solely between the therapist and the client. The group takes on many functions of a therapist. This can cause frustration for an individual therapist in the beginning and later satisfaction to see how the group is interacting, like being a therapist with many facets. When a therapist sees oneself as the interested observer and the moderator in holding and offering a structure, it will give a safe space for the group members to experience relations.

The first facet is that a group therapist will bring in their image of the human and their own experience in groups, which will influence the atmosphere and the group members' motivation. Interventions can be needed in starting groups to create an atmosphere of free emotional interaction. The group will develop its group style to feel and express like a 'We' in the group. The second facet: A group therapist will look at the group process and name it while the members bring in their subjects. The third facet is that a therapist will protect the ones who could be hurt and encourage the ones who don't dare to be active in the group. The therapist's feelings and countertransference help interpret the group dynamic and the subconscious group subjects and, finally, find narratives for the process and content verbalization. The

therapist's role involves managing time across the group's phases: facilitating warming up to encourage attachment, structuring to promote differentiation, and promoting feedback and sharing to prepare for the period following the group sessions. Within this process, different tools, interventions, and interactions can help to guide the group through their discovery and changes. Some of them will be described in this article.

Methodology

Positive group psychotherapy was practiced by Nossrat Peseschkian based on his experience with psychodrama training (J. L. Moreno), with psychoanalytic groups (R. Battegay) and applying his five-step process model and differentiation analysis as **"differential analytic group psychotherapy"** (Peseschkian, 1977). He described group scenes and conflict descriptions where the ambivalence of openness - politeness (the 'key-conflict'), punctuality, or trust involved as conflict contents could become conscious as concepts. He described how the group can differentiate secondary and primary capacities and apply that in psychodramatic sessions. The five phases of psychodrama influenced the five-step concept for the group process he described: Warming up, choosing a protagonist, playing, role feedback, and sharing (Moreno, 1980). This is similar to the five spontaneous group phases described by R. Battegay in psychoanalytic groups: "Initial contact, regression, catharsis, insight, transformation/social learning process." (Battegay, 1969).

Out of this model, the author worked out a five-step group process with the necessary roles of the group moderator and the internal and external group dynamic. **Three phases of interaction** and several tools for group moderation were included, and, as a summary, they were first presented in the Wiesbaden group for therapeutic experience PEW[5] in 1988. It became the basis for the 48-hour group psychotherapy seminar in the advanced training curriculum in PPT in Bulgaria (Remmers, 1994), for parent groups, training in Novosibirsk/Russia and Cluj/Romania (Remmers, 1993). The results had been discussed in 2000 (Remmers, 2000) and applied in hospitals for psychosomatic rehabilitation (Remmers, 2002). Explicit and implicit goals of group therapy members and their environment were differentiated in 2005 (Remmers, 2005) and related to the group phases and necessary interventions. The further development of positive group therapy, like in group communication in psychiatry (Boncheva, 1999), in psychosomatic treatment (Gelera, 1999), in groups with people from the autistic spectrum (Dobiala, 2020) or in trauma-oriented group counseling (Parruca, 2022) was taken in account for this article as well as the authors experience with inpatients groups, couples and parents groups, and in group therapy training.

Discussion

3.1. Tools for the group therapy process - questions and interventions

Tools for the **process** are questions introducing the next phase in attachment, differentiation, and detachment, concerning the three phases of interaction that can be observed in all groups:

- **Attachment:** The therapist begins with an engaging and personal statement to set the tone, inviting connection, using eye contact and body language to bring the group members into an interactive and shared experience. Serving as a model for communication style, question types, and interpersonal approach, the group therapist helps them develop their skills and style. This phase means warming up, fostering openness and mutual acceptance, sharing emotions, seeking acceptance and security by presenting a topic, and introducing oneself as 'Me in the group.'
- **Differentiation:** The therapist identifies capacities, addresses sensitive and uncomfortable topics, uncovers concealed emotions, and initiates interaction. They also explore process qualities, content, abilities, and potentials, set boundaries to prevent rule violations, expand a hesitant group's defenses, limit individual influence on the group, and broaden individual experiences related to the shared topic.

  Information will be given about general existential and ethical group rules, like confidentiality, followed by the development of specific rules for this group.

[5] PEW Psychotherapeutische Erfahrungsgruppe Wiesbaden. Training institute of Nossrat Peseschkian

The debate, exchange of views, support in problem-solving, and social role experience raise the following questions: What do you need in this group? Which experience do you want to share? Which subjects are important to you in the group? How do you feel within the group, and how do others perceive you? Which goals do you have?

- **Detachment:** Feedback on the group experience can include sharing one's own feelings and ideas. Questions can include: What was important for you today? What did you take home? What time do you need after the group meeting?

3.2. Narrative tools - stories and proverbs

Start with a story that connects to the group's theme or purpose, offering it as an association aid that opens a window beyond the present situation, allowing access to deeper, often unconscious or repressed relational experiences. Following the story's presentation, the process is opened with the question: How do you understand this story for yourself? In a second turn: Whom does this story remind you of (relationship aspect)? What is the story about from your point of view? In this way, the preferred perceived contents of concepts and conflicts come to the fore and give rise to an exchange of different conceptual perspectives. It leads to a topic- and relationship-focused task for the group, which emerges naturally from exploring emotional involvement.

Suitable stories for a start are “50 Years of Politeness” (concerning openness politeness), “The Elefant and the Spectators” (space for different points of view), “The Peacock and the Crow” (capacities and conflict contents), “The Secret of the Red Ruby” (inner conflicts) (Peseschkian, 1986).

Opening with a story as an activating element involves having a participant read a story aloud, which can open the interaction or be played by the group members. During the role feedback, questions such as the following are asked: How did you experience and feel in this role? What came to your mind? What connections can you draw between this role and your own life? Why did you choose this particular role? What insights did you gain? The non-actors are also asked about their experience in the spectator role.

Suitable stories: “A Story on the Way” (microtrauma), “A Roof Top Garden and Two Worlds (accepting different opinions), “The Magician” (inner conflicts, ‘neurotic nuts’) (Peseschkian, 1986). These stories focus on a central conflict content and typical role patterns in one's life. ’Surprising stories’ from other cultural backgrounds, as well as local fairy tales or short stories, are suitable for longer group processes working with basic conflicts in particular; they include the development phases of life.[6]

3.3. The four areas involving body, accomplishment, interaction, and fantasy applied within group dynamics

Opening up with each participant and sharing their personal experiences and current situation allows them to express their feelings and conscious and subconscious commitments to the group. This process activates a sense of openness and connection, encouraging individuals to reflect on their roles and intentions within the group dynamic. It also provides a foundation for understanding how each person's experiences contribute to the group as a whole.

A rhombus of the Balance model representing **Body, Activity, Relationships, and Future** can be shown or drawn on a board. Participants then share their current status within these four areas.

Culture plays an important role in groups regarding contact and the forms of closeness and distance. Western cultures, with a high value on individuality, distancing of the original family, and autonomy in everyday life, cause a great need for closeness in the therapeutic group.

Eastern cultures, which highly value closeness in family and working groups in everyday life, sometimes show a need for distancing themselves and respecting family loyalty in therapeutic groups.

3.4. Actual capacities in the group process

[6] Further examples in Remmers A (2022): How do Traditional Stories Work in the Process of Solving Unconscious Interpersonal and Cultural Conflict? A Contribution to Narrative Ethics. *The Global Psychotherapist, 2*(2), 2022. pp. 77-85. https://doi.org/10.52982/lkj175

Primary capacities play a crucial role in the interactive group process for attachment, bonding, and trust, creating a safe environment where the problematic and suppressed subject will have a space to be expressed and understood. These can be seen as the group's 'motherly function' for creating cohesion through attachment and compassion. In this way, the capacity of perception of oneself and others can be developed, and a safe attachment, differentiation, and detachment can become the basis for emotional corrective experience for patients with attachment difficulties.

The therapist's secondary capacities are needed to guide the group in the process, such as punctuality, limiting interactions that hurt others, and finding a balance between being straightforward and respectful. Secondary capacities can be seen as a 'fatherly function' to find the balance between fairness and individualism, between openness and adaptation to the other, and to control one's own impulses within the group. In this way, emotional communication and impulse control can be trained as a structural personality capacity.

3.5. Group moderation

The role of the essential attitudes in psychodynamic therapy is to develop constructive interaction and fruitful group interaction (Battegay, 1976)[7]. The related actual capacities are added:

1. positive emotional attention non-judgmental - *accepting without condition, contact*
2. listening, watching - *patience, contact, time*
3. questions: a) be attentive b) recognize connections; - *accuracy, performance, fairness*
4. rarely interpret - *love, politeness, patience*; "Silence says a lot" (Battegay)
5. never give advice - *contact, time, confidence*
6. think about what is going on in the patient and the therapist – *imagination and compassion*

3.6. The group process as a matter of treatment, connotation, and contents, examples

1. Opening a new group session

Warming up with sociodrama: Stand next to a participant with whom you would like to go on a trip around the world (or with whom you could imagine establishing a joint professional existence or with whom you could enter into a shared living arrangement for one year), and explain to the participant why he/she has been chosen and what would be expected in this cooperation.

In this order, starting from the spontaneous fantasy, one communicates with other participants by sharing interests concerning social life, professional activity, and life philosophy. The sharing opens the perception of the personal abilities of the participants in a relationship and, finally, to expected conflicts that the participants consciously or unconsciously hide.

Afterward, the participants will address their feedback on what has been expressed in the circle. They add what they notice, and a round of exchange can develop. If necessary, the group leader encourages the participants to say what the expressed and the 'suppressed' abilities mean to them concerning their biographic experience. This can evolve into a central theme or the protagonist of the meeting, which the group collectively engages with and explores further.

Another opening tool is the 'flashlight': One after the other, the participants very briefly present a current feeling, situation, or thought in one word or one sentence and their wish for the group for the current meeting. What is said is left as it is. In the next round, interest in a priority topic is exchanged, and a participant is chosen based on his or her topic or a group topic. This can also be done in the style of sociodrama, where everyone stands by the participant whose topic they find most compelling and offers reasons for their choice. This creates a 'vote' by the group, helping to identify the current priority topic.

2. Assessment and clarification of the task

The group selects topics to be addressed (clarifying tasks and priorities) through a sociodrama selection process. Participants position themselves with those whose concern or topic they perceive as most urgent, important, underexplored, or simply interesting. They

[7] Raymond Battegay (1969): Der Mensch in der Gruppe. Vol III. Huber, Bern. p. 26ff

explain their reasons for choosing a particular topic. Based on these selections, the group collectively decides on the first topic to focus on and, if necessary, any additional topics to explore.

Thematic group exercises for self-reflection and content differentiation

In the first group sessions, the actual skills of the Differentiation Analytical Inventory (DAI) can be written on, projected, or handed out. For the individual skills (such as politeness, justice, trust, patience, etc.), the participants first exchange in pairs with the question: 'What do I value most? What does my relationship partner (including past partners and parents) value most, and what situations or encounters come to mind as I reflect on this?'

Following this, the round is opened up for feedback from the individual pairings if they want to share something with the entire group. This often leads to an emotionally significant relationship episode that can be grasped in terms of content, which can then be used to illustrate the actual, basic, and inner conflict and its content. Questions to ask include 'What is this actually about?', 'Where does it come from that you attach so much importance to this?' or 'You seem to attach a lot of importance to this/to …'.

Self-perception and perception of others - especially for trainee therapists

Everyone receives a handout with the 'typical' neurosis structures (such as obsessive-compulsive, schizoid, depressive, dependent, self-confident, histrionic...) and classifies themselves with their parts, presents this to the group, and then receives feedback from the group. Experience shows that for some of the participants, their own and others' perceptions coincide; for others, the self-perception is more negative and verbally more restrictive than the other's view, and for others, essential, repressed parts perceived by the other participants are missing from the self-perception. All three groups typically experience a rather positive reinforcement, depending on the previous group's leadership and atmosphere.

This exercise is very revealing for the participants in later stages in warmed-up groups who have been experiencing each other for a long time. The task is initially given externally to compare one's self-image with that of others. In retrospect, however, this is usually also the initial task for participation in the group.

Dealing with resistance and ambivalent order changes

A situation introduced into the group regularly leads to resonance, emotional resonance in the group, which can also be described as multidimensional transference and counter-transference. As a result, an order originally defined by the group can be changed, split, or unconsciously discarded through interference with the relational issues brought in. In this case, reflection from the metalevel by the group leader is useful to compare the patterns observed within the group with the initial objectives outlined for the encounter.

Example: A group of therapists in self-discovery formulated the assignment to themselves in the previous encounter: 'We want to meet and get to know each other more personally than before.' In the current session, one participant gave the group the assignment to help in an encounter with a patient family. The participant reported a feeling of powerlessness, of no longer experiencing himself as therapeutically competent, and thus of self-doubt. This occurred in a family submission conflict of the patient's family being treated. As a result, the participants gave advice and offered help. In the group, there was an increasing ignorance of the group leader's indications about the kind of I-distant communication. The group expressed non-verbally: 'Today we reject everything that tells us what to do' - this can be understood as a consequence of the unconscious transfer of the subjugation-power conflict to the group interaction. As a result, no one reacted anymore to the interventions of the group leader, who wanted to steer towards the personal level originally desired by the group with ego expression and relationship-oriented encounter, and in doing so, placed himself in a power conflict with the group. The transfer of the encounter dynamics with the family to the group situation by the leader finally solved this situation. This tended to require the leader's personal communication to perceive his own feelings of powerlessness towards the group and to bring them into the group to understand the situation that had arisen and to come back to the original assignment of the participant.

3. Reflection, feedback and sharing

The end of the group meeting is marked by a concluding feedback round, with questions like: 'What do I, as a participant, take away for myself today?', 'What resonated with me today?' Additionally, the question 'What do I wish for our next meeting?' can be used to begin setting the assignment for the next session. This allows participants to evaluate the clarity of the current session's tasks and to reflect on and prepare for the upcoming meeting.

Sociodynamic and psychodynamic in groups

Psycho-dynamic means 'movement of the soul' and is used for the individual. In groups, the term sociodynamic describes the subjects that exist in the group as a whole, similar to families. In the development process of a group - again comparable to a family - a development of values, rules, traditions, rituals, and ethical standards can be observed. It is a process in which the specific identity of the group and the tasks, roles, and interactions are formed. It can be described as the sociogenesis of a group and means the specific cultural development of the group.

The **psychodynamic** of each individual, intertwined with the dualistic dynamics between individuals, impacts every participant. Values and conflicts deriving from one's social background are brought into focus, influencing the topics of importance for each individual. This allows others to compare their own values, perceptions, and behavioral patterns.

Through sharing personal experiences within the group, one can uncover the individual **psychogenesis**, the unique developmental process shaped by the conditions that led to becoming the specific person with their distinct structure.

Sociodynamics, as the interaction between relationship patterns among social systems and individuals, creates a new familial environment based on established value concepts and relational patterns. Group members are encouraged to engage with unfamiliar concepts and values introduced by other members, fostering interaction and growth. The group, as a whole, forms a space in which this interactive process can grow.

Sociogenesis, as the development of typical interaction patterns within a system and group tradition, forms value concepts, capabilities, and relational patterns. The basic group experiences echo the family motto and the social environment styles from which members originate. Addressing basic needs and basic conflicts offers an opportunity to modify participants' personality structures, encouraging increased flexibility and developing better mentalization. This includes the four areas in the Balance model in which the group process works: perception of oneself and the other, emotional communication tools, empathy, impulse control, as well as attachment and detachment abilities in the group interaction.

Internal and external group dynamics

As a therapist, I can observe the dynamic of the group and formulate specific questions to reflect the subconsciously upcoming subjects. The interactions of participants show the internal group dynamic within the group, as well as an external orientation as a group in relation to the outer environment. The internal group dynamics means emotional and rational exchange within the group:

Internal group dynamic shows four dimensions:

- The participant with himself/herself as an individual aspect:

'How do I feel? Here and now? Before or after the group?'

- The participant in relation to individuals, to others in the group, pairing, and sub-groups:

'With whom do I feel comfortable? Who am I still struggling to interact with?'

- The participant in relation to the group as a whole, passive and active roles in the group process:

'In which role do I feel comfortable? Which one can I not stand?'

- The participant feels the identity, meaning and future of the group:

'What meaning does the group fulfill for me, and which importance do I have for the group?'

The group self or 'We-feeling' in terms of integration, differentiation, and identity as a group can be described as **External group dynamics:**

- Individual people or contents (looking at oneself as a person):

'Who is part of our group, and who is not? What models do we consider right, and what do we reject?'

- Our group: (as seen from the outside).

'How do we see the group's past, present and future? How do we name our group? How do we want to change our group? What do we like? What did we not like?'

- Other groups (families, professional groups, etc.)

'How do we relate to other groups? What connects us? Which groups are we different from?'

- Group goals related to the outside world and the perspective of identity, past and present (group philosophy)

'Who are we as a unique group? How do we see our tasks for the future, and with whom can we achieve them?'

In the ongoing long-term therapy process, reflecting on the internal and external group dynamic helps clarify roles, expectations, misunderstandings, limitations, attachment qualities, and tasks.

3.7. Positive group psychotherapy in a five steps process

Story: The Spectators and the Elephant

An elephant had been brought into a dark room for exhibition at night. People flocked to see it. Visitors could not see the elephant as it was dark, so they tried to grasp its shape by touching it. As the elephant was large, each visitor could only grasp a part of the animal and describe it by touch. One of the visitors, who caught one of the elephant's legs, declared that the elephant was like a strong pillar; a second, who touched the tusks, described the elephant as a pointed object; a third, who grasped the animal's ear, said it was not unlike a fan; the fourth, who stroked the elephant's back, claimed that the elephant was as straight and flat as a couch (according to Mowlana).[8]

1. Observation - distancing - *'The parts of the elephant are palpated.'*

Personal classification, seating arrangement (distance), and sensitive attention involve reflecting on your concepts and comparing them with those of others. This includes observing physical behavior, performance, social interactions, and worldly behaviors in yourself and others. It encourages mindfulness of how space, perception, and social dynamics shape the group experience.

2. Inventory - *'The elephant is described and completed.'*

The problem statement outlines the central issue to be addressed. The task defines the objective or goal for the group to focus on. Questioning (past and present) helps explore the origins and current relevance of the issue. Classification involves categorizing the elements at play, while the organization of the group procedure sets the structure for how the session will unfold. Leadership refers to the facilitator's role in guiding the process, and content encompasses the specific themes, topics, or discussions that will be explored during the meeting.

3. Situational encouragement - *'The elephant is cared for and loaded.'*

The exchange of concepts and experiences (from a transcultural approach) involves sharing diverse perspectives and insights and acknowledging and respecting cultural differences. This process can lead to relief by validating participants' feelings and experiences and encouraging a sense of understanding. It also contributes to the strengthening of existing conceptual content by reinforcing ideas and frameworks that participants already hold while offering support through collective knowledge and shared experiences. This approach promotes growth, empathy, and empowerment within the group.

4. Verbalisation - *'Sorting out the load on the elephant according to criteria of usefulness'*

Conflict management involves addressing and resolving disagreements or tensions within the group, facilitating a constructive environment for discussion. Concept expansion allows participants to broaden their understanding by integrating new perspectives and ideas. The trial and targeted application of changed behavior in the "protected" group setting provides a safe space for experimenting with new ways of interacting or responding. Testing situations help participants practice and refine their behaviors in real-world scenarios, offering opportunities to evaluate and adjust

[8] Peseschkian N. (1986): Oriental Stories as Tools in Psychotherapy. Springer, Berlin

their approaches before applying them outside the group.

5. Goal extension - *'The elephant goes to new goals'*

Feedback involves reflecting on the group experience to gain insights and identify areas for improvement. Application in everyday life outside the group encourages participants to integrate what they've learned into their daily interactions and behaviors. Independent concept expansion supports participants in further developing their understanding independently, outside the group context. Reorganizations refer to adjustments in the group's structure or focus, while reorientation involves shifting the group's content and methods to better address emerging needs or goals. These processes help ensure continuous growth and adaptability within and beyond the group setting.

The stage of observation and distancing is typically seen at the first meeting. This observation area also includes closeness and distance, which are initially established at the beginning, in the original state of the group. Another characteristic is the physical sensitivity of the group, which is very pronounced in the beginning. One becomes very attentive to the other group members and oneself. On the one hand, this refers to the way one makes contact. The physical observation, body language, appearance, and aesthetic appeal at the first meeting all influence the group further. On the other hand, one feels one's physical condition. This also applies to the group leader. He can either sit on a chair ready to jump or relax, take a seat distanced or in the center, or instead of observing, he can talk to his neighbor. All this influences the group. A feeling of warmth, security, and acceptance is conveyed in this phase.

The first stage of observation focuses on physical characteristics and the rational transmission of content, where the group emphasizes emotions more than rational aspects. It involves observing social and worldly behavior, which manifests in how individuals behave and the kind of attention they give to others. In this stage, distancing means stepping back to view the situation from a different perspective, whether through the lens of a story, another cultural form, a saying, or an example. This allows for a broader understanding and fosters openness to diverse viewpoints.

In the second stage of inventorying, the contents of criteria, values, differences, and conflicts become clear. Inventorying involves identifying and organizing the parts that were spontaneously introduced. This step also includes assessing the participants' abilities and recognizing the areas where their challenges lie. Additionally, it involves discussing how to plan the next steps and group methods moving forward. Adler's individual psychology would favor the third stage, which focuses on strengthening individual self-awareness. This stage encourages participants to reflect on their personal growth and develop a deeper understanding of themselves and the group.

The third stage of situational encouragement involves mirroring or identification in transference, where the conflict-bearing member's experiences are reflected or projected onto others. This process serves as a form of encouragement. Existing content and forms are reinforced through this approach. Stories, as carriers of transcultural concepts, are used along with encouraging techniques to promote self-awareness and group awareness. Techniques like relaxation methods and the spectator situation within the group also contribute to the encouraging nature of this stage.

Encouragement in this stage includes the group's reinforcement of areas where the participant was previously deficient, supporting behaviors that have proven useful, and providing backing for real-life situations outside the group. Additionally, highlighting tensions or discomforts is an important step, signaling that these feelings are necessary transitional phases before resolving conflicts. This overall process fosters growth, development, and strengthening of individual and group dynamics.

In the fourth stage of verbalization, problematic and conflict-prone areas are openly discussed, emphasizing openness and politeness. Verbalization is particularly important in therapeutic approaches such as talk therapy, where emotional conflicts are directly addressed and revealed, as seen in analysis and the Rogers method. However, verbalization doesn't always mean speaking out loud. As

psychodrama demonstrates, verbalization can involve body language, emotions, and rehearsal situations, all contributing to expressing and processing conflicts.

The fourth stage also includes trying out new behaviors, similar to classical behavioral therapy, where participants experiment with anxiety-provoking situations in a controlled group setting after undergoing desensitization. This process allows for the testing and integrating new ways of responding or behaving in real-life contexts, facilitating growth and healing.

The fifth stage of goal extension involves applying what has been tried out in the group to real-life situations outside the group and engaging in independent concept extension. Concepts and strategies developed within the group can become valuable tools for resolving conflicts and addressing challenges outside the group context. Another key aspect of goal extension is the group's ability to reorganize and shape the future independently, as they take ownership of their growth and apply what they've learned to future scenarios, individually and collectively. This stage emphasizes empowerment and the practical application of insights gained during the group process.

No one touches the whole elephant, highlighting that no individual can fully understand or experience the entire situation or the complete perspective of another. In the first stage of **observation and distancing**, each group member contributes their unique perspective, offering a piece of the whole picture. In the second inventory stage, one puts together different aspects, like the elephant, and determines the methodical procedure. In the third stage, the elephant is "fed" with **encouragement** from the group and strengthened and loaded with suggestions. In the fourth stage of **verbalization**, his load is checked according to the needs of the path ahead and equipped with what is usable. The elephant's carrying capacity is tested. In the fifth stage of **widening the goals**, the elephant metaphorically moves towards new goals, symbolizing progress and growth. This stage marks a shift towards independence, where individuals begin to apply the insights and skills they've gained within the group to navigate challenges and pursue objectives on their own without relying on the group.

Conclusions

Group therapy requires an understanding of the group process's psychodynamic and sociodynamic aspects, alongside support for the healing interactions within the group. Guiding the interaction in five steps while accompanying the process and providing tools tailored to different phases can enhance the dynamics among group members. This approach facilitates conflict resolution, strengthens especially primary actual capacities as structural capacities, and creates safety and manageability in conflict-oriented, personality-related, or trauma-focused treatment. Psychotherapeutic skills and competencies are essential for understanding individual dynamics and adapting flexibly to the group's evolving journey.

References

[1]. **BATTEGAY, R.** (1967). *Der Mensch in der Gruppe [The person in the group].* Vol I. Bern, Switzerland: Verlag Hans Huber. [in German]

[2]. **BATTEGAY, R.** (1969). *Der Mensch in der Gruppe [The person in the group].* Vol III. Huber Bern. [in German]

[3]. **BOESSMANN, U., HÜBNER, G., & REMMERS, A.** (2005). *Wirksam behandeln: Nutzung von bewussten und unbewussten Aufträgen in der Psychotherapie, Medizin und Supervision [Effective treatment: the use of conscious and unconscious contracts in psychotherapy, medicine and supervision].* Bonn, Germany: dpv. [in German]

[4]. **BONCHEVA, I.** (1999). Gruppenkommunikation in der Psychiatrie unter dem transkulturellen Blickwinkel der Positiven Psychotherapie in Bulgarien [Group communication in psychiatry from the transcultural perspective of positive psychotherapy in Bulgaria]. *Zschr. Pos. PT, Vol 20,* Wiesbaden, pp. 32–36. [in German]

[5]. **DOBIALA, E.** (2020). Positive Group Psychotherapy. In E. Messias et al. (Eds.), *Positive Psychiatry, Psychotherapy and Psychology.* Springer, pp. 239-253. https://doi.org/10.1007/978-3-030-33264-8_22

[6]. **GELERA, U., et al.** (1999). Positive Group Psychotherapy for Psychosomatic Pathology Patients. *Zschr. Pos. PT, Vol 20,* Wiesbaden, p. 5.

[7]. **MARMAROSH, C., et al.** (2022). New horizons in group psychotherapy research and practice from third wave positive psychology: A practice-friendly review.

Research in Psychotherapy, 25(3), 643. https://doi.org/10.4081/ripppo.2022.643

[8]. **MORENO, J. L.** (1980). *Psychodrama.* Vol I. Beacon, New York.

[9]. **PARRUCA, E.** (2022). Psychosocial Transcultural Games as Tools in Group Counselling, Therapy and Training for Dealing with Crisis and Trauma from War, Armed Conflict, and Forced Displacement. *The Global Psychotherapist, 2*(2), 32–41.

[10]. **PESESCHKIAN, N.** (1977). *Positive Psychotherapie [Positive Psychotherapy].* Fischer, Berlin. [in German]

[11]. **PESESCHKIAN, N.** (1996). *Oriental Stories as Tools in Psychotherapy.* New Delhi, India: Sterling Publishers.

[12]. **PESESCHKIAN, N.** (2016). *Positive Psychotherapy.* Bloomington, USA: AuthorHouse UK.

[13]. **REMMERS, A**. (1993). Liebe Freunde der DGPP [Dear friends of the DGPP]. *Zschr. Pos. Psychopath. DGPP,* Wiesbaden, pp. 66–73. [in German]

[14]. **REMMERS, A.** (1994). План за обучението на психотерапия и психотерапевтични техники в индивидуална, фамилна и групова терапия [Plan for training in psychotherapy psychotherapeutic techniques in individual, family, and group therapy]. *Journal Positum, Vol 1,* Varna. ISSN 1310-5221. [in Bulgarian]

[15]. **REMMERS, A.** (2000). Positive Group Therapy. Workshop presented at the *2nd World Conference for Positive Psychotherapy,* Wiesbaden, 5–9 July 2000.

[16]. **REMMERS, A.** (2005). Auftragsklärung in der Gruppentherapie [Clarification of the assignment in group therapy]. In Boessmann, U., Hübner, G., & Remmers, A. (Eds.), *Wirksam behandeln.* dpv Bonn, pp. 193–200. [in German]

[17]. **REMMERS, A.** (2022). How do Traditional Stories Work in the Process of Solving Unconscious Interpersonal and Cultural Conflict? A Contribution to Narrative Ethics. *The Global Psychotherapist, Vol 2,* 77–85. https://doi.org/10.52982/lkj175

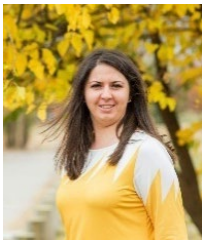
[18]. **YALOM, I., & LESZCZ, M.** (2020). *The Theory and Practice of Group Psychotherapy.* New York: Basic Books.

Section: PPT cases

THE WOMAN AND HER INNER DIALOGUE: HOW POSITIVE PSYCHOTHERAPY TRANSFORMS PSYCHOSOMATIC CHALLENGES INTO STRENGTH

Elena Drazheva

Psychologist, M.Sc. in Clinical social work - specialization Mental health
Certified positive psychotherapist,
Basic Trainer for Positive Psychotherapy (Sofia, Bulgaria)
Email: drajevae@gmail.com



Stiliyana Stamova

Psychologist, M.Sc. in Business psychology,
Basic Consultant on PPT (Sofia, Bulgaria)
Email: stamovast@gmail.com

Received 1.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj265

Abstract

This article presents the case of a patient with endometriosis and related reproductive difficulties who sought support through positive psychotherapy to cope with the emotional and physical challenges of her health condition. Applying the Five Fingers method, the therapist works with the patient to build a positive internal dialogue and accept vulnerability as a strength. Through this approach, the patient recognizes and makes sense of her emotions, needs, and internal conflicts, turning difficulties into a stimulus for personal development. The case study highlights the importance of an empathic and structured therapeutic approach when dealing with psychosomatic symptoms. It demonstrates the potential of positive psychotherapy to support patients in processing traumatic experiences. The article offers a useful model for clinical work with patients suffering from chronic illness and points to new perspectives for coping and personal growth.

Keywords: Positive Psychotherapy, endometriosis, psychosomatic therapy, reproductive health, internal dialogue

Introduction

Endometriosis is a condition that affects about 10% of women of reproductive age and presents with a variety of symptoms, including chronic pain, heavy menstrual cycles, and difficulties in daily life (Benagiano et al., 2014). According to a study by Eskenazi and Warner (1997), between 35 and 50% of women with endometriosis suffer from infertility and 80% experience severe pain during menstruation that cannot be controlled with conventional analgesics. The time to diagnosis often extends between 8 and 12 years, further increasing the

mental and physical burden on affected women (Kiesel & Sourouni, 2019).

Many gynecological and reproductive problems, including endometriosis and hormone abnormalities, may have a strong emotional foundation in addition to being physical disorders, according to a recent psychosomatic study (Arabadzhiev & Tomcheva, 2024; Drazheva & Stamova, 2024).

Research on the psychosomatic nature of the disease emphasizes the importance of the emotional component in developing and controlling symptoms. For example, studies by Laganà et al. (2017) and Szypłowska et al. (2023) revealed that women with endometriosis often experience depression and anxiety, which worsen physical symptoms and lead to chronic fatigue and difficulty in social integration. These mental states prevent effective coping with the disease, forming a vicious cycle between mental stress and physical discomfort (van Stein et al., 2023).

Psychotherapeutic approaches, such as positive psychotherapy, have been shown to help reduce stress and improve the quality of life of women with endometriosis. A study by Bandealy et al. (2021) found that women who participated in therapy sessions focused on awareness and processing of internal conflicts related to illness showed a significant reduction in symptoms and an easier acceptance of physical challenges. They can also develop more positive self-talk, which is essential for coping with chronic conditions (Wortman et al., 2023).

This article builds on this research and aims to clarify how positive psychotherapy can serve as an effective method for women suffering from endometriosis and hormonal imbalances. By building a positive internal dialogue and identifying the emotional sources of symptoms, women can overcome the internal conflicts that contribute to the physical manifestations of illness and transform these challenges into a resource for personal growth and inner strength (Lunde et al., 2024).

The specific issue addressed in this case centers on a 34-year-old woman, A.K., who suffers from the emotional and physical problems of endometriosis and repeated unsuccessful attempts to conceive. Her journey reflects the broader challenges many women face when reproductive difficulties intersect with societal expectations, self-esteem, and relationships. A.K.'s case illustrates how feelings of isolation, fear of vulnerability, and unresolved internal issues can exacerbate physical symptoms and strain interpersonal relationships.

Through the lens of positive psychotherapy, the article highlights the transformative potential of building a positive internal dialogue and addressing conflicts that manifest as physical symptoms. It seeks to demonstrate how therapy can provide women with the tools to regain a sense of control, strengthen their relationships, and redefine their self-worth in the face of chronic health challenges.

Positive psychotherapy emphasizes how obstacles may be used as opportunities for personal development and give women the skills they need to recognize and embrace these internal conflicts (Mohammadi et al., 2019). By developing a constructive internal conversation and listening to their inner voices, women can turn these challenges into sources of strength and avenues for better psychosomatic health.

Case

2.1. Case study: A.K.

A.K., a 34-year-old woman, married for six years, works as a project manager in a marketing firm. She attended therapy on the recommendation of her gynecologist after being diagnosed with endometriosis and having difficulty conceiving. In the past three years, she has undergone two unsuccessful IVF procedures, which has caused her a sense of failure and growing emotional tension. Problems in the reproductive area began to affect her self-esteem, her relationship with her husband, and her motivation at work.

At the first meeting, A.K. shared that she felt exhausted and untrustworthy. Despite her professional appearance, she appeared depressed and spoke softly, avoiding eye contact. She talked about the strain in her relationship with her husband, who, she said, didn’t fully understand the psychological pressure she felt from her lack of success in trying to conceive. "I felt alone like I was the only

one carrying the burden of this problem," she shared with a hint of exasperation and despair.

2.2. The Actual Situation

A.K. described that over the past year, following her second failed IVF attempt, she had felt an increasing strain in both her relationship with her husband and in her personal efforts to cope with her endometriosis diagnosis. She shared that she had recently lost motivation and satisfaction in her work, which used to be a source of confidence and success. She admitted that she had withdrawn into herself, avoiding social contact even with close friends and relatives who she felt didn't fully understand the gravity of her situation.

Actual Conflict

The Actual Conflict is localized in the area of contact - she can only contact only with herself (standalone, she can count only herself), but not with others (closed, melancholic, "I don't want to talk to anyone"). The area of the process is in the fantasy/future domain (closes herself off, doesn't communicate with anyone, and imagines that she will die, abandoned but proud) and domain the body (does not eat animal products, leads a healthy, environmentally friendly and healthy lifestyle, reproductive issues, endometriosis).

2.3. The Basic Situation

A.K. recounted past traumatic events that had reinforced her belief that she had to fend for herself. She had a father with alcohol problems, and her mother very often said, *"You should be able to handle problems alone, independently," and "You don't need anyone; you can do it alone."* As a child, she was often left to solve problems independently while her parents fought. She spoke of moments of loneliness and isolation when she felt misunderstood and unsupported by her parents. This environment strengthened her sense of independence but also left traces of mistrust of others. Since then, she has developed a strong drive to achieve in order to gain approval, acceptance, and love.

2.4. Basic Conflict

A.K.'s conflict is localized in the concept of "I." It is expressed in her feelings of personal failure and insecurity about her importance in the eyes of others due to her failure to become pregnant (unable to respond to concepts of dealing with her problems alone). On the one hand, she longs for support and understanding from her husband, but on the other, she is afraid to show vulnerability, which she perceives as weakness. At the same time, she feels a deep fear of failure in her attempt to conceive and avoids the subject of children in her conversations with those close to her.

2.5. Inner Conflict

A.K. longs to earn acceptance and love but, at the same time, feels a sense of powerlessness to cope with her diagnosis and reproductive difficulties alone that distances her from what she wants. In her quest for independence, she often avoids sharing her inner emotions and fears, seeing them as "a sign of weakness." She believes she needs achievement to receive love and support but does not understand that contact is also achievement in the sense of successfully making contact, which is an activity that leads to achievement.

2.6. Key conflict

A.K.'s desire to have a good relationship with her relatives means swallowing herself and her problems and bearing aggressive impulses. She is afraid of losing them if she is honest.

2.7. Therapeutic Task

Therapy focuses on building a positive internal dialogue and accepting vulnerability as a strength rather than a weakness. Building a positive internal dialogue and accepting vulnerability as a strength is achieved by guiding A.K. toward awareness of her emotions and constructively expressing them. She was encouraged to name her fears and needs. Each session included self-reflection in which A.K. identified and replaced her negative beliefs with more positive and realistic thoughts. The Positive The psychotherapy techniques (PPT) used included creating balance and expanding the content of primary abilities.

Using the Five Fingers Method, the therapist worked with A.K. on different areas of her life:

1. Empathic listening: The therapist accepts A.K.'s complaints without judgment and creates a safe and supportive space for her to articulate her fears and emotions.

2. Clarifying conflicts: The therapist used the life Balance model (body, activity, contact, and fantasy) to help A.K. identify key conflicts, such as her struggle between independence and the need for support.

3. Identifying strengths: A.K. was supported in identifying her inner resources, such as resilience and determination, which could help her overcome her challenges.

4. Verbalising inner conflicts: Through discussions, A.K. learned to discuss her fears and contradictions, making them more manageable.

5. Focusing on the future: The therapist helped A.K. envision her future life, emphasizing resilience and the possibility of finding new meaning in her experiences. A.K. realized that sharing her feelings and opening up to her husband could be a source of support and strength rather than frustration. During the sessions, she developed skills for more open communication and realized that relying on others did not mean losing her independence.

A.K. began working on improving communication with her husband by openly sharing her feelings and needs. She accepted her reproductive problems caused by endometriosis as a sobering sign, part of the journey to understanding her need for closeness, sharing, trust, and faith in her life. "It takes two to make a baby."

Discussion

This article explores how positive psychotherapy can support women to make the connection between their emotional experiences and their physical health, with a focus on gynecological and reproductive problems such as endometriosis and hormonal imbalances. The article aims to show how women can use the difficulties associated with these conditions as a source of strength and personal development by developing a positive internal dialogue and overcoming the internal conflicts that contribute to the physical symptoms. This case draws attention to the particular importance of internal dialogue and how the perception of vulnerability as strength can support the process of coping with serious health and emotional challenges such as endometriosis and infertility. A.K.'s case illustrates how reproductive problems can be accompanied by psychosomatic manifestations such as pain and feelings of insecurity, affecting her identity and relationships with others. This case study is noteworthy because it illustrates how profoundly such problems can affect self-esteem and mental health and highlights the need for approaches that integrate physical and mental health in therapeutic work with patients with chronic illness.

The literature on positive psychotherapy in patients with endometriosis shows that it helps to reduce the depressive and anxiety states that often accompany the condition. Research suggests that positive psychotherapy can encourage patients to view their vulnerability as an opportunity for personal growth, which can alleviate feelings of isolation and inadequacy (Kimball, 1978; von der Tann & Ristl, 2008)

An important element of therapy is recognising the inner conflict rooted in feelings of loss of control and fear of social disapproval. Patients like A.K. often show a high degree of association between physical symptoms and experiences of shame and guilt, which can exacerbate symptomatology if not addressed (Peseschkian, 2016).

The existing literature highlights that integrating emotional awareness and promoting positive internal dialogue can improve patient's quality of life and facilitate acceptance of their own experiences as meaningful and valuable rather than a source of shame and isolation. In A.K.'s case, this method was used to help her recognize her need for acceptance and support and to realize how reproductive difficulties and endometriosis affected her not only physically but also emotionally. First, the therapist listened empathetically to facilitate the expression of her fears and emotions. Then, by looking at different aspects of her life, such as her relationships and health problems, the therapist encouraged her to discover and mobilize her inner resources. In

this way, A.K. was able to verbalize and process her conflict between her desire for independence and her need for support, which prepared her for new goals and meaning in life after the end of therapy.

The case presented adds to the observations about the benefits of positive psychotherapy in working with psychosomatic patients by demonstrating how positive psychotherapy can help patients like A.K. cope with the somatic problems caused by endometriosis by reformulating perceptions of themselves and their illness. The case supports the proposition that building a positive internal dialogue and accepting vulnerability as a strength not only improves emotional resilience but also provides mechanisms for coping with chronic stress caused by health limitations. This approach has the potential to enrich future clinical practice by encouraging therapists to integrate methods of developing inner strength and self-acceptance, which is particularly important for patients with chronic, intractable conditions such as endometriosis.

Conclusions

In conclusion, A.K.'s case illustrates how positive psychotherapy can help patients experiencing the complex emotional and physical effects of endometriosis and associated reproductive difficulties. The authors of this article have shown how the Positive and Transcultural Psychotherapy method can provide a structured yet flexible approach to enable clients such as A.K. to identify and verbalize their fears and conflicts. This method created a space in which A.K. was able to name her feelings and relate them to her physical symptoms, an important step in processing the trauma and emotional distress associated with her health problem. The main aim of the therapy was to mobilize A.K.'s inner resources by focusing on her resources and finding new meaning in her experiences. The positive psychotherapy approach helped A.K. to address different areas of her life, allowing her to see how her reproductive difficulties and endometriosis affected her not only physically but also mentally. With this holistic approach, A.K. could better understand her internal conflicts and see new perspectives for personal development. By focusing on self-reflection and awareness of her needs, she overcame difficulties in building a positive internal dialogue and accepting vulnerability as a source of strength. This case illustrates to clinicians the importance of an empathic, structured, and resource-oriented approach when working with patients with chronic psychosomatic symptoms. The therapeutic process with A.K. may be a useful example for therapists and researchers who wish to understand and implement strategies for coping with psychosomatic illness through positive psychotherapy. The case described and the overall practice of the authors of this article demonstrates the possibilities of positive psychotherapy and open the field for future research and development of its effectiveness in psychosomatics. The case helps us see the value of focusing on accepting symptoms not as a weakness but as a message from the body that can be processed and transformed into a stimulus for personal growth. This approach can potentially support and inspire patients in a worsening emotional and physical state, offering new perspectives on integration and coping with life's challenges.

References

[1]. **ARABADZHIEV, Z., & TOMCHEVA, S.** (2024). Two "faces" of repressed aggressive impulses and feelings: Atopic dermatitis and hypertension's conflict dynamic through the prism of positive psychosomatic psychotherapy. The Global Psychotherapist, 4(2), 157–165. http://doi.org/10.52982/lkj244

[2]. **BANDEALY, S. S., SHETH, N. C., MATUELLA, S. K., CHAIKIND, J. R., OLIVA, I. A., PHILIP, S. R., JONES, P. M., & HOGE, E. A.** (2021). Mind-Body Interventions for Anxiety Disorders: A Review of the Evidence Base for Mental Health Practitioners. *FOCUS*, 19(2), 173–183. https://doi.org/10.1176/appi.focus.20200042

[3]. **BENAGIANO, G., BROSENS, I., & LIPPI, D.** (2014). The History of Endometriosis. *Gynecologic and Obstetric Investigation*, 78(1), 1–9. https://doi.org/10.1159/000358919

[4]. **DRAZHEVA, E., & STAMOVA, S**. (2024). Study on the ways of accepting and coping with the endometriosis diagnosis. *The Global Psychotherapist, 4*(1), 24–32. https://doi.org/10.52982/lkj214

[5]. **ESKENAZI, B., & WARNER, M. L.** (1997).

Epidemiology of Endometriosis. *Obstetrics and Gynecology Clinics of North America*, 24(2), 235–258. https://doi.org/10.1016/s0889-8545(05)70302-8

[6]. **KIESEL, L., & SOUROUNI, M.** (2019). Diagnosis of endometriosis in the 21st century. *Climacteric*, 22(3), 296–302. https://doi.org/10.1080/13697137.2019.1578743

[7]. **KIMBALL, C. P.** (1978). Diagnosing Psychosomatic Situations. *Springer EBooks*, 677–708. https://doi.org/10.1007/978-1-4684-2490-4_19

[8]. **LAGANÀ, A. S., LA ROSA, V. L., RAPISARDA, A. M. C., VALENTI, G., SAPIA, F., CHIOFALO, B., ROSSETTI, D., BAN FRANGEŽ, H., VRTAČNIK BOKAL, E., & GIOVANNI VITALE, S**. (2017). Anxiety and depression in patients with endometriosis: impact and management challenges. *International Journal of Women's Health*, Volume 9(9), 323–330. https://doi.org/10.2147/ijwh.s119729

[9]. **LUNDE, C. E., WU, Z., REINECKE, A., & SIEBERG, C. B.** (2024). The Application of Cognitive Behavioral Therapy for Adolescent Patients With Endometriosis: A Topical Review. *Cognitive and Behavioral Practice*. https://doi.org/10.1016/j.cbpra.2024.01.005

[10]. **MOHAMMADI, R. K., BOZORGI, S. A., SHARIAT, S., & HAMIDI, M.** (2019). The Effectiveness of Positive Psychotherapy on Mental Endurance, Self-Compassion and Resilience of Infertile Women. *Social Behavior Research & Health*. https://doi.org/10.18502/sbrh.v2i2.285

[11]. P**ESESCHKIAN, N.** (2016). *Positive Psychosomatics*. AuthorHouse.

[12]. **REMMERS, A.** (2024). The therapeutic process in positive psychosomatics: "Five fingers" forming a therapeutic relationship in psychosomatic medicine. *The Global Psychotherapist*, 4(2), 57–61. https://doi.org/10.52982/lkj233

[13]. **SZYPŁOWSKA, M., TARKOWSKI, R., & KUŁAK, K.** (2023). The impact of endometriosis on depressive and anxiety symptoms and quality of life: a systematic review. *Frontiers in Public Health*, 11. https://doi.org/10.3389/fpubh.2023.1230303

[14]. **VAN STEIN, K., SCHUBERT, K., DITZEN, B., & WEISE, C.** (2023). Understanding Psychological Symptoms of Endometriosis from a Research Domain Criteria Perspective. *Journal of Clinical Medicine*, 12(12), 4056. https://doi.org/10.3390/jcm12124056

[15]. **VON DER TANN, M., & RISTL, E.** (2008). *Operationalized Psychodynamic Diagnostics OPD-2: Manual of Diagnosis and Treatment Planning*. Hogrefe. URL: https://pubengine2.s3.eu-central-1.amazonaws.com/preview/99.110005/9781616763534_preview.pdf Accessed: 10.01.2025

[16]. **WORTMAN, M. S. H., JOS W. R. TWISK, VAN, VISSER, B., ASSENDELFT, W. J. J., & TIM OLDE HARTMAN, VAN**. (2023). Effectiveness of psychosomatic therapy for patients with persistent somatic symptoms: Results from the CORPUS randomized controlled trial in primary care. *Journal of Psychosomatic Research*, 167, 111178–111178. https://doi.org/10.1016/j.jpsychores.2023.111178

Section: PPT cases

THE USE OF POSITIVE PSYCHOTHERAPY TOOLS AND CONCEPTS IN THE COMING OUT PROCESS OF A NON-HETERONORMATIVE (LGBTA) CLIENT: A CASE REPORT

Krzysztof Dembinski

Certified positive psychotherapist, private practice (Wrocław, Poland)
Email: krzysztof.pozytywni@gmail.com
ORCID: 0009-0001-7596-2103

Received 6.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj266

Abstract

This paper explores therapeutic challenges faced by non-heteronormative individuals before coming out, emphasizing the role of Positive and Transcultural Psychotherapy (PPT) in providing support. A primary focus of the therapy for these individuals includes preparing for and managing the coming out process, which is often fraught with stress and fear of rejection. Therapeutic settings may provide the first safe space for coming out, a repeated process rather than a one-time event. Tools such as the Balance model and the Differentiation Analysis Inventory (DAI) are employed to help clients identify and address areas of imbalance and conflict. PPT's emphasis on Relationships- and Model Dimensions further aids clients in understanding how their relationships and coping mechanisms have been shaped over time, particularly by familial interactions. Through the use of PPT, therapists are equipped to create a supportive environment that addresses the challenges faced by non-heteronormative individuals before coming out.

Keywords: LGBTA, coming out, non-heteronormative, 5-Stage Model, Positive Psychotherapy

Introduction

In this paper, the acronym LGBTA will be used to refer to non-heteronormative individuals, derived from the English terms (L)esbian, (G)ay, (B)isexual, (T)ransgender, and (A)sexual (Ursica, 2024). Non-heteronormative people may encounter numerous challenges. Equally difficult can be the fear of experiencing discrimination. A report published by KPH[9] (Winiewski, 2021) on the social situation of LGBTA people in Poland reveals that among LGBTA people who participated in the survey (22883 LGBTA respondents who live in Poland 2019-2020):

- 44% met the diagnostic criteria for depression
- 55% happen to have suicidal thoughts

Non-heteronormative people often fear discriminatory behavior from others and choose to keep issues of sexual orientation to themselves. From KPH's report, we learn that 25% of LGBTA people felt the need to hide their sexual orientation or identity at work.

Coming out (or "Coming out of the closet") is the process of revealing one's sexual orientation or sexual identity, which is often fraught with stress and fear of rejection. Coming out is not an isolated event. It is a long-term process that begins with realizing and naming one's sexuality

[9] Campaign against homophoby - The National NGO operating since September 11, 2001. It counteracts discrimination due to sexual orientation and sexual identity in Polish socjety.

before oneself (Engel-Bernatowicz & Kamińska, 2005). The report "Attitudes of Poles towards homosexuals" (Scovil, 2021) published by CBOS shows that young people at the age of 18-24 more often find homosexuality normal than other age groups. Older respondents (65+) more often consider homosexuality as abnormal and unacceptable. Therefore, older LGBTA people may more often have to deal with discriminatory behavior among peers and so more often expect such behavior from others and decide not to reveal their sexual orientation/identity. Most often, however, we will work with people who have revealed their orientation in certain social circles while still "in the closet" in other social groups. We learn from KPH's report that in 2021, 37,4% of LGBTA people in Poland didn't tell anyone in the family about their sexual orientation/identity. In 39,7% of cases, only a few family members knew. The numbers look more optimistic for their friends – only 5% of LGBTA people didn't tell any friend about their sexual orientation/identity; in 25,9% of cases, only a few friends knew. 81,5 % of LGBTA people in Poland didn't come out to any of their neighbors.

Coming out is a repeated activity in new social groups that a non-heteronormative person enters, not knowing how the environment will react. Each time a decision comes out, it should be made by the person involved. The timing of carrying it out should also depend solely on the client. Some people struggle with an internal conflict between their identity and socially or religiously imposed norms. From KPH's report, we learn that when asked about incidents of inferior treatment by representatives of the Church, respondents most often declared that they conceal their identity or orientation in such contacts. This is done by about 66% of the gay and lesbian respondents and as many as 82.9% of asexual persons. When disclosure did occur, it often resulted in worse treatment.

All the above stresses the importance of supporting LGBTA people in their coming out processes. The example below is a case of a young homosexual client facing challenges on his way to improving his relationships and self-image. I would like to present the use of PPT Tools and Concepts that facilitated the process.

Case

All identifying information about the client has been changed or removed. The structure of the sessions corresponded with the 5 Stage Treatment Model used in the PPT approach (Remmers, 2024). The case was supervised using The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. (Ciesielski, R. 2023)

2.1. Five Stages of the Therapeutic Process

2.1.1. Observation and Distancing

The stage lasted four sessions. Client X is a 23-year-old university student who is dressing casually. At first glance, X seemed strong and confident. When he sat in the office chair, X was emotional and cried, but after the session, he presented huge strength again (as if he was putting on a mask) - X could address his emotions in sessions without being judged with full acceptance. It was observed that obedience and politeness were strongly developed, whereas contact with others was very important for the client, but at the same time, he was lacking it. Another strongly visible thing was his desire to achieve. His goal-oriented narrative presented many ideas for his development and career perspectives. He struggles with feelings of loneliness, which intensified. X is homosexual, which also affects his well-being and fear of not being accepted in society. He avoids discussing his orientation among relatives and friends, although he feels comfortable outside Poland. A few weeks before our first session, he met a man from abroad. After they spent a few days together, he agreed to hold hands with him on the street. This was a turning point for him when he felt good in this new situation. He acknowledged the need to be close to someone, in a real relationship, and in a real contact in which he could be authentic. After coming back to Poland, feelings of loneliness, sadness, and sleeping problems increased.

2.1.2. Inventory/Information Collection

At this stage, which lasted 6 sessions, the following PPT Tools were implemented to obtain detailed information about the client: Balance model, DAI, and 4 Modeling Dimensions. (Ciesielski, R. 2016)

.

Balance model

Dimension – Body: X is exercising a lot due to his previous problems with excess weight in high school. When his company went bankrupt he had sleeping problems – now it's stabilizing.

Dimension—Achievement: The client is very motivated to succeed professionally. He is constantly looking for new opportunities to develop and achieve more in his job. Nevertheless, X is going through a lot of stress at work, which makes him think about looking for another job.

Dimension – Relationships: The client has parents who live in another city. He visits them at least twice a month. His father works in the office as a manager, and his mother is a housewife. X talks more to his mother. His father is very strict, and he finds it difficult to talk to him. The client has a brother and a sister. They are both much older than him, have already started their own families, and live abroad, far from home. Their contact is limited. He visits them once or twice a year. X has many friends, but he believes his friendships are not strong, and he wants to change that.

Dimension—Meaning/Future: X would like to move abroad in the future. He believes he would be happier in another country and would like to be successful in his job.

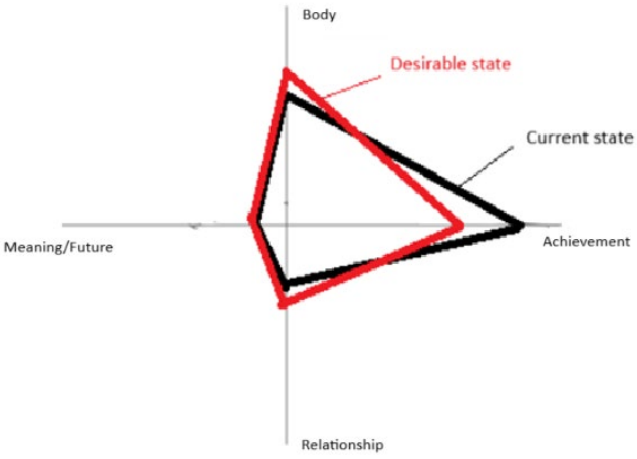


Figure 1. Balance model of X

X drew with a black color how his energy is distributed in the four dimensions. He also marked it red, which is how he would like to change it. He believes that the amount of energy he produces in the Achievement area is excessive, and he would like to reduce it eventually, but he does not believe it is possible now. He would like to invest even more time in exercises at the gym, as he pays a lot of attention to his appearance. He would also like to work on the quality of his relationships, as he doesn't feel close to anyone even though he has family and friends.

Life events

The client was growing up in a religious home. His parents are catholic. Only the father was working, and they had three children – they were not rich, but there was enough money. X's sister and brother were much older than him (by 8 and 10 years). In high school, X realized that he was homosexual, but he didn't tell anyone about it. He developed obesity, and his family openly told him they thought he would not change and would have many problems in life because of that. X got angry because his family thought so little of him. It was a trigger that made him lose a lot of weight. His siblings moved abroad one by one when he was in high school. Shortly after, X moved out to a bigger city and developed friendships; he claimed they were never deep. He was always hiding his sexuality from the world. X started dating using Apps, but he was just involved in short romances focused on sex. He was afraid to form a relationship with a man - someone he knew might see him with another man, which would be too stressful. X explained that he experienced a financial crisis when he ran a company during his studies, which eventually went bankrupt, leading him to deep loneliness and stress, prompting him to use marijuana as a means of lowering tension. After the crisis, he found a job as a technician/engineer at an electronics company.

Differential Analytical Inventory (DAI)

After performing the DAI, we were able to name X's capacities. The client's most important and present primary capacities are Acceptance/Love, Hope, Time, Contact, Sexuality/Tenderness, Trust, Confidence, and Unity. From secondary capacities, respectively, Obedience/ Discipline, Politeness/ Appropriateness, Diligence/ Achievement, Thrift, and Conscientiousness. Some of them were very present in the client's narrative:

"I wish to have deeper relationships with people" – Contact

"I think people on the street in Poland would not react if someone insulted me because they

would think I deserve such treatment" - Acceptance

"I don't want to talk to people about my life and problems. I believe no one would like to hear it" – Politeness

"At my family house, everyone had to obey my father, including my mother." – Obedience

"My father wants me to achieve a lot because I am a man, and I should earn money." – Achievement, Obedience, Acceptance

"I felt really good when I was holding this man's hand, and I finally felt like myself" – Unity, Contact, Tenderness

Four Dimensions Model

In working with X, we looked at the 4 Model dimensions to get a closer look at X's pattern of family concepts that shaped his development:

"I" - X definitely had a better relationship with his mother. He distanced himself from his father, who perpetually criticized him.

"YOU" – X's father led the dominant position over his wife. X resented his mother for never being able to stand up to his father.

"WE" – X's parents led a family life but did not engage in friendships outside the family. When he lived with them, X was afraid to bring friends home because of his parents' behavior and closed attitude.

"ORIGIN/PRIMAL WE" – X's parents are religious Catholics cultivating a traditional family model.

The above dimensions can be reflected in X's 4 Relational Dimensions.

"I"—in X's relationship with himself, an inner critic is often activated, which can be linked, among other things, to X's relationship with his father.

"YOU" – Because of his fear of rejection in his current relationships, X limits himself to fleeting love affairs, avoiding deeper relationships so that his orientation does not come out.

"WE"—The way X's parents interacted with their environment directly contributed to the shape of X's relational dimension of "WE" and increased his problems—he withheld personal information from those around him and was left alone with his problems.

"ORIGIN/PRIMAL WE – X does not identify himself with his parents' religion and completely rejects it.

The client's self-esteem was low. He was afraid of being judged in the context of his sexual orientation when interacting with people, even close ones. This fear only failed to manifest itself abroad. X felt that the cultures he visited outside of Poland were more open to his sexual orientation, which made him feel good in his skin. A basic conceptual model of the case is presented below based on conflicts after Nossrat Peseschkian. (Boessmann & Remmers, 2022).

Symptoms: Sleeping problems, feelings of loneliness and sadness

Actual Conflict: being unable to form partner relationships

Basic Conflict: Obedience – Acceptance (If I obey and fulfill my father's expectations, I will get acceptance)

Internal conflict: I can neither disobey my father and form a relationship with a man nor can I obey him and form a traditional family because I am homosexual

Actual Conflict: Business Failure

Basic Conflict: Achievement – Acceptance (If I earn a lot of money, I will gain acceptance from my father)

Actual Conflict: Difficulty in social relationships

Basic Conflict: Politeness – Relationship (If I do not tell people things, they are uncomfortable with, I can maintain a relationship with them)

Key Conflict: Politeness

Loneliness increased in crises due to X's inability to draw on his circles of support, from whom problems were hidden. On the other hand, the problems themselves were interpreted by X as "not coping," which he could not afford to do due to his overwhelming need to prove his worth to his father.

2.1.3. Situational Encouragement

At this stage, which lasted three sessions, we formed the following positive interpretations, a technique used in Positive Psychotherapy after Peseschkian (Messias, Peseschkian & Cagande, 2020).

- *In my conversations with relatives and friends, I avoid talking about my sexual orientation so as not to burden them too much so that they don't have to deal with a potentially difficult topic.*
- *Thanks to the difficulties arising from my sexual orientation, I have become more tolerant and accepting of diversity, so I can have valuable contact with a wider range of people.*
- *Working too hard and neglecting my needs were supposed to win my father's acceptance because I care about our relations*

Recognizing the function of not revealing X's orientation allowed him to adopt a softer attitude toward himself. It facilitated the process of "coming out" at a time when he would feel most comfortable. It was also very useful to point out that all his difficulties make him more tolerant and accepting. Realizing that investing too much in the achievement area is a manifestation of his care for his relations with his father made his critical voice quieter in his head.

2.1.4. Verbalisation

At this stage, which lasted 13 sessions, we focused first on what the client could gain if he didn't hide his orientation so obsessively. Using the example of his relationships with people who share details of their lives with him, X concluded that if he did the same, he would show others that he trusts them and they are important to him. The anxiety associated with the situation decreased because X realized that his loved ones should not reject him because of his sexual orientation. If they did, it would make him very angry. At this point, X verbalized the need to recognize how and to whom he could safely talk about himself, thus resolving a key conflict. When he recognized the right balance between openness in revealing himself (including his orientation) and politeness, he became able to trust others and be close to them, and he established such relationships. In the beginning, he was able to be completely open with himself and the therapist. By showing him Acceptance, the client's self-esteem grew. He accepted himself, became more open, and started respecting his choices regardless of what others might think. As a result, he no longer feels alone. He doesn't want to start a conversation with his parents about his sexual orientation; it is too hard for him at the moment, but he is no longer afraid that someone he knows may notice him on the street while dating another man as a result of which he starts a relationship and gets involved in it.

2.1.5. Goal expansion

X's relationships with friends become deeper and more authentic, and he feels more integrated and happier. He decided the next step ahead of him was coming out to his parents. This idea is growing in him, but he is still not ready until he feels safe in the supportive environment he builds. It may be a good step in the future to look again at the client's Obedience towards his father and try to make it more flexible, if possible.

Discussion

Non-heteronormative people may experience discriminatory behavior or be afraid of it, which can lead to many psychological problems. When carried out safely, coming out can facilitate natural self-help mechanisms.

A natural inhibitor for non-heteronormative people to reveal their orientation is to lean toward politeness in various social situations. Not disclosing one's sexual orientation primarily serves a protective function so that one does not experience a situation that could be threatening or negative in other ways. In doing so, it is worth analyzing with the client which situations could threaten them. While protective behavior is natural and completely justified when dealing with people who openly show hostility and aggression toward non-heteronormative people, the client should not expect such behavior from people in his immediate environment. On the other hand, if he identifies such people in his immediate environment, it is worth asking whether they need to have a relationship with people they know will not be supportive. This raises the issue of building a circle of support consciously. For the client to be able to come out, they must internally accept that some close people may react negatively when they learn the whole truth about them. In contrast, this is not something the client influences over. The client also has no control over their sexual identity. If it is subjected to evaluation by others, it is beyond the client's control. On the other hand, the

outcome of coming out for the client is also worth noting. At the end of the process, they will only have people who fully accept them in their environment and a close circle of support. In the worst-case scenario, those who do not will leave alone, but it will be their decision. Nowadays, many LGBTA groups have been formed to build a community. Meeting and talking with people who often have similar problems or have their first coming out behind them can contribute to building relationships based on completely new conditions with a sense of full acceptance. At the same time, a new image is created in the mind opposite to the catastrophic image of rejection by loved ones - the image of experiencing acceptance from them. We need to note a few limitations when studying the results presented in the above reports. The LGBTA population is considered a "hidden population," so traditional survey methods based on drawing representative samples are impossible in the KPH report. Alternative research methods are often subject to errors. The research method adopted can lead to over- or under-representation of certain groups (e.g., those involved in community affairs). Additionally, difficult topics may cause some people to avoid responding or opt out, resulting in a limited representation of certain experiences. The above surveys were conducted on people living in Poland and do not reflect the social situation of LGBTA people in other countries.

Conclusions

If the term "coming out process" were to be translated into the terminology of "positive psychotherapy," it could be described as primarily addressing a key conflict by transitioning from politeness to openness. The above example illustrates the use of PPT tools and concepts in working with LGBTA clients before coming out. Each case is individual, but PPT tools are universal, allowing for a deeper understanding of the specific problems of these clients and can be applied regardless of the working context. In addition to the tools themselves, it is very important to provide therapy with an appropriate framework that gives clients a sense of security and the opportunity to form an appropriate therapeutic bond, which is provided by the Three Stages of Interaction and the Five Stages of the Therapeutic Process embedded within them.

References

[1]. **BOESSMANN, U., & REMMERS, A.** (red.) (2022). *Podręcznik pozytywnej psychoterapii psychodynamicznej [Textbook on Positive Psychodynamic Psychotherapy].* Wiesbaden: WAPP Press. [in Polish]

[2]. **CIESIELSKI, R.** (2016). *Zeszyty 1-5 z cyklu Transkulturowa Psychoterapia Pozytywna [Notebooks 1-5 of the Transcultural Positive Psychotherapy series].* Continue. [in Polish]

[3]. **CIESIELSKI, R.** (2023). The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. *The Global Psychotherapist, 3*(1), 80–86.

[4]. **CIESIELSKI, R.** (2024). *Psychoterapia bez granic? [Psychotherapy without borders?].* Positum. [in Polish]

[5]. **ENGEL-BERNATOWICZ, A., & KAMIŃSKA, A.** (2005). *Coming out: Ujawnienie Orientacji psychoseksualnej - zaproszenie do Dialogu [Coming out: Disclosure of Psychosexual Orientation - an invitation to Dialogue].* Anka Zet Studio. [in Polish]

[6]. **MESSIAS, E., PESESCHKIAN, H., & CAGANDE, C.** (editors) (2020). *Positive Psychiatry, Psychotherapy, and Psychology – Clinical Applications.* Springer International Publishing, Cham. ISBN 978-3-030-33264-8.

[7]. **REMMERS, A.** (2024). The therapeutic process in positive psychosomatics: 'Five fingers' forming a therapeutic relationship in psychosomatic medicine. *The Global Psychotherapist, 4*(2), 57–61.

[8]. **SCOVIL, J.** (2021). *(rep.). Stosunek Polaków do osób homoseksualnych [Attitudes of Poles towards homosexuals].* Warsaw: CBOS. [in Polish]

[9]. **URSICA, R.** (2024). *The LGBTQA+ Community through the PPT lens* [Paper presentation]. 2024 WAPP International Conference on Positive and Transcultural Psychotherapy: Building Bridges for Mental Health, Istanbul, Turkiye. Retrieved from https://www.positum.org/wp-content/uploads/2024/04/Ursica-Raluca_LGBTQ.pdf Accessed: 10.01.2025

[10]. **WINIEWSKI, M., ŚWIDER, M., BULSKA, D., GÓRSKA, P., & SORAL, W.** (2021, December 7). *Sytuacja społeczna osób LGBTA w Polsce. Raport za lata 2019-2020 [The social situation of LGBTA people in Poland. Report for 2019-2020].* [in Polish]

Acknowledgments

The author expresses appreciation to Dr. Aleksandra Zarek for her professional guidance and mentoring support throughout the preparation of this article.

Section: Special articles

R. WAGNER'S DER RING DES NIBELUNGEN THROUGH THE PHILOSOPHICAL PRISM OF POSITIVE PSYCHOTHERAPY

Maria V. Sergeeva

Clinical psychologist, certified positive psychotherapist, private practice (Moscow, Russia)
Email: sergeevamary@hotmail.com
ORCID: 0000-0002-2026-325X

Received 31.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj267

Abstract

Using metaphors as an instrument of positive psychotherapy in some way reiterates the idea of the myths in Lévi-Strauss' structuralism that natural phenomena are how myths seek to explain realities belonging to a logical order. Similarly, in their abstraction, metaphors strive to represent realities 'clothed' in words and cultural specifics. At the very same time, positive psychotherapy itself provides instruments for the analysis of these realities.

The present study aims to provide a psychological view of R. Wagner's Der Ring des Nibelungen through the lenses of positive psychotherapy. Due to the complexity of the work, the research focuses on two main leitmotivs of The Ring: cyclicity of life and love vs. power.

Generally, the results indicate that the prism of positive psychotherapy allows one to find the deeper meaning hidden in work, revealing psychological motives of 'why.' Hence, it seems possible not only to use metaphors as an instrument of psychotherapy but also to broaden the use of positive psychotherapy as a 'thinking cell' in understanding life and culture.

Keywords: Positive Psychotherapy, Wagner, Der Ring des Nibelungen, love

Introduction

R. Wagner's Der Ring des Nibelungen (The Ring of the Nibelung – hereafter, The Ring), by this day, is still considered to be one of the greatest pieces of art in human history. Its complexity incorporates political, philosophical, and historical evolution and transformation that stay forever acute. Hence, The Ring and the ideas within were subject to research from many different perspectives, trying to comprehend the meaning of the work from the point of musicology (Timmermans, 2015), literature (Haymes, 2009), art in general (Revard, 2003), political stances (Allen, 2013), philosophical (Gutman, 1968), cultural and mythological views (Cusack, 2013), etc. While some common notions related to the work can be drawn from the research – as it is seen, for example, with Wagner's association to Feuerbach or the leitmotiv of the love-power battle – the understanding of the meaning is, on the one hand, subjective; and, on the other hand, to some extent predominated. In one of his letters to August Röckel, Wagner states – concerning the gods' downfall at the end of the Ring cycle: "The necessity for this downfall had to arise out of our own deepest convictions… Thus, it was all-important to justify this catastrophe to the spectator's feelings; it is so justified to anyone who follows the course of the whole action with all its simple and natural motives" (Letters, 1897).

This paper does not aim to reevaluate the philosophical findings of previous researchers or rethink the symbolism or political issues within

but rather to give input on how and why these 'convictions' arise from the perspective of positive psychotherapy, expanding the psychological understanding behind Wagner's The Ring. Given the complexity of the work, this article focuses on only the main concepts.

Methodology

Given the subjectivity of the interpretation of art, the main method instrumental to the research is introspection (Yanovsky, 2015), as the further discussion in an individual interpretation of The Ring's impression of the author is structured through the prism of positive psychotherapy. Considering methods of scientific research, the following methods are used: observation, comparison, as well as the method of ascending from the abstract to the concrete (in the analytical and synthetic approach of S.L. Rubinstein) (Chesnakova, 2021), formalization (as the interpretation is given through the lens of positive psychotherapy language). The research is largely based on the ideas of the method of positive psychotherapy (hereafter – PPT). Accordingly, the terms and concepts used in the paper should be considered through the paradigm of N. Peseschkian.

Discussion

R. Wagner's The Ring brings forward many relevant issues due to their reflection of conflicts in different planes of human existence. These conflicts may be distinguished not only via the field criterion (politics, sociological conflicts, philosophy, etc.) but also vary greatly in inter-field differentiation. From the psychological perspective, a variety of conflicts can generally be described in PPT's four model dimensions. Thus, the understanding of the relationship between the characters alongside the given comprehension of the character's interpretation of the said relations towards themselves ("I-dimension") is represented, for example, in a dialogue of Siegfried and Mime (Act 1, opera Siegfried), or the scenes of Brünnhilde and Wotan (opera Die Walküre), etc. The "You-dimension" as the relationship of primary caretakers between themselves that also contributes to the formation of basic concepts of the individual can be noted in Siegmund's aspiration for love that he had felt and observed in his childhood (opera Die Walküre). "We-dimension" is the attitude towards the social environment initially determined by the relationship of one's parents with their social environment, and "Primary-We dimension" as the individual's worldview and direct attitude to social, religious, ideological norms and values – are recognizable in Hagen's disregard of love (opera Götterdämmerung) or Siegmund's contempt of the gods (opera Die Walküre). There are many other examples that, of course, reflect the basic concepts of the characters that, in turn, merge into a single complex mechanism of the Cycle, moving the plot forward. With such a complex task, it seems nearly impossible to conceptualize all of them at once (though it sounds very interesting to reveal the psychological 'skeleton' of The Ring); hence, in this article, we will focus on several main ideas that are at the heart of the plot and became the cause of the story itself.

3.2. Cyclicity of life

In positive psychotherapy, there are three interaction stages that reflect how the relationship changes with time. In the first stage – attachment (or fusion) – the individuals consider each other to be alike, with similar thoughts, feelings, and ideas; usually, the subjects are the main sources of love, contact, pleasure, or any other unfilled need for each other. The second stage – differentiation – comes with an understanding of our differences, more often than not leading to conflicts arising when basic concepts of the individuals are found to be not the same and, consequently, stop working. According to N. Peseschkian, "It is only by identifying differences that we learn to find the right nexus between satisfying our needs and the demands of the world around us" (Peseschkian,2002). At this stage, it is important to distinguish between yourself and your partner (or others). The next stage of interaction – separation – implies that two individuals no longer depend only on each other to satisfy their needs; they have a variety of ways to choose from. Their behavior is determined by their ideas, wishes, and choices. Each individual has his autonomy that allows him to take responsibility for himself, his actions, and his life. Regarding a relationship, this stage can be described as "I do not need to be with you, but I choose/want to be with you." With this new autonomy and a new understanding of each other (a kind of new 'order' of the relationship),

a new loop of the cycle comes with the new attachment stage. This cycle is never-ending, going spiral with the increasing complexity of ourselves and our relationship.

The Ring covers a fairly long period, covering the creation and death of the gods' civilization. It starts with Wotan (king of the gods) breaking off the most sacred branch from the World-Ash Tree (Yggdrasill), causing the latter to wither to make a spear inscribing Wotan's holy laws and treaties to rule the world. This moment – signifying Wotan's ascending to rule – is the start of the new cycle of relations between Wotan himself and the Universe. In some way, this act can be regarded as an act of separation against the Universe that is, at its beginning, doomed to fail, as the order of the Universe is far greater than that of Wotan.

So, rejecting the natural laws of the Universe, the self-proclaimed king of gods tries to establish his own laws, transforming the chaos he does not understand and cannot control into an understandable, well-ordered system. Hence, the relationship between the Universe and Wotan changed alongside the rising of the New Order. This New Order is a result of the individual seeking to define the chaos of uncertainty by setting his boundaries, establishing at the end the new interaction model that, through the prism of stages of interaction, can be seen as a new fusion (or attachment) phase.

Eros and Thanatos drive the human nature represented in Wotan, so the more Wotan tries to distinguish himself from the chaos of the Universe (the life drive), the more the gap between the laws of the Universe and the things Wotan himself can control, causing him to discredit his rule. A vivid example is the Ring and, even before that, the Rhinegold.

In the Rhine River live the Rhine's daughters-mermaids – whose father (the river itself) gave them the gold for guarding. With mermaids' playful nature – that some researchers identify with women being a symbol of fertile beckoning land (Perkins, 2018), the theft of the gold is just a question of time. Alberich–Nibelung (the dwarf) comes to the shores of the Rhine to try and find love. Being rejected and taunted by the mermaids, he feels increasingly worthless, bringing forward his anger and willingness to prove his worth by conquering others. The Mermaids themselves give him the key: in their singing, they reveal that to master the gold, one should relinquish love. And that is exactly what Alberich does, and from this gold, he creates the Ring aimed at subjugating others.

The gold, the rule for its mastery, or the ring with its power turned out to be beyond the Wotan's dominion. The problem arises due to Wotan's wish to continue his rule, trying to conquer those who oppose him. Until the Ring, it was possible, but the Ring itself is a potential risk for his rule. Trying to keep the ring for himself, Wotan, consequently, starts to discredit himself and his laws (for example, by circumventing his oath in the opera Das Rhinegold).

This ambivalence somewhat reflects M. Mamardashvili's ideas concerning humans' ability to doubt. "Our willingness to doubt the irrefutability of alleged facts or evidence of experience is always hindered by the following circumstance that I would call the law of mental self-preservation. We are afraid to go to the end in doubt, where we need to part with ourselves because this can destroy our idea of ourselves and our identity…. We are ready to doubt, but… we cannot allow the destruction of the fusion of our mental life, the loss of ourselves with our qualities. And that's what it means to love your soul. And therefore... to lose her. Because people would rather do everything possible for their destruction and the death of all decent than give up on themselves" (Mamardashvili, 2019).

With Wotan's rule not being absolute and with more and more circumstances out of control, the only way to accept the situation is through the belief that represents the establishment of a new relationship with the Universe. This idea is proven by Wagner himself, as in one of his letters to August Röckel, he states that "Man, acting in conformity with his organization, has recourse to endless expedients in order to grasp the Universe as a whole: these expedients in all their endless complexity are simply a group of concepts; and in our pride at having this attained to a concept of the world in its entirety, we lose sight of our true position, forgetting that after all we have grasped nothing but the concept, and that consequently we are simply taking pleasure in the instrument of our own making, while all the time we remain further removed than ever from the reality of the world. But the man who can find no lasting delight in the phantasms of this illusion, at last, becomes conscious that his mind rebels against its tyranny. He recognizes the unreality of this barren illusion and feels impelled to turn to reality and to approach it using feeling" (Letters,

1897). Hence, in this case, separation takes the form of a return to the beginning, the destruction of the existing structure, and the illusions of one's power.

In the end, the destruction and the start of a new cycle are inevitable. Hence, at the end of the cycle of the Ring (opera Götterdämmerung), the Ring returns to the Rhine, waiting for the next spiral of the new cycle.

3.3. Love VS Power

The motive of love opposing the human ambition for power is very prominent in the psychological literature (for example, Vasilyeva, 2006). While many works have been done to understand the nature of power (Firstov, 2005; Petrova, 2015), there is no integral concept for that in positive psychotherapy, as human striving for power is unique in every case (determined by different needs).

However, love in positive psychotherapy is one of the basic capacities of a human (alongside the capacity to know), the one he was born with. Capacity to love stems from the bond established with primary caregivers and, after further differentiation, determines the basis of so-called primary capacities (love, ideal/modeling. patience, time, contact, sexuality, trust, confidence, hope, faith, doubt, certitude, unity). The capacity to know can be described as the need to know the relationship within reality, which enables people to question why everything is as it is and how the world around them functions (Maden et al., 2023). Gaining experience leads to further development of the capacity, causing it to differentiate into secondary capacities such as punctuality, orderliness, cleanliness, obedience, politeness, honesty, faithfulness, justice, achievement, thrift, reliability, precision, and conscientiousness (Cope, 2008). Secondary capacities are more social-oriented, which is necessary for keeping up with social interaction.

These groups of capacities are inextricably linked, as secondary capacities generally indicate the learned ways of satisfying the need within the scope of primary capacities.[10] Hence, basic concepts are formed (for example, I need to be obedient to be loved, an ideal world should be fair, or I can trust only those who always keep their word, etc.).

Love is defined as a primary capacity as the ability to have positive emotional relationships, which can be directed at a number of objects at varying degrees of maturity (Peseschkian, 2006).

Wagner also distinguishes love as a foundation-stone of humanity. In his letters, he wrote, “It is only in the union of man and woman, by love (sensuous and supersensuous), that the human being exists; and as the human being cannot rise to the conception of anything higher than his existence — his being, — so the transcendent act of his life is this consummation of his humanity through love” (Letters, 1897). Hence, there is no wonder why the ring symbolizing power is opposed to love and, in some way, represents the disavowal of human nature.

Alberich—the Nibelung—rejected love, and everything he does is subject to the ring's main rule (relinquishing love). In following the rule, Alberich remains strict and dedicated, showing his capacity for obedience to exteriority and his choice. In terms of positive psychotherapy, obedience is identified as following the requests, orders, and orders of an outsider authority figure. In this case, Alberich demonstrates his active and reactive modes of this capacity.

Wotan, in contrast, while allowing himself to experience love in different ways, is very strict and selective about those to whom he gives this love. On the one hand, he must follow the rules he created to stay in power (as his strength comes from the runes on a spear made of World-Ash Tree). Hence, he is forced to obey them and imposes the same order on everyone else. The disobedience of Wotan’s word is heavily punished (for example, his punishment of Brünnhilde (opera Die Walküre). On the other hand, Wotan tries to undermine the need for his obedience by circumventing the rules. One of the examples is the birth of Siegmund and Sieglinde, twins whose purpose in the view of Wotan was to become heroes ‘free of divine influence’ so that they can bring him the Ring (that Wotan himself cannot take as it is a direct violation of the established order). Another example is Wotan’s willingness to help and save Siegmund in the battle, which contradicts the rules – as Wotan’s wife Fricka reminds him. As a result, he changes his order to Brünnhilde from helping Siegmund to ruining him.

[10] In this case, capacities represent both: the need in something and individual’s ability to use these capacities. For example, if a person’s need to be loved is satisfied, he is able to express this love to other objects with respect to the experience he had.

But Brünnhilde, in her father's likeness, adapted to his rule by sharing his views. Thus, seeing her father's turmoil and his need to obey the order he created, she followed the rule he gave first (meaning helping Siegmund instead of killing him), incurring punishment on herself.

Wotan's idea of using his power given by the World-Ash Tree to satisfy his desires while circumventing the very same rules by the manipulated hands of the third parties (and punishing them for that) demonstrates Wotan's drive for the order disruption and, consequently, as he represents the order, his destruction (discussed in the paragraph above). Thereby, Wotan's capacity for obedience is mostly reactive, as he demands it from others while letting himself follow his wishes.

This slow self-destruction (the one Wotan is most scared of) goes on in the background of his fear of death (symbolized by the fall of Valhalla) and his striving for power to save himself. On the topic, Wagner states, "We must learn to die and to die in the fullest sense of the word. The fear of the end is the source of all lovelessness, and this fear is only generated when love itself begins to wane" (Letters, 1897). Therefore, to some extent, his inability to love lies in Wotan's fear of death. In this, he is just like Alberich. Interestingly, neither of them masters the ring.

Brünnhilde, the Walküre, is not afraid of the end, and her love for Siegfried, alongside the understanding of the laws of the Universe, gives her enough power to break the curse of the ring, demolish the Wotan's order, and start the cycle anew.

Thus, characters bereft of love strive for power, trying to replenish the deficit through obedience and assertiveness. However, their inability to love (connect) with the Universe and comprehend its laws makes their internal conflicts resonate with the world order, either shifting forward separation (Wotan) or going back to fusion (Alberich).

Conclusions

The present research represents only a small part of the analysis of The Ring from a psychological perspective. Positive psychotherapy as a method provides useful instruments for the interpretations of the opera cycle, similar to metaphors. Using these instruments and understanding their work allows us to find deeper significance and meaning hidden in The Ring, revealing psychological motives of 'why.' In retrospect, it seems perspective not only to use metaphors as an instrument of psychotherapy but rather broaden the use of positive psychotherapy as a 'thinking cell' in understanding life and culture.

References

[1]. **ALLEN, R.** (2013). Wagner's Ring in 1848: New Translations of the Nibelung Myth and Siegfried's Death. By Edward R. Haymes (review). *Music and Letters, 94*(1), 168–170. Oxford University Press.

[2]. **COPE, T. A.** (2008). Positive Psychotherapy's Theory of the Capacity to Know as Explication of Unconscious Contents. *Journal of Religion and Health, 48*(1), 79–89. https://doi.org/10.1007/s10943-008-9225-7

[3]. **CUSACK, C.** (2013). Richard Wagner's Der Ring des Nibelungen Medieval, Pagan, Modern. *Relegere: Studies in Religion and Reception, 3*(2), 329–352.

[4]. **GREY, T.** (2020). The Idea of Nature in Wagner's Ring. In *The Cambridge Companion to Wagner's Der Ring des Nibelungen* (pp. 205–231).

[5]. **GUTMAN, R.** (1968). *Richard Wagner: The Man, his Mind, and his Music.* New York: Harcourt. 544 p.

[6]. **HAYMES, E.** (2009). The Ring of the Nibelung and the Nibelungenlied: Wagner's Ambiguous Relationship to a Source. In *Studies in Medievalism XVII: Defining Medievalism(s)* (pp. 218–246). Boydell & Brewer.

[7]. **MADEN, Ö., SINICI, E., & UZUN, Ö.** (2023). Primary and Secondary Capacities in the Context of Positive Psychotherapy in Individuals with Antisocial Personality Disorder: The Relationship with Criminal Behaviors and Anger. *Turk Psikiyatri Derg, 34*(3), 191–201. https://doi.org/10.5080/u27031

[8]. **MESSIAS, E.** (2024). Poetry and Psychotherapy: the Case for Fernando Pessoa as a Therapist. Poetry as a Tool in Psychotherapy. *The Global Psychotherapist,* 4(1), 139–145. https://doi.org/10.52982/lkj228

[9]. **PERKINS, T.** (2018). Robbed water, raped earth: Wagner's Ring of the Nibelung as nature writing. *Revista Canaria de Estudios Ingleses, 77,* 163–176.

[10]. **REVARD, S.P.** (2003). Wagner's Ring of the Nibelung: the classical paradigm. *International Journal of the Classical Tradition, 10*(2), 272–278. https://doi.org/10.1007/s12138-003-0012-2

[11]. **Richard Wagner's Letters to August Röckel.** (1897). London: Simpkin, Marshall, Hamilton, Kent & Company Limited. Retrieved October 30, 2024, from

https://archive.org/stream/cu31924017141684/cu31924017141684_djvu.txt

[12]. **TIMMERMANS, M.** (2015). The Bayreuth Festspielhaus: The Metaphysical Manifestation of Wagner's Der Ring des Nibelungen. *Nota Bene: Canadian Undergraduate Journal of Musicology, 8*(1), 63–86.

[13]. **ВАСИЛЬЕВА, В.П. [VASILYEVA, V.P.]** (2006). Анализ психологического понимания власти [Analysis of the psychological understanding of power]. *Вестник Южно-Уральского государственного университета. Серия: Социально-гуманитарные науки [Bulletin of the South Ural State University. Series: Social and Humanitarian Sciences], No. 8*(63), 112–121. [In Russian]

[14]. **МАМАРДАШВИЛИ, М. [MAMARDASHVILI, M.]** (2019). *Картезианские размышления [Cartesian reflections].* М.: Фонд Мераба Мамардашвили. 496 с. [In Russian]

[15]. **ПЕЗЕШКИАН, Н. [PESESCHKIAN, N.]** (2002). *Психотерапия повседневной жизни: тренинг разрешения конфликтов [Psychotherapy of everyday life: conflict resolution training].* Спб.: Речь. 296 с. [In Russian]

[16]. **ПЕЗЕШКИАН, Н. [PESESCHKIAN, N.]** (2006). *Психосоматика и позитивная психотерапия [Psychosomatics and positive psychotherapy].* М.: Институт позитивной психотерапии. 464 с. [In Russian]

[17]. **ПЕТРОВА, Г.И. [PETROVA, G.I.]** (2015). Метафизика власти [Metaphysics of Power]. *Вестник Томского государственного университета. Культурология и искусствоведение [Bulletin of Tomsk State University. Cultural Studies and Art Criticism, 4*(20), 60–65. [In Russian]

[18]. **ФИРСТОВ, П.А. [FIRSTOV, P.A.]** (2005). Власть с позиции феноменологического анализа [Power from the standpoint of phenomenological analysis]. *Вестник Российского университета дружбы народов. Серия: Социология [Bulletin of the Peoples' Friendship University of Russia. Series: Sociology], No. 1,* 124–127. [In Russian]

[19]. **ЧЕСНАКОВА, М.Г. [CHESNAKOVA, M.G.]** (2021). Диалектический метод и принцип восхождения от абстрактного к конкретному в теориях отечественной психологии [The dialectical method and the principle of ascent from the abstract to the concrete in the theories of Russian psychology]. *Психология. Журнал Высшей Школы Экономики [Psychology. Journal of the Higher School of Economics, 18*(3), 544–561. https://doi.org/10.17323/1813-8918-2021-3-544-561 [In Russian]

[20]. **ЯНОВСКИЙ, М.И. [YANOVSKY, M.I.]** (2015). Самонаблюдение как метод психологии [Self-observation as a method of psychology]. *Вестник Московского университета. Серия 14: Психология [Moscow University Psychology Bulletin], No. 3,* 3–21. [In Russian]

Section: Special articles

SEXUALITY IN OLD PEOPLE POSITIVE AND TRANSCULTURAL APPROACH

John Okoro

Mag. Dr., psychologist and psychotherapist,
Master trainer of PPT (Dornbirn, Austria)
Email: joh.edith@vol.at
ORCID: 0000-0002-1585-1006

Received 20.10.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj268

Abstract

"Love is just like a beautiful and precious Glass. If you hold it tight, it will break, if you hold it loosely, it will still break."
In many cultures, the sexuality of the elderly is taboo. This article outlines the important aspects of understanding the sexuality of old people using a holistic method. The various aspects of educative, cultural, religious, and sociological elements are exposed in a transcultural perspective.

Keywords: Positive Psychotherapy, sexuality, transcultural, cultural understanding, intimacy, morality

Introduction:

Sexuality in old age

Many cultures and countries will experience an aging population in the coming years and decades. Topics such as sexuality, love, death, and religion are likely to remain private matters and continue to be considered taboo. Additionally, it is important to clarify certain terms related to sexuality, including "eros" and "sexuality."Eros is a term related to various love experiences and relationships. Eros can be understood as follows. A love affair with people, animals, religion, Work, Money, Knowledge, Possession, and nature.

The word sexuality comes from the Latin "secare," meaning to cut or separate. "Sectus" – separation, distinction. The term sexuality has only been used in connection with eroticism or erotic acts of humans since the 20th century. Words such as coitus anal intercourse, masturbation (masturbation), orgasm, genitalia, oral sex, sadism, and masochism have arisen from this application. Sexuality has to do with urges, lust, longing fantasies, or emotionality.

Methodology

2.1. Positive Therapeutic Assessment of Sexuality

From today's point of view and research, Sexuality in (old) people or sexuality at different ages depends on various factors. Using the Balance model of Nossart Peseschkian, e.g., biological factors, genetic make-up, lifestyle, religious affiliation, and the social ideal of beauty.

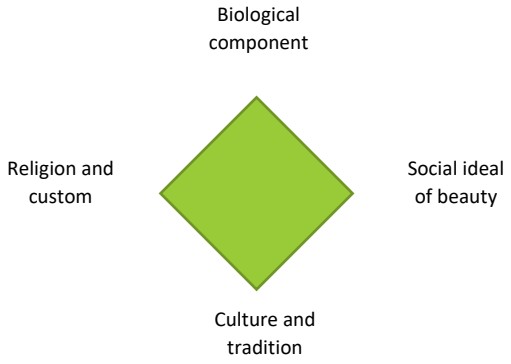


Figure 1. Balance model by N. Peseschkian

The above divisions of understanding how Sexuality is perceived allow us to reflect on our sexuality from 4 aspects of the balance system and perhaps develop and see new impulses or tools in dealing with sexuality in old age. (See the diagram)

2.1. Bodily Connotation or Aspects of Sexuality

Our culture in Europe is neither relaxed nor affectionate culture. Rather, I have the feeling that I live in an uptight culture where Intimacy a private matter is, and pretense of chastity and high morality prevail. Nevertheless, my observations in my therapeutic work in the last 20 to 30 years have exposed the magnitude of the pornographic culture of permissiveness. In this culture, the principle that governs decisions on Sexuality is all or nothing. In a culture where sexuality is experienced as either debauchery or abstinence, there isn't much in between.

In my research into sexuality, I found something surprising. The problem actually lies in the question of truthfulness and finding reality. All human beings are two different beings, so to speak. Namely the animalistic and the mental or spiritual character. Dealing with both decides whether we can deal with our sexuality. For example, if we choose the animalistic way of life, then we must include some important characteristics in our sexuality. These are characteristics such as spontaneity, distinctiveness, and the use of sense organs such as smell, sight, hearing, touch, and embrace. This also means that the conquest battles and fights of ownership are essential. Animals know no old or young categories; they only sense gender. Amazingly, the playful component in animal sexual encounters is very fascinating, and I think that's where our big problem lies. How can we deal with these properties? How can we learn to interpret the feeling within us and to use it correctly? At this point, the first split in sexuality begins. We sometimes pretend that, on the one hand, we want and desire these important qualities of sexuality, and on the other hand, we are unwilling to incorporate them into life. One often hears, mostly from women, that the sexual act is too fast for them; there is no tenderness, no foreplay, no caressing, no smell, no touching, etc. whether we are willing to develop models so our children can use these important animalistic Behavioral patterns in sexuality and include them in education.

2.2. Achievement and Social Connotation or Aspects of Sexuality

Sexuality is always socially conditioned. Unfortunately, we always find two extreme poles in the human way of life of sexuality. Some cultures see sex as a necessary evil. Sexuality is basically demonized as an invention of evil. Everything physical is labeled as a sin. A strict boundary is drawn between body and soul. Here, some religions are world champions in proclaiming hostility to the body. Women's menstruation or intercourse are condemned as dirty life experiences. They then develop many norms to punish apostates. For example, the different marriage rituals dealing with nudity and chastity ideologies show the different views and beliefs of sexuality.

Other cultures see sex as pleasure; they want to propagate sex as a liberated human event. Sexuality is marketed. By duplicating and distributing sex and pornography, they seek to portray sexuality as something simply natural or harmless. For example, these cultures own TV channels and different social media to propagate Sexuality as a business culture. In addition, in this culture, which is geared towards consumption and performance, people are almost inevitably brought up to be selfish automatons. They think the world is only there to satisfy our appetites. The world is a giant apple, a giant bottle, a giant breast, and we are the infants forever waiting, forever hoping, and forever disappointed. Our sexuality is naturally set up to deceive and to receive, trade, and consume.

2.3. Belief Connotation or Aspects of Sexuality

The second major problem is that we humans are spiritual and mental beings. We can apply everything we have experienced in the past to the present. We are shaped, so to speak, by our experiences and our history. Even our own experiences can influence our actions. We can say whether someone met us with joy or hatred, benevolence or rejection, severity or openness. We sense our feelings and can see what they mean. We interpret our behavior to determine whether something is okay or against custom, morality, or the fabric of our culture. Our experience accompanies us and influences our future decisions. There is actually an indescribable power here that influences our

sexual activity. Dealing with this power can be learned, whether we prefer or avoid a particular sexual relationship.

Because of these above qualities (animalistic/spiritual) that we possess, so many insecurities and fears affect our sexual perceptions and behavior. So many old people have never accepted their bodies, let themselves be touched, or touched others. Most Humans do not cultivate a culture of sexuality and have not learned to deal with their body's signals. Some endorse rather the Technicalities of sexual practice.

Guilt arises when we emphasize only one aspect of life: animalistic or spiritual. For example, by only seeing the physical aspects of sex, there is a danger of losing the sense of shame that could help us to be ourselves and embrace our natural way of life without endangering others and without being judged. Especially if he/she shares his/her sexuality with somebody who doesn't accept physical touch, this fear of judgment is the real problem. Statements like: you are like an animal, you are obscene, etc., actually show the insecurity in our culture when it comes to dealing with body attachment alone. The hippie movement and the culture of Bagwan failed because of these prejudices. (Internet 1970)

The overemphasis on mental and spiritual qualities in sexuality makes people very insecure about enjoying their physical sexual needs. The body is seen as an enemy, a prison, a devil, and a handicap, and when the various disappointments, failures, and tensions of sexuality arise, we experience fear and despair. Many then tend to suppress the physical signals in sexuality and tend to interpret the physical impulses differently, and, above all, they look for reasons for rejecting the sexual encounter. To this day, premarital sex is portrayed as a bad way of life in some cultures. Many parents are still unsure and insecure whether their children are doing the right thing or not.

Cases:

Transcultural Case Studies

The problem will be examined through case studies and texts, maintaining a consistently holistic perspective. This article presents sexuality as described by Jean-Claude Guillebaud (1998): "Desire whom you will, but always make sure that the choice is your own." True freedom is achieved when contemporary trends do not dictate life and sexuality. Humans in this 21st century tend to experience their Sexuality in these two above-mentioned extreme poles, on one hand, bodily and the other hand, social and spiritual. Today, there is a loss of one's own sexual identity. Because identity is the guardian of one's own space, one's personal sphere, one's limits, and one's instincts. I believe that in many families and cultures, there is no right or wrong education on sexuality anymore. Many try to emphasize the physical importance of sex, some the spiritual, ethical, or moral, and others the social. No objective understanding of what sexuality is. I think it's part of seeing the whole thing. What is sexuality? Does it have to do with marriage alone, with partnership, with lust, with physical beauty, with quality of life, with procreation, with Abstinence, etc.? We want to start by questioning the different cultures and their understanding of sexuality. I have chosen three cultures to represent this tension between guilt and pleasure: 1) Austrian culture, 2) Ibo culture, and 3) Hausa culture.

Our lives and experiences of sexuality in early childhood and later in the course of our upbringing determine the way and manner of our attitude toward our sexual behavior. The example of the parents is very paramount and important in affirming one's gender, dealing responsibly with gender and physical development, avoiding traditional role models and clichés, using the appropriate language, considerate understanding of the partner, and finally, openly caring out and dealing with conflicts and problems on sexuality. All of the above behavioral patterns are of the utmost importance in educating the adolescent, which nowadays use social media to imbibe their sexual behavior.

3.1. Understanding of sexuality in some cultures: Case studies

Austrian culture

Judith 71 years

My sexuality is there, but I don't show it. When you're young, the tendency is fabulously outrageous, and it doesn't matter who you sleep with. My first love affair fell during the war. If this relationship had become a partnership, everything would have been different. Then, I would certainly be a much happier person today.

For a time after his death, the joy of sex was so strong that I made love with many partners. Sometimes, the ones I liked, sometimes the ones I just had an opportunity with. I didn't need to be in a special relationship at all. Just having sex together was something so elementary.

At 33, I married a man with whom my sexual bond was not particularly strong. In other areas, especially in art, we had such a strong connectedness and sense of who the other was that we were very close. That is what has brought us together to this day. Then the two children came, and my husband was very busy with his job. I finished my studies when the children were small. I had little time for him and was always tired. We rarely went out for other social activities. It certainly wasn't good for our relationship.

Our love life would probably have turned out better if we hadn't had children if the burden of the family had not been so heavy that the other side could hardly be lived. We were so busy that our sexuality took a back seat. That, of course, was a flaw in our marriage, a deficiency from which I suffered greatly. We talked about it, but nothing came out of it. This generation of men is not used to talking about their feelings.

Our sex life was never what I wanted it to be. And it never was. As a result, the whole thing fizzled out, and at 50, we're both the same age, we stopped having sex altogether. I suffered a lot and assumed that I had failed to make him a lover. That I was the one who didn't delight him. I then moved away from Hamburg; separation was necessary because I couldn't stand it anymore. This lack of sexual satisfaction was unbearable. Of course, we could have divorced, but our sense of togetherness was too strong. We just left everything open. I also hoped that by being physically separated, I could put our sex life back together. When the day-to-day odds and ends go away, that could reinvigorate our relationship into a honeymoon of sorts. But it was of no use. We stayed married anyway. My husband has defeated me in his field of art. He's superior to me there. That kept me by his side for a lifetime. In terms of sexual vitality, however, I am far superior to him. Or maybe I'm just not the woman he needed in bed. That remains in the dark. We'll never find out.

What I don't like about him is that sex doesn't play a big role for him. And for me, harmony in bed is so important not only because of the appeal of the highlights but also as an opportunity to turn to the other, as devotion and rapprochement. I experienced this harmony between body and soul with this man who remained in the war. He was the only one in my life who had everything right. And I've been longing for it ever since. I used to masturbate a lot, and sometimes I still do, but of course, I'd rather have a man. Now and then, I see one that I like. But at seventy, the options are simply limited.

I'm not interested in my peers. I like them, and there is an immediate closeness through the community of generations. It has nothing to do with sexual attraction. The clever men I could love don't love me; they want a counterpart. I overwhelm them with my intelligence and my assertiveness. Those I cared about couldn't handle a strong-minded woman. I suppress my longing for tenderness, for sexuality; that is a point of great unhappiness in my life. (Daimler,1999 page.174).

Ibo culture

Ikem 71 years

In my culture, a woman is circumcised as a baby; they want to beautify her vagina, so that was the explanation. This act was incomprehensible to me as a young person. In my family, when a woman experiences menstruation for the first time, there is a big market festival for the women in my village. We paint and tattoo our bodies. The menstrual dance is rhythmic, and the chants are very harmonious. We young girls experience our womanhood and the presence of all the villagers, who honor our motherhood. This festival influenced my sexuality a lot. I am accepted as a woman and, most importantly, a mother. My marriage is such that the whole family has to agree before I marry. Our marriage is not for love in the sense of self-determination but whether that person suits the clan. We are responsible for the reproduction of the clan. I then had seven children. For me, lust and orgasm were not a concept. I am taken care of by the clan, my children grow up in the clan, and my husband could also have relationships with other women, but after his death, I am permitted to have sexual relationships with other men in the clan. Sexuality is mostly experienced in the dark. There were no prohibitions or commandments, but the women were recognized as contributors to the clan's population. As a woman, I could say that the spiritual and the physical initiation are

more emphasized than the emotional and joyous points in sexuality.

Hausa culture

Harona 68 years

I come from a Muslim family. My parents were strict Muslims. And my father married three women. My mother was the eldest. We were five siblings. My circumcision was torture. I was circumcised at the age of twelve, at the beginning of my period and mensuration. It hurt me a lot. I could never forget this excruciating experience. I couldn't resist because my mother said it was the custom and Tradition. My father had already chosen a man for me to marry. Virginity is a condition and sine qua non of marriage. It would be a shame for me and my family if I had had premarital sex. It's a husband's privilege to be the first to break my virginity. On the wedding day, he must show in front of all those present that the blood is present in the intercourse. Pain, not pleasure, is the most important thing here.

My marriage was childless, which brought me so much rejection from my husband's relatives. But because I was an industrious woman and had a lot of money, they were able to accept me. We don't have an absolute divorce. If my husband doesn't want me anymore, he can let me go, but he has to support me. I could have sexual relations with other men if I wanted, but always in secret. For me, the experience of sexuality was only to see if I could have children. Now that I'm an old woman, I do not need a sexual relationship. Now and then, some men come to me for advice. I am not alone.

Conclusion

It is an inexplicable phenomenon that sexual intimacy (eros) is associated with death or deadly experiences. For example, history teaches us that.

Delilah killed Samson because Samson was intimate with her. David killed Uriah so that he could marry his wife. Oedipus killed his father and married his mother.

There are so many stories in the headlines of today's press and social media where men or women kill their loved ones when they want to separate from them. Love can also kill. 90% of the perpetrators are mostly men. Women try to go other ways. They can kill themselves or somehow take it lightly when abandoned. Sometimes, they seek consultations.

This aspect that love can kill has to be taken into account in sexuality in old age in different cultures. Especially when considering "sexual abnormalities in old age," we have to ask the question: To what extent did this principle play a role in the development of the respective sexuality? Suppose the person has experienced sexuality over a longer period of his/her time, for example, through jealousy, oppression, or abuse. In that case, there is a risk that the desire for sexuality could be suppressed and denied. In this painful experience, old people will automatically no longer be able to dare to do something new. Many people who have experienced threats or beatings related to sexuality are likely to be unable to show and articulate their sexual needs at this age. Physical touch becomes torture.

"Love is the best medicine," said the great doctor Paracelsus almost 500 years ago. However, the realization of intimate relationships stands in the way of the fact that society today still expects that old people no longer have any sexual feelings. So it happens that old people are often treated with the statement that they are "beyond good and evil" - and not only by younger people but also by older people who say this about themselves, as if the concepts of good and evil were only tailored to the sexual realm and that there was no good or bad anywhere else in the world. Psychologically, it is not so easy to pick up and heal the sexual problems of the elderly. That's why it's important to address a few key factors in order to strategize. These factors are:

1. The physical powers of the elderly (body perception, body language, experience of body touch).
2. Develop bonding strategies (relationship skills).
3. Stress reduction (body, performance, contacts, future)
4. Biography in the sexual area.
5. Worldview and Values
6. Illness situation
7. Wishes and dreams
8. The special properties (resources)
9. Goals in life (does he/she still have a goal in sexuality?).

References

[1]. **BUTLER, R. N., & LEWIS, M.** (1996). [*Alte Liebe rostet nicht: Über den Umgang mit Sexualität im Alter] Old love does not rust.* Hans Huber Verlag. [in German]

[2]. **CESCO, E.** (2023). Four Aspects of the Quality of Life, the Balance Model and Sexual Disorders. *The Global Psychotherapist*, *3*(1), 104–114. https://doi.org/10.52982/lkj188

[3]. **CYRAN, W., & HALHUBER, M. J.** (1992). *Erotik und Sexualität im Alter.* [*Eroticism and sexuality in old age].* Stuttgart: Gustav Fischer Verlag. [in German]

[4]. **DAIMLER, R.** (1991). *Geheime Lust: Frauen über 60 sprechen über Liebe und Sexualität.* [*Secret lust - Women over 60 talk about love and sexuality].* Köln: Kiepenhauer and Witsch. [in German]

[5]. **DUNDE, S. R.** (Ed.). (1992). *Handbuch Sexualität [Guide to sexuality].* Weinheim, Deutscher Studien-Verlag. [in German]

[6]. **GUILLEBAUD, J.-C.** (1998). *La Tyrannie du Plaisir [The Tyranny of Pleasure]*. Paris: Éditions du Seuil. [in French]

[7]. **HEINRICH, H., et al.** (1994). Sozial- und Geisteswissenschaftliche Alternsforschung in Österreich 1980–1995 [Social and humanities research on aging in Austria 1980–1995]. *Federal Ministry for Science and Research.* [in German]

[8]. **OKORO, J.** (2023). Patients Encounter with Diagnoses and Illness in Transcultural Perspective. The Global Psychotherapist, 3(2), 147–152. https://doi.org/10.52982/lkj210v

[9]. **PESESCHKIAN, N.** (1988). *33 und eine Form der Partnerschaft* [*33 Forms of Partnership].* Frankfurt am Main: FISCHER Taschenbuch. 281 p. [in German]

[10]. **RINGEL, E.** (1994). Das Alter wagen: Wege zu einem erfüllten Lebensabend [*Daring to get old: paths to a fulfilled retirement].* dtv Verlagsgesellschaft mbH & Co. KG. 256 p. [in German]

[11]. **ROSENMAYR, L.** (1990). *Die Kräfte des Alters* [*The Forces of Age].* Wien: Edition Atelier. [in German]

Section: Transcultural reflections

DEVELOPMENT OF NATIONAL IDENTITY IN ARMENIA AT THE BEGINNING OF THE 20TH CENTURY BASED ON PRIMARY CAPACITIES

Anahit Haykazuni

Basic consultant of Positive Psychotherapy
Clinical psychologist at "Howard Karagheusian Medical Benevolent Public Organization," and psychology lecturer at Yerevan Haybusak University (Yerevan, Armenia)
Email: anahit.haykazuni@gmail.com

Received 8.11.2024
Accepted for publication 22.12.2024
Published 22.01.2025
DOI: 10.52982/lkj269

Abstract

We improve ourselves each year based on our experience. That experience is passed on to us by our tribe. The generations that preceded us pass on to us a system of capacities that contribute to preserving existence. The lack or absence of information about those predecessors can lead to life-threatening consequences. Having lived through many crisis moments in its history, Armenia continues its existence, keeping its connection with its ancestors through the realization of national identity. National identity, the sense of belonging and attachment to one's nation, is an important part of personality development. In the article, the author reveals the primary actual capacities involved in forming and reproducing national identity, as well as the connection between the transcultural approach and national identity.

Keywords: national identity, primary capacities, differential analysis, Positive Psychotherapy, tseghakron, political realism, era

Introduction

In psychology, identity is interpreted as understanding one person's belonging to another person, the feeling of belonging. National identity is a type of social identity. The scientific treatment of national identity from a psychological point of view involves understanding how people perceive themselves in the context of their nation and how this perception is formed, maintained, and manifested in their thoughts, feelings, and behavior.

As we already know, two human abilities underlie adaptation to the world—the ability to love and the ability to know. They are the basis for other psychological processes. From the ability to love flows primary actual abilities, which are tools for forming and developing relationships between people. In this article, we propose to consider what primary actual abilities are involved in the formation of national identity in Armenian society at the beginning of the 20th century.

Methodology

Many people hold existential significance for the constructive development of national identity. Constructive development means the absence of falsification of history and facts, adaptation and acceptance of reality, mobilization, and the direction of the nation's resources to achieve a high quality of life.

Each person's development is unique. This is influenced by various factors, such as individual uniqueness, immediate environment, social, economic, and cultural environment, and

religious and ideological system (Peseschkian, 2019). National identity plays a multifunctional role in shaping personality.

National identity is particularly important in Armenia, taking into account some key aspects: historical heritage, language and culture, religious affiliation, geopolitical location, memory, and traumatic events.

We examined several primary actual capacities that impact the formation of national identity in the works of Garegin Nzhdeh, an Armenian political and military figure who made a major contribution to the Armenian national movement at the beginning of the 20th century. American philosopher - Ralph Waldo Emerson mentioned that "every man is a bundle of his ancestors." In continuation of this, psychologist - Erik Erikson said, "National identity is a psychological construct that reflects the sense of belonging, attachment, and identification with one." Nzhdeh also considered national identity through the prism of the primary capacity of modeling. In his works, he mentions that an individual's rise and fall are determined by understanding his ancestors. He said that race is the supreme parent of man, and by understanding this, you can have peace and be creative (Nzhdeh, 2021). Modeling is one of the important primary capacities developed through the basic capacity of love. This is an ability that, on the one hand, through idealization, makes it possible to imitate some model and, on the other hand, to be a model for others. "It helps us learn, guide and evaluate our development, and calm ourselves in moments of frustration" (Kirillov, 2022). Armenian political and military figure philosopher Garegin Nzhdeh said, "...the individual, being always connected to the highest values of his race, contributes to his mental self-stabilization". Nzhdeh considers spiritual communication between generations essential, through which the latter transmits the eternal flame of the tribe, likening it to a candle that catches fire from another candle (Nzhdeh, 2021).

Nzhdeh is considered the author and developer of the tribal religion movement. It's an ideology of classical Armenian nationalism, the goal of which is the unification of the Armenian people, considering the tribe as a model/example. In his works, he calls to imitate the tribe's self-confidence, resistance, hard work, and optimism. Love for self-development, aspirations, achievements, values of justice, and freedom are considered very important for a tribal person. In the literary legacy left by Nzhdeh, one can also find the development of such primary skills as hope, faith, and love.

Tribal religion, knowledge, faith, and ritual are all necessary for a person to be psychologically stable in this world (Nzhdeh, 2021).

The 1930s were a crisis for the Armenian people; the traumatic traces of the Armenian Genocide organized by the Turkish authorities in 1915 were harmful, and the brutal extermination of 1.5 million Armenians became the basis for the resettlement of thousands of Armenians in other countries. There was a defeatist state of mind, and along with it, some movements preached departure from the idea of the Motherland. Added to this was the propaganda of the dehumanization of the Armenians carried away by the Turks in Europe. The spread of Bolshevik ideas also made it impossible to preserve the Armenian identity. The impact of all these situations was the basis for Nzhdeh to create the ideology of tseghakron, which translates to "race religion" in English.

In describing differential analysis, we note that this is a psychodynamic, humanistic, resource-oriented, conflict-centered psychotherapy modality with a transcultural approach. Transculturality, as the most important element of this approach, answers two questions: How are different people similar? And how do they differ from each other (Peseschkian, 2019). One of the obligatory and predetermining differences between people is the awareness of belonging to any nation. National identity as a "leader" leads to religion, faith, culture, language, history, worldview system, and memory, which creates and doesn't allow much to be forgotten. All of the above, complementing each other, build a person's personality, paving the way to mental well-being. In the modern stream of globalist theories, a person often loses his national identity, as if he has lost face. As we know, a person's system of values, role models, and behavioral patterns largely come from their parents, which they, in turn, learned from their parents, and this tree of life continues to age after age. It is like a train that carries different passengers, stopping, as expected, at different stations. The passengers are our ancestors, parents, children, grandchildren, and ourselves, who enter the train of the rushing into the future

and take our place in the line of this nation. Or we get off this train, leaving different narratives that influence our future. The train in this allegory is a nation that cares for us, provides us with space and respect, feeds us, and gives us a place to sleep. Stations imply an era, which is one of the three most important factors that influence the development of a nation's actual abilities.

Differential analysis allows us to more scientifically re-evaluate the era's impact on the individual's life. It is assumed that a person cannot adapt to the present and act effectively if he uses some beliefs that were current in the past. Realizing this, Nzhdeh created tseghakron, which has progressive views, such as faith and love for generations, while surpassing generations. "It is not enough to have an admiring attitude, even worship, towards the past generation; one must surpass it" (Nzhdeh, 2021).

Consequently, without awareness of national identity, culture, and identification with ancestors, a person will not be able to comprehend the concept of transculturality and act in this approach. The intercultural aspect can only be accessed when there is an opportunity to "plunge" into one's national personality. It is such a person who can understand and accept another person from another nation with its religion, history, and traditions. Of course, when reflecting on national identification, it is impossible not to think about chauvinism, which leads to destructive behavior and, instead of creating something new, destroys the past and the future. In this article, we consider national identity as a constructive concept based on real facts and arising from certain primary abilities based on the basic ability to love.

Results

As we already know, self-awareness is vital for an individual's well-being and balanced life. Nzhdeh believed that self-knowledge of a person is possible through studying his national history. History, according to him, is practical psychology (Nzhdeh, 1991). The importance of knowing the history of one's own nation was also mentioned by the American historian David McCullough: "History is who we are and why we are the way we are."

The most authoritative and important people for a child are its parents. He imitates them at the very beginning; he starts to recognize them first and gets to know himself through his parents, especially in the first years of life. When a child does not want to know his parents or a later adult does not want to study his national history, it can be considered as the underdevelopment of some primary actual skills. The drive of people to know the history of their fathers is a vital interest.

If the individual's national self-recognition is successful, then the child, and later also the adult, discover transgenerational ties between his generations, contributing to improving his current life. However, suppose there are limitations to this self-knowledge. In that case, it can be considered a problem of individual development because the knowledge of the past contributes to constructing the future. "The farther backward you can look, the farther forward you are likely to see." - Winston Churchill.

The ideology created by Nzhdeh (tseghakron) isn't based on preaching hatred towards the not-friendly nation but on such constructive aspects as self-defense, self-confidence, realizing the potential of one's own country and nation, sovereignty, and independence. This system expresses love for one's nation as a primary skill and, at the same time, corresponds to the concept of political realism. As German-American political scientist Hans Morgenthau said

"The principle of national sovereignty implies that every state is subject only to its own will in its relation to other states, and the preservation of national independence and the protection of national security must underlie every aspect of foreign policy " (Morgenthau Hans, 2016).

Conclusions

In conclusion, crises, wars, and collective traumas in the country can lead to the loss of national identity. Nzhdeh also mentions in his works that such a phenomenon as envy destroys the high virtues of people, the components of national identity. "Armenian crown bearer possessed by the demon of envy.": That's what he calls those leaders whose unrestrained desires led to national division. Preserving national consciousness and identity is becoming more difficult in this era, leading to globalism (Nzhdeh, 2021). There is a blurring of the national image, which can lead to dangerous

consequences in preserving the nation because when an individual doesn't have an emotional connection with what is his own, he doesn't protect it from external forces and, as a result, loses it. National identity is one of the parts of the personality structure, and replacing it with another construct is impossible. It contributes to preserving national security, borders, and culture, and all these jointly sustain the nation, saving it from various adverse forces. A tribal religious ideology created by Nzhdeh, which not only saved the Armenian nation from destruction in the past but also kept the great role and function of national identity in the life of Armenians relevant until today. This experience shows that it is possible to organize the preservation of national identity in a balanced and constructive way, reproducing narratives consistent with historical facts and moral norms.

References

[1]. **MORGENTHAU HANS, J.** (2016). *Morgenthau Politics among nations the struggle for power and peace.* Bloomington, USA: AuthorHouse UK.

[2]. **NTARLA, I., & HUM, G.** (2024). The Resilience of Psychotherapists through the Lens of The Primary Capacities of Nossrat Peseschkian's Positive Psychotherapy. *The Global Psychotherapist*, 4(1), 43–55. https://doi.org/10.52982/lkj216

[3]. **КИРИЛЛОВ, И. [KIRILLOV, I.]** (2022). *Позитивная психотерапия. Базовый курс. [Positive Psychotherapy. Basic Course].* М.: "Академия транскультуральной психотерапии". 334 с. [in Russian]

[4]. **ПЕЗЕШКИАН, Н. [PESESCHKIAN, N.]** (2019). *В поисках смысла. Психотерапия маленькими шагами [In the search of meaning. Psychotherapy of small steps].* К.: "Издательство Ростислава Бурлаки". 299 с. [in Russian]

[5]. **ՆԺԴԵՀ, Գ. [NZHDEH, G.]** (1991). *Հավատամք [The creed].* Ե.: "Հայի դատ." 107 էջ. [in Armenian]

[6]. **ՆԺԴԵՀ, Գ. [NZHDEH, G.]** (2021). *Խուստուփյան կանչեր [Khustupian calls].* Ե.: "Լուսակն." 148 էջ. [in Armenian]

History of Positive Psychotherapy in UKRAINE

Positive Psychotherapy History Ukraine[11]

Your own experience is precious; someone else's is priceless

(Peseschkian N. "If you want something you've never had, then do something you've never done.")

A journey of 1000 li begins with the first step (Lao Tzu)

1. The Beginning and Popularization of the Method (1992-1997)

Nawid Peseschkian's Visit. Initial Training Programs. International Integration.

In 1992, Nawid Peseschkian visited Ukraine and conducted introductory seminars in Kyiv, Cherkasy, and Poltava. This visit marked the beginning of the discovery of Ukraine as a new continent in the international community of Positive Psychotherapy.

All the seminars were successful, but it was in Cherkasy that Nawid met Volodymyr Karikash, whose professional knowledge and experience made it possible to recognize the extreme value of Positive Psychotherapy and its consonance with the Ukrainian mentality.

Between 1992 and 1995, a series of training seminars on Positive Psychotherapy was held in Cherkasy. These events featured experts such as Nawid Peseschkian, Gunther Hübner, and Shaida Rafat, fostering a deeper understanding of Positive Psychotherapy.

In May 1997, Ukraine took its place internationally by participating in the First International Congress on Positive Psychotherapy in St. Petersburg.

During this period, efforts were made to integrate PPT-based counseling and psychotherapeutic practices into Ukraine's education and healthcare systems.

[11] *The working group "History of PPT" of the WAPP Publications Committee began work on writing the history of PPT in different countries. We invite colleagues to study and describe the history of the development of the method in their national communities and share their transcultural experiences with other colleagues, inspiring them to develop the method in new countries.*

The article is the first attempt to systematize and describe many years of experience in the development of Positive Psychotherapy in Ukraine from the first seminars of the early 1900s to the largest national community of trainers, psychotherapists and consultants of the World Association of Positive and Transcultural Psychotherapy as of 2025. The author does not consider the article exhaustive. It is expected that work will continue to write the history of the development of Positive Psychotherapy in Ukraine.

Those who work alone add, and those who work together multiply.
(Nossrat Peseschkian)

2. Institutionalization of the Method in Ukraine (1997-2006)

Establishment of the Ukrainian-German Center for Positive Psychotherapy (UGCPP) and the Ukrainian Institute of Positive Cross-Cultural Psychotherapy and Management (UIPP). Official Recognition of the Method by the Ukrainian Umbrella Union of Psychotherapists. First Graduation of PPT Certified Psychotherapists in Ukraine. V International Training for Trainers in Positive Psychotherapy took place in Odesa, Ukraine.

In 1997, the Ukrainian-German Centre for Positive Psychotherapy (UGCPP) was established in Cherkasy with the participation of the International Centre for Positive Psychotherapy (Germany) and the Cherkasy Academy of Management (Ukraine) under the leadership of Prof. V. Karikash. This marked the beginning of the active development of Positive Psychotherapy in Ukraine.

In 1998, the implementation of educational programs for Basic and Master's courses in Positive Psychotherapy began. The method has been widely applied in education, healthcare, social work, human resource management, and other fields.

In 1999, the UGCPP was included in the International Register of Positive Psychotherapy Centers as Ukraine's official representative. That same year, the Ukrainian Umbrella Union of Psychotherapists (UUUP) officially recognized the method, and the UUUP Positive Psychotherapy Section was founded.

In 2000, the Ukrainian delegation participated in the II International Congress on Positive Psychotherapy in Wiesbaden (Germany). This year, the European Association of Psychotherapy (EAP) standards approved certified training programs and launched long-term certified programs in various regions of Ukraine.

In the following years, Ukrainian delegations actively participated in International training for trainers and conferences, including events in Wiesbaden, Vienna, Varna, and other cities (Wiesbaden-Büdingen, Germany (2000), Wiesbaden (2001), Vienna, Austria (2002), Varna, Bulgaria (2003), Felix, Romania (2005), Wiesbaden (2006)).

In June 2001, the first group of certified psychotherapists in Positive Psychotherapy graduated in Ukraine, symbolizing a milestone in the professional training of specialists in this field.

In June 2003, the UUP Positive Psychotherapy Section organized its activities at the 11th EAP Congress, titled *"Psychotherapy: Identity and Contradictions,"* held in Lviv.

In September 2004, the V International Training for Trainers in Positive Psychotherapy took place in Odesa, Ukraine, with the participation of Hamid Peseschkian and many foreign trainers. This event marked a significant milestone in advancing local expertise in the field.

Also in 2004, for the first time in Ukraine, T. Kornbichler's biography of Nossrat Peseschkian, *"East-West: Positive Psychotherapy in the Dialogue of Cultures,"* was published, providing deeper insights into the founder's philosophy and approach.

In 2006, a postgraduate training program in "Coaching and Organizational Consulting" was certified. That same year, the All-Ukrainian Conference on Positive Psychotherapy was held in Cherkasy, along with the second graduation of certified psychotherapists. The Ukrainian Institute of Positive Cross-Cultural Psychotherapy and Management (UIPP) became the official methodological successor of the UGCPP.

This period was marked by expanding the practical application of Positive Psychotherapy to address pressing issues and improve the population's well-being. In addition to education, health care, social work, human resources, and business applications, this included working with young people, supporting community initiatives, and developing organizational coaching and life coaching programs based on the principles of Positive Psychotherapy.

The 1997–2006 years of Positive Psychotherapy in Ukraine were characterized by rapid institutional development, integration into international networks, and the diversification of practical applications. These achievements laid the groundwork for Ukraine's emergence as a significant contributor to the global Positive Psychotherapy community while effectively addressing local mental health and societal needs.

Photo 1.
Nossrat and Manije Peseschkian at a press conference on Ukrainian TV, Kyiv, 2007

Photo 2.
Nossrat Peseschkian and supervision participants, Lviv 2007

Success is a consequence. You should never make him a target.
(Gustav Flaubert)

3. Expansion of Educational Programs and Certification (2006-2013)

Nossrat Peseschkian's visits to Ukraine. Conferences and Professional Events. Creation of Specialized Training Courses. Establishment of the All-Ukrainian scientific and practical journal "Positum Ukraine." Founding of the All-Ukrainian Association of Positive Psychotherapy.

In May 2007, Nossrat Peseschkian, the founder of Positive Psychotherapy, visited Ukraine for the first time, delivering seminars in Kyiv. Later that year, he returned to Ukraine in September at the Ukrainian Umbrella Union of Psychotherapists (UUUP) invitation and held presentations and supervisions in Lviv. This marked a significant milestone for the Ukrainian Positive Psychotherapy community.

Photo 3.
Official Poster of the Project
"Let's Change the Lives of People with Diabetes for the Better"

In 2007, the All-Ukrainian scientific and practical journal *Positum Ukraine* was launched, providing a platform for academic and practical discussions on PPT. A certified postgraduate program in Positive Family Psychotherapy was also developed, expanding educational opportunities. In October, Ukrainian achievements in PPT were presented at the IV World Congress on Positive Psychotherapy in Famagusta, Cyprus. Additionally, a collaborative All-Ukrainian project, *Positive Psychotherapy in Improving the Lives of People with Diabetes*, was launched in partnership with Novo Nordisk (Denmark).

The International Academy of Positive Psychotherapy and the Nossrat Peseschkian Foundation honored V. Karikash for his significant contributions to education and the development of positive psychotherapy.

In 2008, the All-Ukrainian Association of Positive Psychotherapy was founded, coinciding with the 75th anniversary of Nossrat Peseschkian and the 40th anniversary of Positive Psychotherapy.

Since 2008, I have been conducting advanced training programs on the basics of Positive Psychotherapy for practical psychologists and social workers together with the Ukrainian Scientific and Methodological Center for Practical Psychology and Social Work of the National Academy of Pedagogical Sciences of Ukraine.

The tradition of holding all-Ukrainian scientific and practical Positive Psychotherapy conferences has continued (Ternopil, 2008; Cherkasy, 2010; Nizhyn, 2012).

Between 2008 and 2012, V. Karikash served on the World Association for Positive Psychotherapy (WAPP) board, further elevating Ukraine's presence in the global PPT community.

Ukrainian delegations actively participated in International training for trainers and conferences, including events in Famagusta, Cyprus (2007), Wiesbaden (2008), Riga, Latvia (2009), Istanbul, Turkey (2010), Wiesbaden (2011), Wiesbaden (2012).

In 2010, a new certified postgraduate program, *Health Coaching in the Positive Psychotherapy Method by N. Peseschkian,* was developed. In October, the Ukrainian delegation participated in the V World Congress on Positive Psychotherapy. Yuriy Kravchenko and Olena Sakalo received awards from the Nossrat Peseschkian Foundation for implementing the All-Ukrainian project "Positive Psychotherapy in Improving the Lives of People with Diabetes."

In May 2011, Nawid Peseschkian visited Ukraine, conducting a seminar on *Positive Psychotherapy in Working with Children* in Kyiv.

Photo 4.
Nawid Peseschkianєs seminar
"Positive Psychotherapy in Work with Children",
Kyiv 2011

Between 2007 and 2012, new groups of certified psychotherapists graduated, while PPT centers expanded across Ukrainian cities such as Kyiv, Chernihiv, Nizhyn, Sumy, Kharkiv, Poltava, Kremenchuk, Dnipro, Luhansk, Cherkasy, Odesa, Khmelnytsky, Ternopil, Lviv, Ivano-Frankivsk, Uzhgorod, and others. Cooperation with educational institutions grew, with university lecturers becoming PPT students and incorporating the method into academic programs. Articles and Ph.D. theses based on PPT further solidified its place in academia, popularizing the method nationwide.

Between 2007 and 2012, Positive Psychology in Ukraine saw significant growth, marked by the visits of Nossrat and Nawid Peseschkian, the launch of the *Positum Ukraine* journal, and the foundation of the All-Ukrainian Association of Positive Psychology. All these advancements strengthened Ukraine's position in the global PPT community.

Small actions change the world.
(Peseschkian N. "If you want to have something you've never had, then do something you've never done.")

4. PPT Development, Publications, and Conferences (2013-2019)

Conducting All-Ukrainian and International conferences with the participation of Hamid Peseschkian. Translations and Publications. Development of New Programs and Specializations. National Training for Trainers of Positive Psychotherapy

In 2013, Ukraine saw the publication of Nossrat and Nawid Peseschkian's book *How to Positively Overcome Fatigue and Overstrain*, introducing their concepts to a wider audience. That same year, the 5th All-Ukrainian Conference on Positive Psychotherapy was held in Ivano-Frankivsk, accompanied by new graduations of certified psychotherapists.

During this period, new centers for Positive Psychotherapy are actively developing, new graduates of certified positive psychotherapists gradually appear yearly, and the number of certified positive consultants is significantly increasing.

The Ukrainian delegation also participated in the International Training Seminars for Positive Psychotherapy Trainers (Wiesbaden, Germany 2013, Kemer-Antalya, Turkey 2014, Wiesbaden 2015; Wiesbaden, 2016; Wiesbaden, 2017; Wiesbaden 2018, Kemer, Turkey 2019).

During this period, K. Ovcharek became a member of the WAPP Board, serving from 2013 to 2016.

In January 2014, the 1st National Training for Trainers in Positive Psychotherapy took place in Cherkasy, marking a new step in expanding the trainer community. The Next National training seminars for trainers were held in Dnipro (2015) and Odesa (2016).

In September, the 6th All-Ukrainian Conference on Positive Psychotherapy was held in Poltava, and the book *Positive Psychotherapy in Ukraine: Answers to the Challenges of the Times* was published. That year, Ukrainian delegates attended the 6th World Congress on Positive Psychotherapy in Kemer-Antalya, Turkey.

The tradition of holding all-Ukrainian scientific and practical conferences on Positive Psychotherapy has been continued with events in Uzhhorod (2015), Dnipro (2015), Odesa (2017), and Ternopil (2019).

October 2016 marked the 1st International Online Conference on Positive Psychotherapy with Hamid Peseschkian, organized by the UAPP, highlighting the growing role of online formats for global collaboration. Over the following years, this project developed successfully, turning into a traditional annual International online conference with the participation of leading Ukrainian and foreign trainers in Positive Psychotherapy in 2017, 2018, and 2019

.

Photo 5.
All-Ukrainian Conference on Positive Psychotherapy with
the participation of Hamid Peseschkian,
Odesa, 2017

In June 2017, the 9th International Ukrainian Conference on Positive Psychotherapy was held in Odesa, featuring Hamid Peseschkian as a keynote speaker. His address at the Odesa National I. I. Mechnikov University and the publication of *Life, Conflicts, and Love in a Transcultural World* further enriched the conference. That same year, Positive Psychotherapy was included in the textbook *Fundamentals of Psychotherapy* (edited by K. Siedykh, O. Filts), recommended by Ukraine's Ministry of Education and Science.

2019 marked the first Ukrainian edition of N. Peseschkian's book *In Search of Meaning*.

Photo 6.
Hamid Peseschkian's lecture at Odesa National I.I.
Mechnikov University,
Odesa, 2017

The Ukrainian delegation also participated in Turkey's 7th World Congress on Positive Psychotherapy. The year saw the publication of *Lexicon of Positive Psychotherapy* by Nossrat Peseschkian and Anas Aziz and the development of a new specialization, *Psychosomatics in Positive Transcultural Psychotherapy. Health Psychology and Healthy Lifestyle Coaching* and a specialization program, *Constellations as a Kinesthetic Metaphor in Positive Psychotherapy.*

Through these milestones, Ukraine continued strengthening its presence in the international Positive Psychotherapy community, expanding its influence in education, research, and practical applications. Cooperation with foreign colleagues from Bulgaria, Germany, Kosovo, Romania, and other countries is being strengthened.

Between 2013 and 2019, Positive Psychotherapy in Ukraine expanded significantly by publishing key works, establishing new centers, and organizing national and international conferences. Annual graduations of certified specialists, participation in international training seminars, and the development of new specializations solidified its academic and practical presence. Ukraine also strengthened international cooperation, staying a prominent player in the global Positive Psychotherapy community.

Whoever wants to create must be joyful.
(Peseschkian N. If you want to have something you've never had, then do something you've never done)

5. Impact of the Pandemic and Online Events (2020-2021)

Transition to Online Format. Support for Specialists During Crisis Times. Further Development of Methodology.

The global pandemic brought significant challenges and fostered new opportunities for the Positive Psychotherapy community in Ukraine. During 2020 and 2021, the community embraced online formats for international and national conferences, allowing leading experts to connect across borders. To support specialists and the public during the crisis, free psychological support projects were launched, addressing the mental health impacts of the pandemic and the ongoing challenges.

In June 2020, the X All-Ukrainian Conference on Positive Psychotherapy was held online, showcasing resilience and adaptability in challenging times. The event resulted in the publication *Positive Psychotherapy in a Cross-Cultural World: Reality, Tasks, Opportunities*, a comprehensive collection of materials from the conference in Dnipro.

Ukrainian trainers participated in the International Training Seminar for Positive Psychotherapy Trainers, which also transitioned to an online format in 2020 and 2021.

Ukrainian contributions to the global PPT community were further solidified when several trainers, including V. Karikash, O. Lytvynenko, and T. Zhumatii, co-authored chapters in the book *Positive Psychiatry, Psychotherapy, and Psychology*, edited by Erick Messias, Hamid Peseschkian, and Consuelo Cagande. This recognition underscored Ukraine's growing influence in the field.

New graduations of certified psychotherapists took place, reflecting the continued growth of the Ukrainian PPT community despite the pandemic. Also, the tradition of international online conferences continued, and the fifth and sixth conferences were held between 2020 and 2021.

During this period, O. Lytvynenko joined the WAPP Board, further elevating Ukraine's role in global PPT leadership. Additionally, collaborations with the G.S. Kostiuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine and other leading universities began, integrating PPT into Ukraine's scientific research community and initiating joint academic projects.

Through these efforts, Positive Psychotherapy in Ukraine adapted to the challenges of the pandemic, expanded its methodologies, and solidified its position as a vital resource for mental health and well-being.

Every night ends with dawn!
(Peseschkian N. If you want something you've never had, then do something you've never done)

6. Wartime Challenges, Current State and Prospects for Development (2022 – Present)

Preservation and Development of Training Projects. National Events for Psychological Support and Special Training of Ukrainian Specialists in Positive Psychotherapy. International Collaboration and Support. Future Plans.

Immense challenges have marked the period from 2022 to the present for the Positive Psychotherapy community in Ukraine due to the ongoing war. Despite these hardships, the community has demonstrated resilience and adaptability, continuing its mission to provide psychological support and advance PPT methodologies.

Since 2022, Ukrainian trainers have actively contributed to the *"UAPP to Victory"* initiative by the Ukrainian Association of Positive Psychotherapy, providing free psychological support and training programs for Positive Psychotherapy specialists during war and crisis. The World Association of Positive Psychotherapy has supported these efforts through its WAPP Support Project with a huge number of thematic seminars, regular psychological support groups, supervision, and other activities, as well as the *"Soul Evenings Project,"* which focuses on transcultural exchange and developing programs to support refugees and forced migrants using PPT methodologies. The partnership with the WAPP Support Project and the Centre for Positive Psychotherapy in Leszno (Poland) included the co-organization of the International Scientific and Practical Conference, *"In Search of Meaning and Humanity in the Age of War,"* held in Leszno in August 2022. The conference proceedings were published as a 260-page volume, documenting the event's significant contributions to the field.

Photo 7.
International Scientific and Practical Conference
"In Search of Meaning and Humanity in the Age of War",
Leszno (Poland), 2022

The year 2022 also saw the development of a new specialization program for *"Trauma Counsellor in the Method of Positive Psychotherapy by N. Peseschkian"* to address the increasing need for trauma-informed care.

Despite the war in 2022-2024, the Positive Psychotherapy community in Ukraine celebrated another wave of graduations, with new certified psychotherapists joining its ranks. This milestone reflects the ongoing commitment to expanding the professional network of specialists equipped with the tools and methodologies of Positive Psychotherapy to address modern challenges.

In 2023, the UAPP signed *The Leszno Declaration,* which provides a systemic framework for supporting mental health professionals and individuals affected by war and military conflicts.

Since 2023, a significant collaborative effort has involved the UAPP and the WAPP Support Project, alongside the Danish Council for Psychotherapy and initiative groups of French, Polish, and Kosovo psychotherapists. Together, they launched the *"European Room for Listening"* project of the European Association for Psychotherapy to provide rehabilitation and support for Ukrainian psychologists and psychotherapists affected by the ongoing war. This initiative emphasizes the transcultural principles of Positive Psychotherapy and aims to offer a safe space for emotional recovery and professional exchange.

Ukrainian trainers actively engaged in international events, including the online International Training Seminar and WAPP conference in 2022, the 1st and 2d Strategic WAPP Meetings

(Istanbul 2023 and 2024) and International Conference of WAPP in Istanbul (March 2024), the XXV International Training Seminar for Positive Psychotherapy Trainers (Wiesbaden, Germany).

Photo 7.
Ukrainian delegation at the First WAPP Strategic Meeting, Istanbul (Türkiye), 2023

Photo 8.
Ukrainian delegation at the 2024 WAPP International Conference *"Building Bridges between cultures"*, Istanbul (Türkiye), 2024

Since 2022, L. Moskalenko has served as a member of the WAPP Board, representing Ukraine in the global Positive Psychotherapy community. In 2024, the Ukrainian WAPP Advisory Committee, led by O. Lytvynenko, was established to strengthen strategic planning and local representation within the global Positive Psychotherapy network. The committee focuses on supporting Ukrainian specialists and promoting PPT methodologies nationally and internationally.

Positive Psychotherapy continued to gain recognition, being included in Ukraine's official register of methods with proven effectiveness by the Ministry of Health in 2024.

Publications also played a significant role in advancing PPT. In 2024, the second Ukrainian edition of *"Nossrat Peseschkian: Positive Psychotherapy in the Dialogue of Cultures"* was released, along with updates to the textbook *"Fundamentals of Psychotherapy"* (edited by K. Siedykh, O. Filts) recommended for psychology students in Ukraine.

In February 2024, the All-Ukrainian Graduation Conference of Positive Psychotherapy, hosted by Ivano-Frankivsk, was held online and offline. This event celebrated the achievements of newly certified psychotherapists, provided a platform for professional exchange, and showcased advancements in Positive Psychotherapy in Ukraine.

In September 2024, prof. V. Karikash was awarded an honorary WAPP membership for his significant contributions to PPT.

Future Prospects

By 2025, Positive Psychotherapy in Ukraine is expected to expand further, with over 50 trainers, candidate trainers, and 15 accredited centers recognized by WAPP. These centers span major cities, including Kyiv, Chernihiv, Nizhyn, Sumy, Kharkiv, Poltava, Kremenchuk, Dnipro, Kropyvnytskyi, Cherkasy, Uman, Vinnytsia, Chernivtsi, Odesa, Khmelnytskyi, Rivne, Zhytomyr, Ternopil, Lviv, Ivano-Frankivsk, Zaporizhia and other cities, ensuring the availability of PPT across the country. The method's inclusion in official registers and textbooks highlights its growing influence and recognition in various spheres of public life.

The Ukrainian Positive Psychotherapy community continues to demonstrate resilience, advancing its mission despite the adversities of war. Through strategic collaborations, innovative programs, and international recognition, Positive Psychotherapy remains a beacon of hope, providing psychological support and fostering well-being during these challenging times.

Prepared and written by

Liudmyla Moskalenko

Ph.D, Associate Professor, Master Trainer of Positive Psychotherapy, Head of the Ukrainian Institute of Positive Psychotherapy (Poltava, Ukraine)

Email: mosluds@gmail.com

WAPP NEWS

World Association for Positive and Transcultural Psychotherapy, January 2025

Dear WAPP Members,
Dear friends and supporters of Positive Psychotherapy worldwide,

For almost 50 years, Positive Psychotherapy has been connecting with people across the globe, offering tools and understanding in difficult times. With your dedication, the PPT method has continued to grow and reach further. Today, Positive Psychotherapy is studied in 22 countries and practiced in more than 60. 2,600 members united in diversity inspire us to continue creating meaningful connections that transcend cultures and bring healing where needed most! Together, we create insightful books, hold inspiring meetings worldwide, and support research that bridges cultures and perspectives. This PPT journal, "The Global Psychotherapist," shares the work of our community while training programs guide practitioners in exploring the depths of transcultural understanding and psychodynamic therapy.

If you are not yet a member of WAPP, we warmly invite you to join this vibrant and supportive community. WAPP membership offers endless opportunities for growth, learning, and collaboration. Discover the benefits of becoming part of this global network: Learn about WAPP Membership.

Your involvement and support are vital to shaping WAPP's future. Every contribution, big or small, helps us make a meaningful difference in the world.

With heartfelt gratitude and best wishes,
The WAPP Board of Directors and Head Office

PPT Conferences Across Europe

The 5th Psychotherapeutic Workshop in Bulgaria, titled *"The Body as a Stage for Psychological Conflicts,"* was held on October 5–6, 2024, in Plovdiv. With 164 participants, the event featured impactful presentations by Dr. Arno Remmers on *"The Five Fingers of Positive Psychosomatics"* and Boryana Chalakova on the *"Emotional Map of Health."*

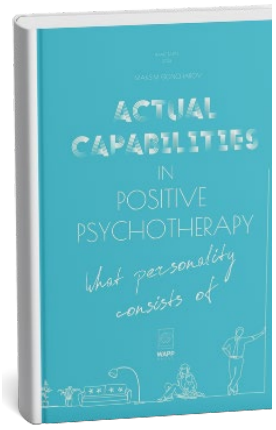
On October 12, 2024, the **First Belarusian Conference on PPT** took place at the National Library in Minsk. This hybrid event gathered over 40 participants online and in person, creating a warm and collaborative atmosphere. Organized by the Belarusian PPT Unity, it facilitated meaningful discussions and connections.

The 6th National Romanian Conference on Positive Psychotherapy, held November 11–12, 2024, brought together practitioners from across Romania. The conference focused on emotions and therapeutic techniques, offering experiential sessions on working with adults, children, and adolescents.

WAPP PRESS – Updates on the second half of the year 2024

Yalçin, Ö., Gülle, N. (2024) Denge Modeli Ile Yaşam Kilavuzu. Wiesbaden: WAPP Press. ISBN 978-3-910225-30-5 **[in Turkish]**

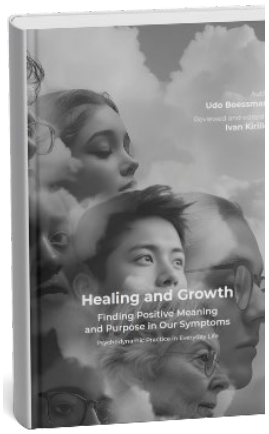
E-book



Goncharov, Maksim (2024). Actual Capabilities In Positive Psychotherapy.: What Personality Consists Of. Wiesbaden: WAPP Press, 2024. 616 p.— ISBN 978-3-910225-33-6 **[in English]**

E-book

Paper book



Boessmann, Udo (2024). Healing and Growth: Finding Positive Meaning and Purpose in Our Symptoms: Psychodynamic Practice in Everyday Life. Wiesbaden: WAPP Press, 2024. 616 p. **[in English]**

E-book

Paper book

Бьоссманн У., Реммерс А (ред.) (2024) Позитивна психодинамічна психотерапія: підручник. Вісбаден: WAPP Press, 2025**.** — ISBN 978-3-910225-06-0 **[in Ukrainian]**

E-book

Paper book

Gülle, N., Yalçin, Ö. (2024). Self-Connection Discovery Deck cards. Wiesbaden: WAPP Press.

In English

In Turkish

Gülle, N., Sinici, E. (2024). Children's Discovery Cards with Balance model (Ages 3-6). Wiesbaden: WAPP Press.

In English

In Turkish

Gülle, N., Sinici, E. (2024) Children's Discovery Cards with Balance model (Ages 7-10). Wiesbaden: WAPP Press.

In English

In Turkish

PPT

WAPP
PRESS

All authors interested in collaborating with us are welcome to visit:

WAPP Press

WAPP NEWS- Updates from the World of Positive Psychotherapy

WAPP Executive Board Elections

The elections for the Executive Board of the World Association for Positive and Transcultural Psychotherapy (WAPP) have successfully concluded. We are excited to announce the newly elected board members (in alphabetical order):

- Snezhanka Dimitrova
- Ewa Dobiala
- Pavel Frolov
- Olga Lytvynenko
- Liudmyla Moskalenko
- Hamid Peseschkian
- Raluca Ursica

Congratulations to all the new board members!

To effectively manage WAPP's growing activities and membership, the Board has organized its responsibilities into seven distinct segments, each led by a dedicated Board member. These members will serve as expert advisors and oversee their respective areas. Please see the details:

WAPP Board Tasks

Representing WAPP at the Romanian Senate

WAPP was honored to participate in a recent conference at the Romanian Senate on "IT and Youth Mental Health." Esteemed colleagues Hamid Peseschkian, Oana Cuesdeanu, and Ewa Dobiala represented the association, sharing insights and contributing to an important dialogue about youth mental health. Oana Cuesdeanu's efforts made this event possible, and we hope it inspires similar collaborations worldwide.

Positive Psychotherapy Library Opens in WIAP

The new international library and display of Positive Psychotherapy publications is now open at WIAP Academy in Wiesbaden! Featuring books in 18 languages, this exhibition represents six months of dedicated work to present Positive Psychotherapy's extensive history and reach.

Honorary Membership for Volodymyr Karikash

Congratulations to Dr. Volodymyr Karikash, awarded Honorary Membership for Life by the General Assembly of WAPP! Dr. Karikash has dedicated over three decades to developing Positive Psychotherapy in Ukraine, training specialists, and fostering transcultural understanding. He is only the 4th person to receive this prestigious honor.

Volunteer Contributions

This year, 120 volunteers from the WAPP Board, 3 committees, and 23 working groups contributed their time and energy to make our association more substantial and more impactful. A heartfelt thank you to everyone involved! Your dedication and hard work make a difference, and we sincerely appreciate each of you.

Engaging Videos on Positive Psychotherapy

The Positive Psychotherapy YouTube channel continues to grow, offering expert insights, workshops, and interviews. Don't forget to subscribe to the Channel and explore this rich collection of resources!

Anniversary 25th International Trainer Seminar in Wiesbaden (Germany)

We are excited to share the highlights of the ***25th International Trainer Seminar on Positive and Transcultural Psychotherapy,*** which took place from November 27–30, 2024, in Wiesbaden, Germany. Hosted at the Wiesbaden Academy of Psychotherapy (WIAP), this unique event welcomed over 80 trainers and candidate trainers from 16 countries across three continents. For many, it was their first visit to the birthplace of Positive Psychotherapy and a long-awaited opportunity to meet in person after years of online-only gatherings.

The seminar offered a meaningful mix of scientific sessions and cultural activities. Junior and senior trainers connected shared their experiences and exchanged valuable insights in an atmosphere of support and collaboration.

The cultural program was particularly moving, including:

- A visit to the Peseschkian Foundation,
- A meaningful trip to the gravesites of Nossrat and Manije Peseschkian,
- A visit to the Bahá'í House of Worship, where participants shared a prayer for peace,
- A dance evening filled with music and connection,
- And the signing ceremony at the Fresenius University of Psychology in Wiesbaden, celebrating a new partnership between the University, the World Association for Positive and Transcultural Psychotherapy (WAPP), and WIAP. This collaboration will bring exciting new opportunities for research, education, student exchange, and transcultural training.

The seminar left everyone inspired, connected, and energized for future projects and meetings. We extend a heartfelt thank you to everyone who joined us, especially to our Ukrainian colleagues, who, despite the ongoing war, undertook the long and challenging journey to participate in this event.

We can't wait to meet again at upcoming conferences and seminars! Stay tuned for updates on what's next.

Information and Guidelines for Authors

Full and up-to-date "Information and Guidelines for Authors" are on the JGP website:
positum.org/ppt-journal/

The Global Psychotherapist (JGP) is an interdisciplinary digital journal devoted to Positive Psychotherapy (PPT after Peseschkian, since 1977)™. This peer-reviewed semi-annual journal publishes articles on experiences with and the application of the humanistic-psychodynamic method of Positive and Transcultural Psychotherapy. Topics range from research articles on theoretical and clinical issues, systematic reviews, innovations, case management articles, different aspects of psychotherapeutic training and education, applications of PPT in counselling, education, and management, letters to the editors, book reviews, etc. There is a special section devoted to young professionals that aims to encourage young colleagues to publish. The Journal welcomes manuscripts from different cultures and countries.

The languages of articles are: English, Russian and Ukrainian. Each article must have abstracts in English and for Ukrainian and Russian articles – in English and in original languages.
For English language editing, authors may ask our English language editor, Dr. Dorothea Martin (USA/Albania), for assistance. This service is free-of-charge for authors. But, this is only for editing, not for translation – email via ***journal@positum.org***

Review Process: All manuscript submissions - except for short book reviews - will be anonymized and sent to at least 2 independent referees for 'double-blind' peer-reviews. Their reviews (also anonymized) will then be submitted back to the author. "The Global Psychotherapist" Journal uses software "DuplicheckerPRO" to detect instances of overlapping and similar text in submitted manuscripts and accepts in case of a satisfactory result (determined for each of the articles on an individual basis by the ratio of the original text fragments, borrowed fragments and the presence of formalized links – 85 %).

Submissions can only be sent by an email attachment in DOC, DOCX, RTF format to ***journal@positum.org***
For article's formatting, including information about the authors, the Editorials ask authors to use special templates.

- For scientific sections**:** **Template for scientific articles**
- For practical sections: **Template for practical articles**
- Book reviews and letters are accepted in free form.

In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however, authors will need a specific approval from the Editors in advance of their submission. (We usually allow a 10%+/- margin of error on word counts.)

References: The author must list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992) or (Kohn et al., 2021) or (Peseschkian & Remmers, 2020): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request or are available on various websites.

References from previously published articles of this Journal are encouraged.

In essence, the following format is used, with exact capitalization, italics and punctuation.

Here are three basic examples:

For journal / periodical articles (titles of journals should not be abbreviated):

[1]. **FAIRBAIRN, W.R.D.** (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, 250-279.

[2]. **SHADISH, W. R., & RAGSDALE, K.** (1996). Random versus nonrandom assignment in controlled experiments: Do you get the same answer? *Journal of Consulting and Clinical Psychology*, 64(6), 1290–1305. https://doi.org/10.1037/0022-006x.64.6.1290

For books:

[3]. **PESESCHKIAN, N.** (2016). *Positive Psychosomatics: Clinical Manual of Positive Psychotherapy.* Bloomington, USA: AuthorHouse. 601 p.

For non-English resources:

[4]. **ШПИГЕЛЬБЕРГ, Г. М. [SPIEGELBERG, H. M.]** (2002). *Феноменологическое движение. Историческое введение* [Phenomenological movement. Historical introduction]. М.: "Логос". 608 с. [in Russian]

For chapters within multi-authored books:

[5]. **PESESCHKIAN H., REMMERS A.** (2020). Positive Psychotherapy: An *Introduction. In: Messias E., Peseschkian H., Cagande C. (eds), Positive Psychiatry, Psychotherapy and Psychology*, (pp. 3-9). Springer, Cham.

For Web resources:

[6]. **FIELDING, L.** (2015). *Listening to Your Authentic Self: The Purpose of Emotions.* HuffPost. URL: https://www.huffpost.com/entry/finding-your-authentic-pu_b_8342280 Accessed: 5.11.2023

Frequency and Copyright

The journal is published twice a year. The Journal supports open access policy based on the principle of free distribution of scientific information and global knowledge exchange for common social progress. Authors publishing under any license allowed by the journal retain all rights. Editorial Policy of the Journal allows all versions of published articles to be deposited in an institutional or other repository of the author's choice without embargo. The Editorial Board of the Journal reserves the right to proofread the articles, submitted for publishing.

Further Information and contact details are available on the JGP website: ***positum.org/ppt-journal***

THE GLOBAL PSYCHOTHERAPIST

January 2025
Number 1
Volume 5

JOURNAL OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY

Published by: World Association for Positive and Transcultural Psychotherapy, e.V. (WAPP)
Luisenstrasse 28, 65185 Wiesbaden, Germany

Email: *wapp@positum.org*
Website: *www.positum.org*

ISSN: 2710-1460 (Online)

WAPP, as a publisher, is a member of **Crossref** registration agency.

All peer-reviewed articles published in *The Global Psychotherapist* Journal (JGP) have a **DOI**.

The Journal (JGP) is currently **archived** on WAPP's official website and **indexed** in: