

# THE GLOBAL PSYCHOTHERAPIST

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**The Global Psychotherapist (JGP)** is an interdisciplinary digital journal devoted to Positive and Transcultural Psychotherapy (PPT after Peseschkian, since 1977)<sup>™</sup>. 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.

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## WELCOME BY THE EDITORIAL BOARD OF THE PPT JOURNAL “THE GLOBAL PSYCHOTHERAPIST”

**Dear Reader,**

The fourth issue of “The Global Psychotherapist”, the International Journal of Positive Psychotherapy, comes out at an extremely difficult time for all of humanity. Since the release of our Journal’s previous issue, events have taken place that have shaken the world. On the territory of Europe in the 21st century, there is a full-scale war of the Russian Federation against Ukraine, in which civilians, children, women, and the elderly suffer and die en masse. There is something that seemed previously unthinkable, impossible, so absurd and unrealistic. It turned out that the global pandemic and situations of anxiety and fear associated with Covid-19 were only the beginning of hard trials and hard times.

It is during this period that the work of psychotherapists becomes especially in demand, because it is aimed at reducing and processing human suffering. In turn, the work of the authors, the editorial board, reviewers, the publication of the results of scientific research and the conceptualization of practical experience is our contributions to improving the quality of human mental life and reducing human suffering and mental disorders.

This issue was born difficult, the atmosphere of war and anxiety for the future accompanied and permeated our entire community of positive psychotherapists. The editorial board expected more articles on trauma therapy and crisis counseling, but perhaps not enough time has passed to reflect on the current war. Nevertheless, this issue of our journal includes two articles on working to overcome the traumatic consequences of war and crisis (Parruca Etion, Gordiienko-Mytrofanova, Hohol), in which you will find a description of specific tools and ways of working and will be able to use this knowledge in your actual practice. Thus, in Etion Parruca's article, you will learn about such an innovative tool as a psychosocial, transcultural game, which during a group session demonstrates that this is not only an effective way to reach out to the masses in need of support during a crisis, but also an effective, holistic approach that mobilizes the whole being, by proactively working with both primary and secondary abilities. Then, in the article by lia Gordiienko-Mytrofanova and Denys Hohol, you will see a description of how to develop conscious stress resistance as part of the integration of positive, body-oriented, Ericksonian therapy, hypnosis, desensitization and oculomotor processing methods.

Traditionally, in our journal, under the heading "Research and Innovations in PPT", articles are presented that characterize the possibilities of theoretical constructs of PPT for the study of the mental material of a person. In her article, Liudmyla Serdiuk conducted and presents an empirical analysis of personal resources and showed that their development is the basis of psychological well-being and effective functioning of a person, when (s)he can realize his potential, effectively overcome life's difficulties and work productively. Olga Kuprieieva, in turn, mathematically confirms the connection between a balanced time perspective and the personal qualities of self-determination, self-understanding, self-acceptance, autonomy, self-efficacy and life satisfaction.



Also from the category of traditional, but at the same time relevant, is a re-publication of an article by Hamid Peseschkian about the social responsibility of psychiatrists and psychotherapists as pioneers, educators and builders of bridges in a multicultural Europe. The article focuses on educating the public about psychological mechanisms and social processes, building bridges between people who are different from each other, strengthening transcultural psychiatry and psychotherapy to reduce prejudice, and being a role model for others by increasing one's presence in the media and in social discourse.

The July 2022 issue of our Journal also features two case studies. The article by Veronika Ivanova presents several clinical cases of working with women and girls who have experienced a traumatic event, using fairy tales and analyzes some of the images that appear in the fairy tale heritage of Bulgaria. It is shown that crisis work does not remain only at the level of crisis counseling, but can move into a deeper psychotherapeutic process. In turn, Yanan Zhang presented a case study on the use of positive and transcultural psychotherapy as a theoretical guide to social service intervention for a bipolar patient with a 15-year medical history in rehabilitation.

The description of training trainings is continued by Gabriella Hum. Her article will be of particular interest to those who are planning to become trainers, and can find interesting guidance here on what it means to work with groups and what are the prerequisites and responsibilities of a coach.

You can find a description of the practical experiences of a positive psychotherapist in the articles by Arno Remmers and Friedhelm Roeder. Friedhelm Roeder proposes a clinical questionnaire to explore the hidden gap between doctors' mental horizons and patients' deep-rooted motivations. The use of this questionnaire helps to broaden the horizons of patients, limited by hidden conflict, in order to find a new way for a better solution and can be used by readers in their practice. Arno Remmers, in his famous way, shares his great practical experience and contribution to narrative ethics. The reader will find in this publication a lot of valuable and new insights in such a well-known topic: how narratives, myths, fairy tales and proverbs work to resolve unconscious, interpersonal and cultural conflicts.

And finally, in the book review section, Olga Lytvynenko presents a review of the well-known book by James Hollis "Swamplands of the Soul: New Life in Dismal Places". The author of the review recommends this book both as self-help and as a practical help in "dark times" for humanity and for the individual.

Dear friends! The editorial board expresses its immense gratitude to all those who worked on the creation of this issue during this difficult time - the authors, reviewers, technical editors - and looks forward to continuing our cooperation. We also wish all readers the resources and courage to endure, take care of themselves, their loved ones and patients.

Take care of yourself!

*The Editorial Board*

"The Global Psychotherapist",  
Journal of Positive and Transcultural Psychotherapy

# TRANSCULTURAL GLOBALIZATION: On the Societal Responsibility of Psychiatrists and Psychotherapists as Pioneers, Enlighteners, and Bridge Builders in Today's Multi-cultural Europe



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## Abstract

Interpersonal problems are a distinctive feature of today's upheaval and crisis. Psychiatrists and psychotherapists are especially needed as experts for problems in relationships and for mental health. Cultural changes and the emergence of a global society have led to fear, aggression, and prejudice in many people. It is important to actively shape the process of transcultural globalization and to provide therapeutic insights into society. This paper will share 14 opportunities for psychiatrists and psychotherapists to have an intensified societal engagement. The focus is on educating the population about psychological mechanisms and social processes, building bridges between people who differ from one another, strengthening transcultural psychiatry and psychotherapy to reduce prejudices, and being a role model for others by increasing their presence in the media and in the social discourse. Our current cultural crisis offers a unique opportunity for psychiatrists and psychotherapists to actively participate in shaping a global society.

**Keywords:** transcultural globalization, societal responsibility of psychiatrists and psychotherapists, transcultural psychotherapy

*"Therapy and psychotherapy and all practical behavior ... are subject to the conditions of state power, religion, the sociological conditions, the prevailing intellectual tendencies of an age, only then, but by no means alone, under the conditions of accepted scientific knowledge."*

Karl Jaspers (1995)

## Introduction

Since September 2015 at the latest, the global crisis arrived in Germany. The federal government's decision to bring refugees from the Budapest train station to Germany by train "...is a historic decision because it divides history into a "before" and an "after"...It is a momentous and controversial decision that will divide

the country and still split, the rift runs through families, clubs, companies, and institutions... Moments that change an entire continent do not come often. The 4th of September 2015 is one of those" (Blume, 2006). Experts say that after a unique, hopeful 17-year phase in Europe (1991 - 2008), "all certainties in Europe evaporated within six weeks in 2008" (war between Russia and Georgia; US banking crisis) (Friedman, 2015). We are at a crossroads worldwide and especially in Europe - in psychotherapeutic language we would speak of a collective crossroads of life. While every individual citizen can and should consider his or her personal contribution, there are professional groups that are particularly challenged in such times of crises and upheaval.

The socio-political responsibility of psychiatrists and psychotherapists will be discussed below. I would even go so far as to speak of a "payday for psychiatrists and especially psychotherapists". We call ourselves relationship experts, mental health specialists and health professionals who see and understand people in their systems. Psychotherapy is an independent health profession in Germany and some other countries, and it is also probably the only profession with state-mandated self-experience - at some (psychoanalytical) institutes of up to 700 hours. This should make the people who practice this profession particularly sensitive to themselves and their fellow human beings. Therefore, the reaction and response of psychiatrists and psychotherapists to today's social crisis must be different from that of our fellow human beings. "From everyone who has been given much, much will be required; and from the one who has been entrusted with much, even more will be expected." (Bibel, Gospel of Luke 12, 48).

### Today`s crisis from a psychotherapeutic perspective

*"No two men can be found who may be said to be outwardly and inwardly united."*  
Bahá'u'lláh (7)

From a psychodynamic-humanistic point of view, the current social situation would probably be described very appropriately with the term relationship crisis. The main symptoms of this intra- and intersubjective relationship crisis are, among other things, a low frustration tolerance, increased irritability and aggression, increasing individualism and egoism, hatred

and prejudice against others, increasing senselessness, and a lack of communication culture, especially in social media. As psychotherapists and psychiatrists, we are confronted with this every day. As psychotherapists, we know that "you cannot not communicate" (Watzlawick) and psychodynamic psychotherapists in particular know about the complexity of human experience and action. So, the real problem is not some eccentric and narcissistic politicians and leaders, but the individual voter who gives these people their power and legitimacy. In Germany in particular, we know from the 1930s that even democratic elections can legitimately bring an unjust regime to power. Now, in daily practice, we experience a large number of people who are afraid: of the new, the unknown, of being different and of change - and are therefore looking for simple solutions. Some voting decisions in 2016 were significantly influenced by "this longing for simple solutions" (Landfried, 2016). So, it is hardly surprising that the word "post-truth" was voted "Word of the Year" by the German Language Society (GfdS). A few weeks earlier, the English word "post-truth" had already been voted "Word of the Year" by the Oxford English Dictionary. "This decision of the jury, explains the Society for German Language, focuses on a profound political change. The artificial word post-factual refers to the fact that political and social discussions today are increasingly about emotions instead of facts. Increasingly large sections of the population, disgusted with "those up there", are willing to ignore facts and even willingly accept obvious lies. It is not the claim to truth that leads to success in the "post-factual age", but rather speaking the "felt truth" (Heine, 2016).

Alongside this fundamental fear of change and of the stranger (in the truest sense of the word) is a fundamental problem, the societal failure to give people vision, orientation, and explanations. It would again be too easy to ascribe the main blame to the politicians, as in psychotherapy, the "emotionally cold mother" is not to blame for everything either. However, over the years and decades, there has been a failure to enlighten the public as to how society will develop in the future, what the multicultural society should look like, what achievements we have made by founding organizations such as the European Union and the United Nations, what freedom really means, what long historical processes we have had to go through to this day, how quickly what has been achieved can be destroyed again, and the role of the individual in today's

society. One term that has particularly led to misunderstandings and prejudices is that of globalization.

### Transcultural Globalization

*If you want to bring the country in order,  
bring the provinces in order.  
If you want to bring the provinces in order,  
you have to bring order to the cities.  
To bring order to the cities, you must bring  
order to the families.  
If you want to bring order to the families,  
you must bring order to your own family.  
If you want to bring order to  
your own family, you must bring order to yourself.*  
Oriental Wisdom  
(cited in: Peseschkian, 1979)

While the term globalization is almost exclusively related to economic cooperation by many people and initially makes one think of tax-saving models of multinational corporations to maximize profits, for psychiatrists and psychotherapists it should primarily contain a human-cultural dimension. In order to convey this dimension to our fellow human beings, we psychotherapists must first deal with this topic ourselves and strive for a deeper understanding of the current social situation. However, this is an existential question, as we know it from everyday psychotherapy. Life is mostly about shades of gray, but sometimes it's just about black or white. Essentially, it is about the fundamental question of whether war and the inability to bring peace to people are part of it - in the last 3,500 years of human history there has been a total of more than 3,250 years of war and only 250 years of peace (12) - and we are currently going through another crisis, or whether "world peace is not only possible, but inevitable as the next stage in the evolution of this planet" (13). This "crossroads of life" is of great importance, especially in the social and political discourse: either we have to erect walls and fences, introduce upper limits for refugees, set boundaries and "protect" our culture; or we must develop a "welcome culture" for the global society with all its challenges. "The central spiritual issue facing all people, ... is that of laying the foundations of a global society that can reflect the oneness of human nature. The unification of the earth's inhabitants is neither a remote utopian vision nor, ultimately, a matter of choice. It constitutes the next, inescapable stage in the process of social

evolution, a stage toward which all the experience of past and present is impelling us. Until this issue is acknowledged and addressed, none of the ills afflicting our planet will find solutions, because all the essential challenges of the age that we have entered are global and universal, not particular or regional." (14).

In one of the few statements by a German psychotherapeutic association at the time of the "refugee crisis", the German Society for Systemic Therapy, Counseling and Family Therapy (DGSF) advocates "a generous admission and integration of immigrants and refugees in Germany" and justifies this with the fact that "it [reception and integration] is unavoidable, humanitarian, just, economically viable and feasible" (15). We need these types of discourses in our societies.

### About the social responsibility of psychiatrists and psychotherapists

*"We are not naive. From their professional work, DGSF members know about the fears of many people - fear of too much that is strange and unknown, loss of possessions or of cultural change. They know about the conflicts and conversion problems of both refugees and locals alike, and they respect the concerns that come with these fears for many people. They also know about examples of unsuccessful integration in the past decades. But they know that, in a globally connected world in times of crisis, mass population migrations cannot be prevented, only rendered humane or inhumane. The DGSF advocates a humane procedure."*  
German Society for Systemic Therapy, Counseling and Family Therapy (15)

Our world is changing and with it our concepts. For the first time in human history, a global, networked society is emerging. The process of globalization - not only on the political-economic level, but above all on the mental and emotional level - is not without challenges. We need a new understanding of health in order to be able to adequately meet the demands of today. However, this requires a rethinking: from a mono-cultural and mono-etiological perspective to a multicultural and multi-etiological one. This has a special influence on the 'relationship sciences'. Transferred to medicine, the framework in which the 'therapeutic encounter' between doctor or therapist and patient takes place has changed, so that today, in the age of multicultural societies and mental globalization, we are already at this point of the end of

the era of monocultural psychotherapies and psychosomatic models (Peseschkian, 2008). These changes and challenges have an impact on the individual human being, and above all on individual health. Physicians and psychotherapists always have a social responsibility, even more in a global society in transition that is searching for a new identity and a new view of humanity. Psychotherapeutic approaches and insights can make a major contribution to this in that, in addition to a scientific system, they also convey an image of humans for the individual and society and thus contribute to alleviating social problems (Peseschkian, 2015). Perhaps it is time to give up the conflict between different psychotherapy methods that is thriving in the West and turn to the needs of our patients and society.

Köpp (2012) speaks of three areas in which psychotherapists have a political and social responsibility with regard to undesirable developments in our society: 1) assumption of general political responsibility in connection with developments that do not necessarily require a psychotherapeutic assessment perspective; 2) perception of political responsibility towards social developments and phenomena that may (also) require a psychotherapeutic assessment perspective; 3) the use of psychotherapeutic expertise.

#### **What could the contributions of psychiatrists and psychotherapists look like?**

1. As experts and scientists for relationships, psychotherapists and psychiatrists should become more conscious of our **special social responsibility** and accept it. We cannot and should not just hand over this responsibility to politicians. On the contrary, the first paragraph of the 'Code of conduct for physicians in Germany' emphasizes this responsibility for the individual and the society, saying that *"physicians serve for the health of individuals and the entire population"* (19). Becoming conscious of this social responsibility also implies that colleagues in private practice should no longer allow their thinking to be influenced almost exclusively by financial issues but they must take their place as self-conscious members of a free profession.
2. For psychotherapists in private practice who are paid by their patients, a consequence of this

awareness would be the feeling of **leaving their comfort zones**. This awareness could be comparable to the self-realization that comes from self-reflection. Sometimes it is easier to stay contentedly in one's comfort zone and not feel like a failure to society. Our work with our patients (for which we are paid) is no reason not to engage with society as volunteers. The most important thing that we learned in 2016 is that *"democracy and freedom must not be taken for granted but must be defended and fought for every day"* (Fischer, 2016), and that *"nothing in Europe can be taken for granted, freedom of travel, or school or study trips in Europe's neighboring countries. We have all these because generations before ours struggled for them"* (21).

3. **Explaining to the population about complex issues** such as globalization, nationalism, and integration. What is healthy patriotism and when does it become pathological? What needs does a person have for identification and belonging? What role does the social group play? These questions are issues which psychotherapists can say something meaningful about. As William Lacy Swing, General Director of the International Organization for Migration (IOM) said at the World Health Organization Summit in Berlin in 2016: *"The future society cannot be so concerned with identity as with common values and interests. We must learn to deal with differences. In the future all countries will be multi-cultural, multi-ethnic, and multi-religious"* (22).
4. **We need explanations of psychological mechanisms**, for example, manipulation (not only of and before elections), basics of interpersonal communication, the nature and essence of humans (Peseschkian, 2008; Rudolf, 2015; Petzold, 2015), the desire for simple solutions to complex issues, and the origin of anxiety. Psychiatrists and psychotherapists

have great experience with these themes, which other people simply do not have. As psychiatrists or psychotherapists, we often take these insights for granted because they have become so self-evident to us. One is always surprised, for example, that politicians are unaware of the simplest principles of interpersonal communication, and that peace between two nations is often dependent upon the personal sympathy or antipathy between their heads of state. At the same time people often accept such insights more readily from doctors and psychotherapists than from party politicians.

5. **Backgrounds of cultural peculiarities and differences and thus the elimination of prejudices.** *"Supposing we woke up one morning and found that suddenly everyone had the same skin color and the same beliefs, we were guaranteed to have new prejudices by noon."* (Georg Christoph Lichtenberg). The emergence of prejudices, their origin, scientific research into the differences and similarities between people, the need for differentiation - these psychological (unconscious) mechanisms must be explained. An excellent book - written three years before the "refugee crisis" - explores the question of what life would be like in Germany without foreigners, and one of the conclusions is that prejudices against other "minorities" would quickly develop (von Bebenburg P, Thieme, 2012). Who is in a better position to critically question and analyze the cultural characteristics of a certain country than a psychiatrist or psychotherapist of the same country? (Adam. 2007). Of course, an engineer, a proctologist and a tax consultant can also comment on this topic, but the credibility and power of the analysis will be quite different.
6. **Take a public stand and be present.** We have shown enough understanding for our counterpart and - as sometimes in psychotherapy - it is time to draw clear

boundaries and to clearly label inhuman statements as such and to take a stand. You have to hear, see and read us: in newspapers through articles, interviews and letters to the editor, in internet forums; in private and public discussions; and in our professional and trade associations. Short and concise statements from our specialist societies on socio-political issues can be very powerful tools for informing and enlightening our fellow human beings. *"Since Freud, many psychotherapists have felt called upon to illuminate and interpret social events or processes from a psychotherapeutic or psychodynamic perspective. The great opportunity of such an approach lies in making the relevance of the unconscious motives of the actors involved in the events or processes visible and thus able to be influenced. The danger can lie in psychologizing complex processes, whereby the psychological side would only be one of many aspects but would then be clearly overemphasized in this diction (e.g., understanding the crises of the financial market exclusively as an expression of gambling-addicted shareholders). It is also necessary to remain vigilant and active in one's own professional field. Unfortunately, at this point - as shown above - it is occasionally necessary to defend oneself against state authorities, which are actually supposed to protect psychotherapeutic action."*(18).

7. **Strengthening of transcultural psychiatry and psychotherapy.** In the last twenty years the influence of cultural factors has been given an increasing role and attention has been drawn to it. In particular, the inclusion of a corresponding chapter in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (28) and the recent publication of the "DSM-5 Cultural Formulation Interview (CFI)" (29) have brought the international discussion (Lim, 2015) to a new level. However, there are still misunderstandings and quite different views as

to what taking culture into account means in practice. Essentially, it is about the difference between a general culture-sensitive psychotherapy and a specific migrant psychotherapy. The term “transcultural psychotherapy” (Peseschkian, 2016) is not only used in this work, but the author is aware that this is a transitional term until every psychotherapeutic approach takes cultural factors into account and every form of psychotherapy is transcultural. In this sense, transcultural psychotherapy must be understood as an overarching term and not just as a comparison between different cultures. The author uses a comprehensive concept of culture here, which, in addition to cultural aspects, also includes ethnic, spiritual, national, and racial aspects. Increasingly, human conflicts are culturally conditioned, i.e., they are due to culturally conditioned misunderstandings. In the age of (cultural) globalization, these also have a socio-political dimension. It is also about working out similarities and differences in working with people from different cultures and raising awareness of them. At the same time, transcultural psychotherapy means developing an approach that can be used with people across cultures and still does justice to their individuality (a kind of 'unity in diversity').

8. Nossrat Peseschkian explains **the (social) dimension of transcultural psychotherapy** in the context of positive psychotherapy: *“The transcultural problem – in the private sphere, the world of work and politics – is becoming more and more important today. With the line of development that is indicated, it is to be expected that the transcultural problem will be one of the essential tasks of the future... In the transcultural approach, we deal with the concepts, norms, values, and styles of behavior, interests and perspectives that are valid in a culture... The principle of transcultural problems*

*thus also become the principle of interpersonal relationships and inner mental conflict processing. It becomes the object of psychotherapy.”* (Peseschkian, 1979). In summary, the transcultural approach means, on the one hand, taking into account the uniqueness of the patient in the sense of “migrant psychotherapy” and, on the other hand, taking into account cultural factors in the sense of expanding the personal repertoire of actions and thus a socio-political dimension of our thinking and acting.

9. **Promotion of transcultural competence**, which should be taught and learned in all curricula in schools, training courses and universities. When the delegates of the 75th Bavarian Doctors' Day call for the subject `health` to be introduced in schools from the first year of school, so that the students can develop age-appropriate topics from the field of health promotion and prevention, and offer that doctors...can advise and support them if necessary (Utsch et al), could and shouldn't psychiatrists and psychotherapists then demand the introduction of subjects such as `transcultural and social competence`?
10. Education and enlightenment about the **importance of religion for individuals and society**. Hardly any topic has led to more misunderstandings than the role of religion and the relationship of psychotherapists to this great force of human life. Due to the increasing interest of patients in spiritual topics on the one hand and the integration of religious topics in psychotherapy and psychiatry requested by migrants on the other hand, our professional group has to increasingly deal with this complex topic (Utsch; 34). It should be noted that the American research group “DSM-IV and Culture” has required that *“a sincere interest in the culture of the patient means a more sophisticated and sensitive commitment to religious values than psychiatrists generally*

show.” (Kleinman, 1996). Physicians and psychotherapists are in a unique position to explain the interplay between religion and science, the two greatest forces in the life of the individual and society. Especially at a time when people are often frustrated by religious fanaticism and institutions as well as materialism, the question is what role religion and belief can (and perhaps must) have in a global society (Elsdörfer, 2008).

11. **Bring socio-political (not party-political!) issues into the psychotherapy**, as far as therapeutically sensible and appropriate. *“The author advocates “politicizing” psychotherapy, i.e., not only allowing ideological topics in psychotherapy, but also, within certain limits, obliging the patient to deal with social topics... In individual therapy, the patient can certainly be asked questions, how he stands on religion, superstition, militarism, pacifism, nation, authority, humanism, democracy, minorities, art, science, gender relations, Third World, etc.... He must be confronted with free ideas about society, rule, education, coexistence, sexuality etc. This places new and high demands on the therapist.”* (Mackenthun, 1991).
12. In psychotherapeutic training and continuing professional education, **the process of self-experience/self-discovery** (individual and group setting) should prepare prospective psychotherapists much more than before for social responsibility as a psychotherapist (Peseschkian, 2015). The concept of semi-structured psychodynamic educational self-discovery has proven helpful here (39).
13. **From the treatment room to the board room.** The almost enviable thing about our job is that we not only have the experience of our own life and maybe that of our family at our disposal, but also insights into the inner worlds and the experiences of hundreds of people. Unfortunately, this great enrichment and experience remains in the treatment room far

too often. Some colleagues used to publish these experiences in books, which is happening less and less now, partly because hardly anyone would buy and read these books anymore. A leading American magazine has published an essay entitled: "Why the US President Needs a Council of Historians" (Allison, Ferguson, 2016). It explains that many political mistakes, especially when dealing with other states and cultures, are due to a failure to take history into account, and that the next US President should set up an advisory board of several historians who will provide the historical background for upcoming strategic questions and decisions. As a psychiatrist and psychotherapist, one must inevitably think of a counseling team for psychological and, in particular, for cultural issues; a kind of "Council of Cultural Diversity". We have equal opportunities officers, why not cultural advisors for politicians and institutions? Why don't we demand this or don't make ourselves available for this?

14. By leaving the ivory tower, we could deal with topics that are directly related to the reality of many people's lives. More than 100 years ago, Ernst Schweningen, personal physician to German Chancellor Otto von Bismarck, complained: *“The practitioner chained to science and its ever-changing doctrine has long since lost track. Just as man today has been shattered into cells, so the way doctors see things has been split into thousands of hairs and hairs. Almost no one knows what is important anymore, and everyone would like to retreat to a special subject modestly or comfortably and lazily; Yes, do not treat more than individual hairs! Soon more the split ones! Because, as the nice excuse goes: Science today is so comprehensive, so developed that it is no longer possible to master it. This is to be welcomed in the interest of science, which believes it will increase our knowledge. But that is to be lamented in the interest of the suffering people,*

who approach the doctor as human beings, not as a convolute of individual organs, as a conglomerate of cells; degenerate at that!" (Schwarz, 2015). For this reason, many colleagues have not attended professional conferences for years and no longer read the professional journals. Here, too, today's period of upheaval offers an opportunity to concentrate on the whole person again and not just on the sick individual parts. Presentations or "Special Interest Groups" from professional organizations offer a good opportunity to get involved in certain subject areas, such as ethics, religion/spirituality, etc. Perhaps we should rather publish in popular journals read by millions of readers than in scientific journals with a high impact factor. The social impact – in the truest sense of the word – would certainly be greater with the former.

### Crisis as an opportunity

In addition to the social responsibility of psychiatrists and psychotherapists, there is the special responsibility of Europe, and especially of Germany. In the 20th century in particular, the world, but also Germany, had to suffer to learn how the "land of poets and thinkers" was involved in the deaths of 100 million people within 31 years (1914-1945). In the words of a famous political scientist: *"Europe was [1914] a colossus on the world stage, possessing wealth, creativity, and power. What happened next surprised everyone. In August 1914, Europe suddenly turned into a slaughterhouse. By 1945, 100 million people had died, an incalculable number were wounded, and the entire planet suffered from war neuroses. The world had never seen a slaughter that even approached this in size and speed. Europe, the center of the Enlightenment, the place where, according to one's own belief, the human spirit was more highly developed than anywhere else - this Europe was the very last place that one would have believed capable of something like that. That this region could degenerate into hell at this point in history was*

*unimaginable. This was the place that had begun to transform the world and humanity 400 years earlier! Now Europe threw everything it had achieved overboard in an unprecedented orgy of barbarism within 31 short years."* (Friedman, 2015).

As enlighteners, pioneers and bridge builders, our professional group can assume a formative role and offer leadership during this time. If not us, then who? – one could ask a bit pathetically. And what about 'therapeutic abstinence'? *"The duty of abstinence – and with it the value-free behavior of the psychotherapist – refers to the psychotherapeutic context in the narrower sense, not to us as citizens. Psychotherapists can and should dare to take a social and political stand."* (Dohm, 2016). Through our commitment, we would encourage many fellow human beings to stand up for injustice and act as role models...Why don't we apply to ourselves the phrase "crisis as opportunity," that we often use in our therapies for patients? The social events and processes of the last few months offer unexpected chances and possibilities to live more proactively, to become aware of one's abilities and to make one's contribution. Sounds familiar. Maybe sometimes we just have to switch from the therapist's chair to the patient's chair.

*"People today are faced with the alternative:  
Decline of man or transformation of man."  
Karl Jaspers (1958)*

### Conclusion for practice

In the current social upheaval and crisis, psychiatrists and psychotherapists can play a special role as relationship experts. As enlighteners, pioneers, and bridge builders, we can enlighten society with regard to many current issues, eliminate misunderstandings, create understanding for people from other cultures, help to break down prejudices and reduce fears in the individual and society. To do this, however, psychiatrists and psychotherapists must leave our comfort zone, make a public statement, be present, leave the ivory tower and become more involved in socio-political matters alongside our professional work.

By promoting transcultural competence, we can enable ourselves and others to understand the current situation of upheaval as an opportunity towards a global society and to actively participate in shaping it. Due to our experience and insights into human coexistence and experiences, this professional group is not only predestined for socio-political commitment, but also has a great deal of responsibility in the age of transcultural globalization.

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# INTERNAL RESOURCES OF PERSONAL PSYCHOLOGICAL WELL-BEING



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## Abstract

The issue of the ways to preserve and strengthen an individual's mental health and the effective means of promoting his/her psychological well-being and life satisfaction is a new and promising area of research in modern psychology. The article presents an empirical analysis of personal resources; their development is the basis of an individual's psychological well-being and effective functioning, when he/she can realize his/her potential, overcome life's difficulties effectively and work productively. In this context, the correlations of the components of psychological well-being with self-determination abilities, coping strategies and actual abilities were analysed. The inner orientation, which had the greatest impact on the prognostic model of psychological well-being, correlated with awareness of the meaning of one's own life, understanding of life goals, and the belief in the ability to achieve them. The primary actual capabilities, which determined emotional experiences in relation to oneself and in interpersonal relationships, correlated with almost all examined indicators. The linear regression analysis that was conducted showed that the primary actual capabilities, namely, hope, love, trust, and time are of special importance in an individual's achieving one's positive life priorities.

**Keywords:** psychological well-being, internal resources, inner orientation, current capabilities, positive psychotherapy

## Introduction

The Modern life is becoming more and more a test of the strength of people's internal resources: the level of their strength and whether it is sufficient to withstand negative external influences and adapt to changing conditions without much damage to mental health and psychological well-being.

The COVID-19 pandemic has caused a serious health crisis worldwide (Ettman et al, 2020, Villani et al., 2021). Symptoms of anxiety and depression are the most common psychological responses to the COVID-19 pandemic (Villani et al., 2021; Alfawaz et al., 2021).

Modern research projects convincingly prove that an individual's internal personal resources can help to counteract the negative psychological consequences of a pandemic and preserve psychological health. In particular, feelings of hope, self-efficacy, and optimism, effectively support the experience of psychological

well-being, amortizing the adverse effects of quarantine and pandemic (Pellerin, & Raufaste, 2020). It was determined that self-efficacy and the existence of goals in life, in addition to well-developed cognitive and affective spheres of personality reduced the risk of disease among health professionals (Krok, Zarzycka, & Telka, et al., 2021). The existence of a sense of the meaning of life, self-compassion, the use of effective coping strategies, positive emotions, strengths of character (ability to empathize, gratitude and hope, courage and endurance) contributed to the emergence and maintenance of positive emotions and optimism (Olf et al., 2021). Psychological capital and the internal locus of control maintained a positive balance of affect (Krampe, Danbolt, Haver, et al., 2021).

Thus, an individual's internal (personal) resources are a buffer that protects him/her from the negative effects of the pandemic. In fact, an individual's inner resources, such as resilience, optimism, wisdom, social support, life goals or meaning in life, spirituality, self-efficacy, effective coping strategies used to overcome stress, etc. are positive psychosocial factors underlying positive mental health (Messias et al., 2020). The term "positive" emphasizes the mobilization of existing human potential, which mediates the trajectory of self-improvement, self-realization, including psychological well-being, happiness, life satisfaction, stress resilience, post-traumatic growth, prevention of psychopathology and so on.

The desire for positive functioning and a sense of well-being is one of the main drivers for personal growth and an important condition for the quality of life, so the problem of its acquisition and support is the subject of numerous psychological studies.

The study on the factors of an individual's psychological well-being is important due to the need to give objective feedback to the social-cultural policy of society and the state. After all, the World Health Organization (WHO) has taken the very concept of well-being as the main criterion for determining health, as it is more determined by self-esteem and a sense of social belonging than biological functions of the body (World Health Organization, 2018). Numerous empirical studies (Bowling, Banister, Sutton, Evans, & Winsdor, 2002; Rigby, & Huebner, 2005) suggested that subjective self-assessment of well-being and health were more important variables than effective economic or socio-demographic factors characterizing the parameters of quality of life. The key factors assessing

psychological well-being include, in particular, the level of adaptation, self-control and self-efficacy, morale, self-esteem perceived as control over life (locus), life expectancy, optimism-pessimism, social values, beliefs, aspirations, etc. (Bowling, Banister, Sutton, Evans, & Winsdor, 2002).

## Methodology

The following methods of psychological examination were used in the empirical study: C. Riff's scale of psychological well-being (Shevelenkova, & Fesenko, 2005); Wiesbaden Questionnaire (WIPPF) proposed by N. Peseschkian and X. Deidenbach (Peseschkian, & Deidenbach, 1988; Serdiuk, & Otenko, 2021); Folkman and Lazarus's Ways of Coping Questionnaire (Kryukova, & Kuftyak, 2007); the General Causality Orientations Scale of E. Deci, R. Ryan (Dergacheva, 2002).

The sample consisted of 370 people, including: general school and university students; persons who improved their skills in the method of positive psychotherapy; and working professionals. The respondents' age ranged from 18 to 57 years.

The empirical data obtained were processed with a computer program for statistical data processing SPSS Statistics 21.0.

## Results

Our study is based on C. Ryff's concept (1995) of understanding the phenomenon of psychological well-being and its importance for an individual's self-realization. C. Ryff's model is a multifactorial structure of psychological well-being including 6 components as a manifestation of positive psychological functioning: positive attitude to self and one's own past; existing goals and hobbies that give meaning to life; ability to meet the requirements of everyday life; a sense of constant development and self-realization; positive relationships with others, with care and trust; the ability to adhere to one's own beliefs.

We define psychological well-being as an integral indicator for the degree to which a person focuses on the realization of the main components of positive functioning, as well as the degree of actual implementation of these orientating points, which is subjectively expressed in feelings of happiness and satisfaction with oneself and life.

The analysed empirical data showed that all indicators of psychological well-being were above average in the vast majority of the respondents. Frequency analysis of the data showed that 61% of the respondents had above-average values for the scale of "positive relationships with others"; 48% had such values for the scale of "autonomy"; 51% had for the scale of "environmental mastery"; 62% had for the scale of "personal growth"; 59% had for the scale of "goals in life"; and 48% had for the scale of "self-acceptance".

Pearson's correlation analysis for the components of psychological well-being and coping strategies used to overcome stress and presented in Table 1 shows that people with high psychological well-being were characterized by a predominance of "planful problem solving" and coping strategy, which indicated their ability to objectify a situation, forecast the development of its possible options and analyse their necessary internal resources, taking into account previous experience.

Table 1

Pearson's correlation of components of psychological well-being and coping strategies

	Positive relationships	Autonomy	Environmental mastery	Personal growth	Goals in life	Self-acceptance
Confrontation	.05	.14	-.16*	.15	-.06	-.05
Distancing	-.09	-.09	-.17*	-.07	-.19*	-.17*
Self-controlling	-.17*	-.15*	-.15	.02	-.02	-.12
Seeking social support	-.02	-.05	-.18*	.06	.19**	.02
Accepting responsibility	-.13	-.29**	-.36**	-.01	-.05	-.29**
Escape-avoidance	-.27**	-.35**	-.48**	-.09	-.29**	-.36**
Planful problem solving	.25**	.48**	.38**	.39**	.37**	.47**
Positive reappraisal	.27**	.18*	.13	.32**	.26**	.28**

\*\*  $p < .01$ ; \*  $p < .05$

The data in Table 1 show that the respondents with high psychological well-being use effective coping strategies - planful problem-solving and positive reappraisal. Such strategies, due to the analysis of situations and their own resources contribute to the development of an individual, his/her self-improvement, integration of personal resources and behavioural styles, which ensures the preservation of psychological health and well-being in different situations. Obviously, the most ineffective strategy is escape-avoidance, which indicates a lack of understanding of the causal links between one's own actions and current difficulties and, as a result, self-withdrawal (ignoring or denying a problem, fantasizing, etc.).

The study of the inner foundations of an individual's psychological well-being was also carried out on the basis of the criterion of self-determination (Ryan, & Deci, 2017). Self-determination includes motivation that arises from internal sources, but it also includes external motivation if a person identifies him/herself with the value of activities and feels that it is consistent with his sense of self. Such motivation provides self-awareness and self-knowledge, the ability to achieve goals, the ability to solve problems, decision-making, the ability to plan and achieve objectives, self-regulation and self-management skills (Ryan, & Deci, 2017).

Correlations among the components of psychological well-being and indicators of self-determination are presented in table 3.3

Table 2

Pearson's correlation of components of psychological well-being and self-determination

Components of psychological well-being	Causal orientation		
	Internal orientation	External orientation	Impersonal orientation
Positive relationships	.34*	.14	-.22*
Autonomy	.35**	-.15	-.33**
Environmental mastery	.33**	.14	-.21*
Personal growth	.44**	-.17	-.24*
Goals in life	.38*	-.13	-.21*
Self-acceptance	.41**	.01	-.31**

\*\* p<.01; \* p<.05

As we can see from Table 2, the components of psychological well-being are related to the internal causal orientation, which reflects the independent and conscious choice of human behaviour. Causal orientation characterizes an individual's ability to feel competent, confident in his/her decisions based on personal motives and the ability to adequately respond to changes in the external environment. Impersonal orientation, which is an indicator of a low level of self-determination, has inverse correlations with all components of personal well-being.

Many studies (Dieffenbach, & Statler, 2012; Lytvynenko, 2016; Nakamura, & Csikszentmihalyi, 2014; Ryan, & Deci, 2017; Serdiuk, Danyliuk, & Chykhantsova, 2019) have shown a close link between the concepts of "self-determination" and "flow", which means a state of complete absorption into an activity, enjoyment of this activity, this state is often described as a feeling of satisfaction from self-realization, increasing self-confidence and the ability to effectively overcome difficulties. In the "flow" state, the pleasure then inherent in the very activity encompasses a person, makes his/her behaviour autotelic (auto - self, telos - goal), i.e. the one that is performed for its own sake. Like the theory of self-determination, the flow theory emphasizes the phenomenology of an individual's intrinsic motivation (Nakamura, & Csikszentmihalyi, 2014).

Thus, intrinsic motivation promotes personal

autonomy, independence from others, stimulates self-motivation of activities and behaviour; and the internal locus of causality (compared to the external one) promotes the tendency to pursue one's own goals and, as a result, achieve them.

Based on regression analysis, we identified the predictors that have the greatest impact on an individual's psychological well-being. Table 3 presents the results of regression analysis performed to predict an individual's psychological well-being.

Table 3

Model	Regression models			Std. error
	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	
1	.711 <sup>a</sup>	.505	.486	18.11
2	.786 <sup>b</sup>	.618	.595	16.09
3	.828 <sup>c</sup>	.685	.660	14.74

a. Predictors: (const) Internal orientation

b. Predictors: (const) Internal orientation, personal growth

c. Predictors: (const) Internal orientation, personal growth, self-acceptance

e. Dependent variable: psychological well-being

Table 3 reveal that an individual's psychological well-being can be predicted using three models. Thus, based on the third model, which explains 69% of variances, we have found that psychological well-being is influenced mostly by the indicators: inner orientation, personal growth and self-acceptance.

An individual's *internal resources of psychological well-being* can be examined more deeply on the basis of self-assessment of characterological and personal features (secondary actual abilities in relation to own behaviour and primary actual capabilities in relation to oneself), the essence of which is manifested via psychodynamics of the conflict reactions (Peseschkian, & Deidenbach, 1988; Remmers, 1996).

Table 4 presents the correlations between actual capabilities and other personality constructs that characterize the personality aimed at self-realization, life satisfaction and psychological well-being. The results show that contacts, trust, hope, and tenderness contribute to positive relationships, and the over-assessment of punctuality and thrift, on the contrary, has a negative impact. Autonomy and self-determination are facilitated by such abilities as sincerity, time, trust and hope, obedience, justice, etc. Personal growth is supported by politeness, sincerity, diligence, contacts, trust, hope and faith/meaning.

Table 4.

Pearson's correlations of actual abilities with components of positive personality functioning

	Positive relationships	Autonomy	Environmental mastery	Personal growth	Goals in life	Self-acceptance	Psychological well-being
<b>1.1 Orderliness</b>	-.25	-.16	-.08	.18	-.09	-.15	-.14
<b>1.2 Cleanliness</b>	-.26	-.21	-.27	.04	-.09	-.26	-.29
<b>1.3 Punctuality</b>	-.51**	-.25	-.18	-.07	-.19	-.38*	-.32
<b>1.4 Politeness</b>	-.07	-.15	.08	.45**	.19	.16	.18
<b>1.5 Openness</b>	.26	.53**	.26	.57**	.55**	.39*	.48**
<b>1.6 Achievement</b>	.04	-.24	-.07	.46**	.18	.13	.05
<b>1.7 Eliability</b>	.07	.24	.07	.26	.27	.29	.26
<b>1.8 Thrift</b>	-.41*	-.32	-.28	-.17	-.19	-.33*	-.38*
<b>1.9 Obedience</b>	-.06	-.08	.05	.29	-.06	-.06	.04
<b>1.10 Justice</b>	.13	.09	.13	.44**	.33*	.27	.27
<b>1.11 Faithfulness</b>	.07	.05	.09	.29	.25	.19	.18
<b>1.12 Patience</b>	-.07	.07	.18	.16	-.15	.08	.07
<b>1.13 Time</b>	.34	.48**	.37	.49**	.44**	.35*	.37*
<b>1.14 Contacts</b>	.41*	.25	.26	.66**	.58**	.39*	.58**
<b>1.15 Trust</b>	.55**	.38*	.42**	.46**	.49**	.55**	.58**
<b>1.16 Hope</b>	.56**	.43**	.53**	.58**	.69**	.63**	.72**
<b>1.17 Tenderness</b>	.47**	.19	.11	.32*	.39*	.47**	.38*
<b>1.18 Love</b>	.31	.17	.48*	.24	.33*	.36*	.34*
<b>1.19 Faith / meaning</b>	.14	.15	-.14	.59**	.27	.02	.16

In general, we should note the special importance of primary capabilities in an individual's achieving positive life priorities, which correlate with almost all examined indicators. Primary actual abilities determine emotional experiences in relation to oneself and in interpersonal relationships. They are very important behavioural regulators, as they are associated with the psychodynamic category of self-esteem.

The results of regression analysis, presented in table 5, show the actual capabilities that have the greatest impact on the integrated indicator of an individual's psychological well-being.

Table 5

Model	Regression models			
	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. error
1	.57 <sup>a</sup>	.39	.32	36.44
2	.65 <sup>b</sup>	.44	.39	34.19
3	.68 <sup>c</sup>	.47	.44	33.04
4	.71 <sup>d</sup>	.47	.46	32.35

a. Predictors: (const) Hope

b. Predictors: (const) Hope, Love

c. Predictors: (const) Hope, Love, Trust

d. Predictors: (const) Hope, Love, Trust, Time

f. Dependent variable: Psychological well-being

Table 5 shows that the predictors of psychological well-being with the greatest impact are the following primary capabilities: hope, love, trust and time.

Thus, the ability to realize one's own potential, resilience in stressful situations, life satisfaction and psychological well-being is ensured by the development of primary actual capabilities associated with experiencing self-identity, faith in one's own abilities and trust in others. These data also show possible therapeutic targets and ways to provide psychological assistance in achieving positive life priorities

## Conclusion

1. Psychological well-being is a complex and multifaceted personal determinant, strongly dependent on the factors of personal autonomy (internal orientation), self-expression, understanding of one's own nature, disclosure of one's creative potential, purposefulness and positive relationships with others.

2. As an integral personal formation, psychological well-being functions dynamically and is a motivational parameter of personality, depending on the ability to objectify a situation, predict the development of its possible options and analyse one's own internal resources based on previous experience.

3. Internal orientation, which has the greatest influence in the prognostic model of an individual's psychological well-being, is associated with awareness of the meaning of one's own life, understanding of one's own life goals, belief in the ability to achieve them.

4. The most significant barriers preventing the formation of motivation for self-realization is the inability to become a subject of one's own life; underdeveloped abilities of self-understanding, self-knowledge, vague ideas about oneself, stereotypes and attitudes reducing importance of other people, etc. This, in turn, leads to inadequate goal setting; unformed mechanisms of self-development; rejection of oneself, misconceptions about one's own prospects.

The ability to realize one's potential, resilience in stressful situations, life satisfaction and psychological well-being is ensured by the development, first of all, of primary actual capabilities related to experiencing self-identity, belief in one's abilities and trust in others. Thus, actualization of an individual's internal resources promotes his/her psychological well-being; such actualization includes understanding the reserves for

full realization of the ability of self-determination in the present and the possibility of its development in the future.

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# FEATURES OF THE TIME PERSPECTIVE OF STUDENTS WITH DISABILITIES



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## Abstract

The article presents the results of a study of the features of the time perspective of students with disabilities. It is revealed that the majority of the students with disabilities who were studied are dominated by the hedonistic profile of the time perspective – orientation to fleeting pleasures from the present "here and now"; avoidance of thoughts, meaningfulness of the consequences of their own actions and activities in the future. It is established that the Balanced time perspective of students with disabilities is represented by moderately high indicators of time orientation to the future, low negative past, high hedonistic present. In the profile of an unbalanced time perspective, high indicators of orientation to the negative past, fatalistic and hedonistic present, and low indicators of orientation to the future are expressed. The relationship of a balanced time perspective with the personal qualities of self-determination, self-understanding, self-acceptance, autonomy, self-efficacy and life satisfaction is revealed. Predictors of the time perspective of students with disabilities are: self-acceptance, as a conscious acceptance of the diversity of their own selves; the attitude of others as a resource for developing their own effectiveness and personal autonomy, which allows them to adequately assess their own capabilities, make their own decisions independently and take life responsibly.

**Keywords:** time perspective, balanced time perspective, disabled students, self-attitude, self-efficacy, personal autonomy

## Introduction

Time plays an important role in our lives. The ability to interact with the time of one's own life, to realize it as a resource, to use the achievements of the past, to actively act in the present, to fill the future with Meanings is one of the most important conditions for a person's life. Zimbardo & Boyd (1999, 2008) define the time perspective as the main aspect in the construction

of the psychological time of the individual. This is an unconscious process, as a result of which the continuous flow of Life (Past, Present, Future) of a person is distributed in time modes (frames). These frames help a person to organize, coordinate, and give meaning to events.

The time perspective directly affects the organization of a person's psychological time, setting goals, planning for the future, making decisions, directing one's own activities and life in general

(Zimbardo & Boyd, 1999). Zimbardo & Boyd (1999) there are five main time orientations (frames) of the individual: *positive past* – reflects a positive, nostalgic and sentimental attitude to the past. Past experiences and times seem pleasant. *Negative past*-reflects a negative, traumatic, distorted attitude to the past. *Hedonistic present*-reflects a hedonistic, risky attitude to the time of one's own life; the desire to enjoy the present moment, despite the further consequences of one's behavior. *Fatalistic present*-reflects a fatalistic, helpless attitude to life, a sense of minimal control over one's own life, and the predominance of faith in fate. *Future*-reflects the general future orientation, the willingness of a person to make efforts for the sake of their goals, and possible rewards in the future. The steady use of certain time orientations to categorize one's own life experience forms a time orientation through which life situations are perceived. However, time orientations that are adaptive for solving some life situations may not be adaptive for others. Therefore, the combination of different time orientations in the time profile is adaptive and optimal (for different life situations and the mental health of the individual) (Boniwell, 2004).

Analyzing the qualitative characteristics of the time perspective, Zimbardo & Boyd (1999, 2008) introduces the concept of "balanced time perspective" - as the cognitive ability of a person to effectively switch between the past, present and future, depending on life tasks, situations, personal values, goals, beliefs and resources. The optimal profile of a balanced time perspective combines a low level of fatalistic present and negative past, an average level of hedonistic present, a moderately high level of future, and a high level of positive past (Zimbardo & Boyd, 2008).

Studies have shown that a balanced time perspective and deviations from the optimal profile are associated with psychological well-being, mental health, cognitive functioning, self-control, interpersonal interaction, and biological and demographic indicators (Stolarsky & et al., 2020). Adaptive and situation - appropriate ability to switch between the past, present and future is an important mechanism of adaptation, contributes to psychological health, and determines the effective functioning of the individual (Boniwell, Osin, Linley, & Ivanchenko, 2010).

Research shows that time perspective is closely related to a person's subjective well-being and self-awareness (Drake, 2008; Boniwell et al., 2010);

personality traits (Kairys, 2010); role Identity Development (Kaplan & Garner, 2017); with locus of control and self-efficacy of personality (Akirmak, 2019); sense of connectivity, subjective well-being, psychological health, chronic diseases (Wiesmann et al., 2018). development of emotional intelligence, neuroticism, extraversion (Stolarski et al., 2011); attitudes, values of activity, behavior, cultural, national values and characteristics, economic development, social functioning (Sircova & et al, 2014).

Obtaining higher education is an important stage of self-realization of students with disabilities. Learning in integrated groups is a challenge of particular complexity for students with disabilities. It does not so much limit the possibilities of self-realization of students with disabilities, but rather requires them to use much more effort and activate personal resources than in situations of ordinary, unencumbered by a chronic disease, personal development.

Research analysis has shown that students with disabilities are characterized by low awareness of future prospects (Klymenko, 2014); uncertainty of life plans and attitudes (Tyshchenko, 2010); difficulty in organizing their own psychological time (Kuprieieva, 2021). The imbalance of the time perspective of students with disabilities complicates the independent choice of profession, affects the motivation of learning, awareness of the goals of their own activities in the present, designing their own future, actualizes excessive critical assessment of their own abilities, self-realization, which against the background of their desire for self-actualization cause a number of personal and socio-psychological problems (Kuprieieva, 2021).

In adolescence, especially important for a young person are challenges related to self-realization, making vital decisions, designing one's own future, realizing goals, and filling life with meaning. The presence of mature, formed ideas about one's own future in adolescence becomes an important and necessary prerequisite for self-realization of the individual. This fully applies to students with disabilities for whom obtaining higher education is an important stage of self-realization. Research analysis has shown that students with disabilities are characterized by uncertainty of life plans and attitudes (Tyshchenko, 2010), low awareness of future prospects (Klymenko, 2014), self-stigmatization, self-doubt, excessive critical assessment of their own capabilities, which against the background of their desire for self-actualization cause a number of

personal and socio-psychological problems (Kuprieieva, 2021). Therefore, it is appropriate to identify the psychological features of the time perspective of students with disabilities, and to investigate the relationship of the optimal time perspective profile with their personal qualities.

## Methodology

### 2.1. Methods and organization of the research

The study was conducted on the basis of the University "Ukraine" (Kiev) and M. P. Dragomanov National Pedagogical University (Kiev).

In an empirical study, based on the purpose of the study, we studied the psychological characteristics of the time perspective of students with disabilities and the relationship between the time perspective and personal qualities: self-determination, self-efficacy and life satisfaction.

Self-realization as a component of self-awareness determines the emotional and value perception of one's own self, a sense of self-worth and necessity for other people, is an important resource for self-realization of the individual and provides self-regulation of its behavior and activities.

Self-efficacy beliefs are an important mechanism of subjectivity (Bandura, 1997). Self-efficacy as a cognitive assessment of one's own ability to effectively perform activities and overcome difficult situations with the help of one's abilities, considerable effort and perseverance contributes to the balance of the individual's time perspective.

Life satisfaction as a "generator" of activity initiates a person's behavior, its interaction with the time of one's own life, and the environment. To a large extent, it plays a crucial role in the processes of self-regulation of activity, its success, including in difficult situations, and maintaining the psychological well-being of the individual (Stolarski, 2016).

In an empirical study, we used the following methods:

*Zimbardo Time Perspective Inventory (ZTPI)* (Zimbardo & Boyd, 2008) adapted by G. Syrtsova, O. T. Sokolova, O. V. Mitina (2008). The methodology includes five main factors. Two scales relate to the valence of the past: positive and negative past; two scales relate to the present - hedonistic and fatalistic present. In relation to the future, one aspect stands out – orientation to the future. ZTPI is a 56-item self-report instrument, which

measures participants' time-related attitudes and behaviours by asking them to rate, on a Likert scale, how true each statement is of them (1 being 'very untrue' and 5 being 'very true') Cronbach's alpha was 0.78-0.80.

*Self-Attitude Questionnaire of V. V. Stolin, S.R. Pantileev* (Pantileev, 1993). The questionnaire allows you to identify three levels of self-attitude, which differ in the degree of generalization: global self-attitude; self-attitude, differentiated by self-esteem, autosympathy and conflict attitude to oneself; the level of specific actions (readiness for them) in relation to the "I". The questionnaire contains 57 statements and two possible answers- "yes" and "no". The score of each factor is calculated by adding statements that the subject agrees with if they are included in the factor with a positive sign, and statements that the subject disagrees with if they are included in the factor with a negative sign.

*Satisfaction With Life Scale (SWLS)* E. Diener in the adaptation of Osin, E. N., Leontiev, D. A. (2020). The questionnaire measures the degree of emotional experience of an individual's own life as a whole, which reflects the reflexive-evaluative components of subjective well-being and its overall level. The scale contains five statements that are evaluated on a seven-point scale: from "absolutely disagree" (1 point) to "absolutely agree" (7 points). The amount is calculated for all items in the questionnaire. The minimum score on the scale is 7, and the maximum score is 35 points. As approximate normative values, researchers determine: up to 16 points – a low level of life satisfaction, 25 points and above – a high level of life satisfaction.

*Scale of self-efficacy of R. Schwarzer, M. Erusalem* in the adaptation of V. Romek (SHvarcer, Erusalem, Romek, 1996). Diagnoses general self-efficacy as a person's subjective sense of one's own ability to achieve effectiveness in a variety of situations. The questionnaire contains 10 statements that are evaluated on a 4-point scale: "absolutely not correct" (1 point), "most likely not correct" (2 points), "most likely correct" (3 points), "absolutely correct" (4 points). The level of self-efficacy is determined by the sum of points received for all statements. Cronbach's alpha was 0.80.

For statistical analysis of the obtained data, the following methods of mathematical statistics were used: analysis of average values, correlation, перцепційний analysis. The processing of the obtained

empirical data was carried out using the statistical software package SPSS 21.0 for Windows.

2.2. Participants in the research

The study involved 345 students with disabilities of various nosological diseases (musculo-skeletal system, hearing and vision organs, nervous system, general diseases, cerebral palsy). The subjects were 18 to 21 years old. Of these, 189 (54.8%) are women and 156 (45.2%) are men.

Results

Descriptive statistics of indicators of the time perspective of students with disabilities are given in Table 1.

Table 1

Indicators of disabled students Time perspective

Time perspective	Mean	SD	Normative data
Past-Negative	2.9	0.6	2.5
Present-Hedonistic	5.2	0.1	3.4
Future	2.4	0.6	3.4
Past-Positive	3.2	0.5	3.6
Present-Fatalistic	2.5	0.5	2.6

As can be seen from Table 1, students with disabilities showed high indicators of time orientation hedonistic present ( $\bar{x} = 5.2$ ), low time orientation future ( $\bar{x} = 2.4$ ).

Based on the optimal indicators of the Balanced time perspective construct (Zimbardo & Boyd, 2008), we identified a sample of students with disabilities with balanced time perspective indicators (16.5%) and unbalanced time perspective indicators (84%).

Descriptive statistics of indicators of a balanced time perspective of students with disabilities are given in Table 2.

Table 2

Indicators of disabled students balanced Time perspective

Time perspective	Mean	SD	Optimal points
Past-Negative	2.0	0.2	1.9
Present-Hedonistic	5.3	0.4	3.9
Future	4.7	0.4	4.0
Past-Positive	3.4	0.3	4.6
Present-Fatalistic	1.8	0.4	1.5

Table 2 data show that the Balanced time perspective of students with disabilities is represented

by high rates of hedonistic present ( $\bar{x} = 5.3$ ), moderately high future ( $\bar{x} = 4.7$ ), average positive past ( $\bar{x} = 3.4$ ), and fatalistic present ( $\bar{x} = 1.8$ ).

Descriptive statistics of unbalanced time perspective indicators for students with disabilities are given in Table 3.

Table 3

Indicators of disabled students negative Time perspective

Time perspective	Mean	SD	Optimal points
Past-Negative	4.0	0.2	1.9
Present-Hedonistic	5.2	0.4	3.9
Future	2.1	0.4	4.0
Past-Positive	3.2	0.3	4.6
Present-Fatalistic	4.6	0.4	1.5

As can be seen from Table 3, the unbalanced time perspective of students with disabilities is represented by high rates of orientation to the hedonistic present ( $\bar{x} = 5.2$ ), negative past ( $\bar{x} = 4.0$ ), and fatalistic present ( $\bar{x} = 4.6$ ).

The next step of our research was to study the relationship between the balanced and unbalanced time perspective of the studied students with disabilities and personal qualities. We conducted a correlation analysis between time perspective orientations and personal qualities: autonomy, self-understanding, self-acceptance, self-determination, self-efficacy, and life satisfaction.

Table 4 presents the relationship between a balanced time perspective and the personal qualities of students with disabilities.

Table 4

Correlations between disabled students' balanced Time perspective and personal traits

Fundamental assumptions	Time perspective				
	PN	PH	F	PP	PF
Autonomy	-.38*	-.27	.49**	.08	-.22**
Self-understanding	.21	.39*	.41**	.33**	-.57*
Self-acceptance	-.32**	.35**	.21	.56**	-.41**
Self-attitude	-.42**	.46**	.41**	.57**	.29**
Attitude of others	-.26	.38**	.57**	.47**	.34**
Self-efficacy	-.29**	.38*	.23	.34**	-.27**
Life satisfaction	.21	.55*	.23**	.21*	-.37**

\*\*  $p \leq 0.01$ . \*  $p \leq 0.05$

As can be seen from Table 4, there are close relationships between time orientations and personal traits. A positive relationship was found between the orientation to the hedonistic present and positive self attitude ( $r=.46$ ;  $p < 0.01$ ), life satisfaction ( $r=.55$ ;  $p < 0.05$ ), self-understanding ( $r=.39$ ;  $p < 0.05$ ), positive attitude of other people ( $r=.38$ ;  $p < 0.01$ ), self-acceptance ( $r=.35$ ;  $p < 0.01$ ). A high positive relationship was found between the time orientation of the future and the attitude of other people ( $r=.57$ ;  $p < 0.01$ ), autonomy ( $r=.49$ ;  $p < 0.01$ ); average relationship with self-understanding, self-attitude ( $r=.41$ ;  $p < 0.01$ ), low with life satisfaction ( $r=.23$ ;  $p < 0.01$ ). A high positive relationship of time orientation positive past with self-orientation was found ( $r=.57$ ;  $p < 0.01$ ), self-acceptance ( $r=.56$ ;  $p < 0.01$ ), low with life satisfaction ( $r=.21$ ;  $p < 0.05$ ), the expectation of a positive attitude of other people ( $r=.47$ ;  $p < 0.01$ ). Time orientation the negative past is related to the mean negative relationship with self-orientation ( $r= -.42$ ;  $p < 0.01$ ), autonomy ( $r=-.38$ ;  $p < 0.01$ ), self-acceptance ( $r= -.33$ ;  $p < 0.01$ ). A strong negative relationship of time orientation fatalistic present with self-understanding was found ( $r= -.57$ ;  $p < 0.05$ ), self-acceptance ( $r= -.41$ ;  $p < 0.01$ ); low positive association with other people's positive attitudes ( $r=.34$ ;  $p < 0.01$ ).

Table 5 presents the relationships of an unbalanced, balanced time perspective with the personal traits of students with disabilities.

Table 5

Correlations between disabled students' negative Time perspective and personal traits

Fundamental assumptions	Time perspective				
	PN	PH	F	PP	PF
Autonomy	-.48*	-.27	.29**	.02	-.28**
Self-understanding	.12	.07	-.14	.10	-.57**
Self-acceptance	-.52**	-.09	.21	.10	-.51**
Self-attitude	-.42**	.34**	-.18	.16	-.29**
Attitude of others	-.36**	.08	.03	.57**	.14
Self-efficacy	-.39**	.07	.23	.11	-.27**
Life satisfaction	-.51**	.25**	.16	.35*	-.52**

\*\*  $p \leq 0.01$ . \*  $p \leq 0.05$

As can be seen from Table 5, the time orientation of the negative past is associated with a high negative

relationship with self-perception ( $r= -.52$ ;  $p < 0.01$ ), life satisfaction ( $r=-.51$ ;  $p < 0.01$ ). Time orientation the fatalistic present is interconnected by a strong negative connection with self-understanding ( $r= -.57$ ;  $p < 0.01$ ), life satisfaction ( $r= -.52$ ;  $p < 0.01$ ). Time orientation to the hedonistic present is associated with a low positive relationship with self-affirmation ( $r=.34$ ;  $p < 0.01$ ). Time orientation the future is associated with a low positive relationship with only one quality of personality - autonomy ( $r=.29$ ;  $p < 0.01$ ).

To determine predictive indicators of time orientation for the future of students with disabilities, we used the regression analysis method. The results of regression analysis by which we can predict the indicators of time orientation of the future are presented in Table 6.

Table 6

Prognostic models of disabled students' Future

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
3	.84 <sup>c</sup>	.70	.68	2.956

c. Predictors: (const.): self-acceptance, attitude of others, autonomy. Dependent variable: future

The model explaining 58% of the data variance predicts the most accurately future. The model is considered valid if the R-square exceeds 0.5 (Table 6).

The obtained value is greater than 0.5, so we can say that the obtained model is statistically significant.

Table 7 shows the resulting linear coefficients linking the future variable with predicting personal characteristics.

Table 7

Linear coefficients for the predictors

Model	B	Std. Error	$\beta$	t	P
(const)	56.625	3.655		15.492	.000
self-acceptance	1.389	.211	.515	6.580	.000
attitude of others	-.920	.157	-.463	-5.857	.000
autonomy	.193	.038	.387	5.067	.000

As can be seen from Table 7, the regression analysis revealed the main predictors that have a positive effect on the temporal orientation of the future: self-acceptance ( $\beta=.515$ ), the ratio of others ( $\beta= -.46$ ), autonomy ( $\beta=.38$ ).

## Discussion

Analysis of the frequency distribution of the components of the time perspective showed that 60% of the students with disabilities who were studied showed time centralization in the hedonistic present. The subjects are dominated by an orientation to fleeting pleasures from the present "here and now"; avoiding thoughts, meaningfulness of the consequences of their own actions and activities in the future. A time perspective profile with high indicators of the hedonistic present and low indicators of the future is distinguished as a hedonistic profile (Zimbardo & Boyd, 2005). The weaknesses of the hedonistic profile are a narrowed temporal world view (orientation mainly to getting pleasure "here and now"), low ego control, impulsivity, less ability to predict the future, and the desire to replace the need for internal development with artificial external impressions. The strengths of individuals who are dominated by an orientation to the hedonistic present are openness to new experience and knowledge. They easily engage in interpersonal interaction and show creativity in their relationships with others and the world (Zimbardo, & Bojd, 2010; Adams, 2009).

Of the total sample of students with disabilities studied, 16.5% (57 people) had a balanced time perspective profile - moderately high indicators of time orientation to the future, low indicators of a negative past, and high hedonistic present. Focusing on the positive past is a resource for these subjects, and in combination with a conscious attitude to the future determines the purposefulness and success of the individual. However, in this profile, high indicators of the hedonistic present are expressed. We can assume that focusing on the hedonistic present is an important condition for feeling full of life, filling it with joy, and can be an individual cognitive and behavioral strategy for knowing yourself and the world around you. A balanced time perspective, as a representation of the self in the space and time dimension of life, allows you to adequately respond to its events, based on the balance between the content of past experiences and experiences, ideas about the future and desires of the present (Zimbardo, 2005).

An unbalanced time perspective was found in 83.5% (288 people) of students with disabilities. In the profile of an unbalanced time perspective, high indicators of orientation to the negative past, fatalistic present, and

low indicators of orientation to the future are expressed. This profile also shows high indicators of hedonistic present orientation, and higher than optimal indicators of fatalistic present orientation. We can assume that an unrealistic idea of one's own future, low ability to plan it, unwillingness to make efforts to achieve the goals of the future, activates the need to enjoy the present and avoid thinking about the complexity and uncertainty of the future. This can compensatorily activate a fatalistic attitude to life. The predominance in both profiles (balanced and unbalanced) of orientation to the hedonistic present may indicate its adaptive potential for students with disabilities, primarily for organizing the learning process (attending university classes, passing exams, performing modular tasks, etc.). The predominance of a hedonistic orientation to the present may be a necessary prerequisite for achieving well-being in the future (Boyd-Wilson, Walkey & McClure, 2002). The predominance of the time orientation to the hedonistic present can also be caused by the unfavorable social and economic conditions of the present in which the students who took part in the study live. Since in unstable living conditions the length of the time perspective for the future loses its relevance due to the inability to predict and plan one's own future (Fieulaine, 2015).

As a result of the study of the relationship between a balanced time perspective and the personal qualities of students with disabilities, it was revealed that they are characterized by higher indicators of self-acceptance, self-attitude, expectations of the attitude of others, and life satisfaction. Their ability to effectively switch between the present and the future is associated with positive self-awareness, self-understanding, and self-acceptance with strengths and weaknesses. Students with disabilities who are focused on the future tend to perceive their own past as a resource. For them, the positive attitude of other people is important. They are able to use their own capabilities to achieve goals, make their own decisions and take responsibility for them. The weak correlation between future orientation and life satisfaction can be explained by differences in individual orientation patterns over time. Obviously, subjects with a dominant focus on the hedonistic present have a higher level of life satisfaction because they are not used to "putting off gratification until tomorrow." However, in the context of a balanced Time Perspective, a general focus on the future contributes

to life satisfaction (Boniwell et al., 2010). Subjects with a balanced time perspective are confident in their own self-efficacy, which is based on the three-way influence of time - positive past experience, current achievements and reflection of future opportunities (Bandura, 1997).

A study of the relationship between the unbalanced time perspective of students with disabilities has shown that negative past and fatalistic present have a dominant influence on their behavior. The time shift to the negative past can significantly affect the attitude to the present as hedonistic (Boniwell, 2009). Experiencing one's own past as negative and present as fatalistic is associated with a low ability to understand, accept, and self-relate. Students with an unbalanced time perspective are characterized by low activity, it is difficult for them to make decisions on their own, and they are not sure that they can overcome difficulties and effectively achieve their goals. We can assume that the imbalance of the time perspective causes rigidity of the time concept, anxiety about the future, a desire to delay adulthood, a low ability to organize your own time based on the balance of past experience, tasks of the present and ideas of the future.

The results of our research show that important for the development of a balanced Time Perspective, time orientation to the future are: positive self – acceptance, which activates the need to know oneself, develop one's resource abilities, understand and accept one's own weaknesses; acceptance and support of others; autonomy-the ability to independently, meaningfully build one's own life, future, take responsibility for one's actions and resist social pressure. Such results are confirmed by research by other authors, in particular, that positive self-attitude, self-compassion are associated with a balanced time perspective, orientation to the future, the ability to enjoy life, and well-being (Ge et al. 2019; Phillips, 2018).

So, in the process of providing psychological assistance to students with disabilities, it is necessary to promote the development of their psychological maturity through the activation of internal resources - the ability to realize the time of their own lives, the development of personal reflection, self-understanding, self-acceptance, the ability to realize the relationship of time modes and effectively switch between the past, present and future. Also, it is necessary to develop skills of independent decision-

making, problem solving, setting goals and achieving them; skills of self-regulation and self-management.

## Conclusion

The time perspective of students with disabilities is studied as a complex integral dynamic characteristic of the individual, reflecting the relationship and interdependence of the past, present and future in the consciousness, behavior and activity of the individual.

It is established that students with disabilities have a predominant time focus on the hedonistic present - an orientation mainly to get pleasure in the present, a risky attitude to the time of their own lives and a weak ability to project their futures. However, a temporary focus on the hedonistic present can contribute to the ability of students with disabilities to establish relationships with others and be open to new experiences.

Personal qualities have a significant impact on the Balanced time perspective of students with disabilities: positive self-esteem, self-acceptance, personal autonomy, life satisfaction, positive assessment and attitude of other people. Predictors of optimal balanced time orientation are: self-acceptance as a conscious perception of one's own self, the attitude of others as a resource for one's own self-efficacy, and personal autonomy.

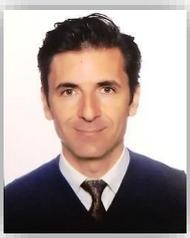
So, for the formation of a realistic and balanced idea of one's own self in the space and time dimension of the life of students with disabilities, it is important to promote the development of personal reflection skills, self-knowledge, which contributes to their autonomy; the ability to independently set goals and use their own strengths, opportunities for their self-realization.

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# PSYCHOSOCIAL TRANSCULTURAL GAMES AS TOOLS IN GROUP COUNSELLING, THERAPY AND TRAINING FOR DEALING WITH CRISIS AND TRAUMA FROM WAR, ARMED CONFLICT, AND FORCED DISPLACEMENT



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## Abstract

The paper aims at introducing an innovative tool of the MGS Methodology – namely, a transcultural game which uses a psychosocial approach – to build resilience of participants undergoing group counselling and therapy within the 5-stage method of Positive and Transcultural Psychotherapy (PPT). Armed conflicts, resulting in forced displacement and migration for masses of populations, can have severe consequences in the holistic health of affected people, including their mental health. Practice and studies show that both children and adults are vulnerable and react to trauma and grief by displaying symptoms of acute stress, anxiety, depression, aggression, as well as post-traumatic stress and PTSD, among other disorders. A psychosocial, transcultural game during a group session demonstrates that it is not only an efficient way to reach the masses who need support during a crisis, but also an effective holistic approach that mobilizes the entire being by proactively working with both primary and secondary capacities. Furthermore, it addresses those capabilities as unfulfilled needs or conflict potentials in the four dimensions through key questions during the group debriefing throughout and after the game. The 'Positum MGS for Group Therapy' approach consists of a mixed training with PPT concepts and MGS tools and principles. Based on results in the field, it offers to trainers, psychotherapists, psychologists, counsellors, consultants, social workers and other professionals, who are trained in PPT or other psychotherapeutic modalities, an overview to this innovative tool, in order to help groups of children and adults overcome their crisis and recover from trauma.

**Keywords:** war, trauma, psychosocial transcultural game, group therapy, positive psychotherapy

*“Regard man as a mine rich in gems of inestimable value.”*

- Bahá'u'lláh

## Introduction

Looking at the human being “as a mine rich in gems of inestimable value” is one of the tenets on which Prof. Dr. Nossrat Peseschkian – the “father of Positive Psychotherapy” – has built his scientific and philosophical view as regards the positive nature of the human being, which is inherently invested with these “gems” – the “psychosocial” and “dynamic” capacities (Peseschkian, 1987; Cope, 2008). Then, rightfully, Henrichs (2012) asks and investigates:

“Is this just a humanistic appeal or is it possible to think of a systematic psychotherapeutic approach to establish contact with those gemstones? In order to approach this question, some selected capacity-oriented concepts of Positive Psychotherapy are described in [...] the ‘actual capacities’ and ‘step-by-step treatment strategy’”.

These “gems” or “gemstones” – the psychosocial capacities – are developed since the early days of a person. However, traumatic events in the life of a child, youth or adult, such as a war or armed conflict, accompanied by forced displacement and migration, can obscure some of those “gems”, which are both mental and psychosocial capacities. This temporary or long-term obscuration manifests itself in the different forms of psychological distress and disorders. Due to war and armed conflict, as recent events in and around Ukraine have demonstrated, levels of distress have increased among children and families who have been internally displaced within Ukraine or migrated to Poland and other neighboring countries with Ukraine. Research in the field from previous armed conflicts reveal a cohort of mental issues. So, in referring to different studies and authors, and their own research, Shoshani and Slone (2017) indicate:

“Growing up in conditions of armed conflict, terrorism and war has been associated with a variety of negative psychological consequences, particularly post-traumatic stress (PTS) symptoms and a spectrum of overt and covert symptoms and disorders [...]. Short and long-term effects have been found with short-term effects including

distress, shock, fear, anger [...] and aggressive behaviour [...]. Findings for long-term effects is inconsistent showing mixtures of increased manifestation of externalizing disorders [...], sub-clinical symptoms [...] due to anxiety and depression [...], and PTS and full-blown PTSD [...].

These expected short-term and long-term psychological effects of war demand from PPT and other mental health specialists who plan to work with affected populations, a renewed determination to rehabilitate these “gems” to their pure and polished state. Theory and experience demonstrate that PPT uses its principles and tools in a flexible way that ultimately leads to restoring a person’s physical, mental, emotional and spiritual health. According to Peseschkian (2010), “Positive Psychotherapy asserts that every human being is an entity of body, mind, emotions and soul, and the aim of the therapeutic process is to help [a person] to develop his capabilities and find the balance in his or her life.” Moreover, PPT’s ninth thesis states, “Through its content-related procedure, Positive Psychotherapy offers conceptual framework within which the different methods and disciplines can meaningfully complement one another (meta-theoretical and meta-practical aspects)” (Peseschkian, 2016c). Furthermore, being an element of the culture, a traditional game deals with basic concepts and conflicts. It can find expression and open analysis within PPT’s framework. According to Česko (2013),

“Positive Psychotherapy [...] includes concepts in which different methods of many psychotherapeutic schools and modalities can be used. Among the methods and techniques in treating the disorders and illnesses, Positive Psychotherapy uses stories, anecdotes, jokes, fairy-tales, or sayings of famous people from different philosophical and transcultural sources.”

Therefore, PPT leaves ample space to integrate and embrace other methodologies. In this respect, it may include the MGS Methodology, which uses transcultural and traditional games through a psychosocial approach, in addition to fairy-tales, fantasy, imaginary situations, etc., which accompany the game in a group, as tools to rehabilitate the actual capacities and rebuild resilience in the face of trauma (Parruca, 2012). The author’s reflections and insights in this paper are based on my actual professional experience as an accredited MGS-

psychosocial trainer, coach and session facilitator, employing MGS principles and tools with children, teenagers and adults in Albania and Kosovo since June 2010. The paper derives its background also from my study and practice of PPT principles, methodology and tools during the last 11 years, which has brought about a great appreciation of its therapeutic value in individual, couple, family and group settings. The study and practice of both these modalities has demonstrated that they complement one another because the use of MGS games – similarly to the tool of stories in PPT – can have a positive impact in terms of treating traumatized target groups, especially children, as well as others (Parruca, 2013).

## Methodology

From the end of March to early May 2022 in Poland, I introduced a mixed approach of PPT and MGS Methodology, called ‘Positum MGS for Group Therapy’, during the “MOVE minds, hearts and hands for Ukrainian children and families in Poland” Project. Under the overall framework of the WAPP Support Project Association, the “MOVE” project was introduced for the first time as a pilot project in the form of an 8-day core training and training of trainers for 14 PPT professionals to support Ukrainian refugee children and families, including children with special needs. After the in-person training, the trainees, under online coaching and supervision, have been able to successfully implement the approach with some 100 Ukrainian children and adults, as well as Polish children and teenagers, during integrative activities (until the date of the writing of this article), and the efforts to reach out to larger numbers continue. The approach was originally introduced in three PPT international conferences and congresses between 2012 and 2014 in the form of 2-hour interactive workshops, which were met with a lot of interest and active participation by some 150 participants in those sessions.

### 2.1. MGS Methodology and PPT in action

A separate line of action, pure MGS Methodology (without PPT elements) was based on the MGS principles and tools between 2008 and 2021 in the Balkan region. During this time, a significant part of the psychosocial development and rehabilitation of more than 20,000 children in Albania, Kosovo, Moldova and Romania had its roots in the MGS Methodology. It was

developed by a team of psychosocial resource persons and implemented systematically by more than 2,000 trained professionals, under the technical support of Terre des hommes Foundation and the donor support of other international organizations. The MGS Methodology, hereafter referred to as MGS, consists of daily or weekly sessions of approximately 45 to 90 minutes with a group of 6 to 12 children, who are involved in movement (M), games (G), sports (S) and creative art activities through a psychosocial approach to promote trust, unity, participation, and integration. The MGS, while using its strong physical (body movement) component, aims at rehabilitating and further developing the mental and psychosocial skills (capacities) of children and adults, thus increasing their general well-being and resilience in the face of catastrophic events and armed conflict. Catastrophic events close to residential areas, such as violent earthquakes, volcanic eruptions, floods, tsunamis, hurricanes, typhoons, etc., can leave behind a lot of devastation and traumatized children and adults, who need therapeutic help to deal with moderate to severe symptoms of psychological distress, including PTSD symptoms. In addition, international, civil, tribal, and religious armed conflicts can also cause additional trauma. Sometimes, psychological distress results during and after a mixed combination of overlapping natural and human traumatic events. MGS intervenes to prevent long-term effects in the holistic health of the affected people and children, and to rebuild resilience through systematic group activities. The MGS works with all these groups, and inclusion of the PPT’s 5-stage approach with questions during group debriefing can enhance the rehabilitating effect, as described in the following subsections.

Although it finds its first practices in 2003, the MGS Methodology was developed in 2005 as a training package for social workers, psychologists, counsellors, therapists, teachers and community volunteers, who then applied its principles and tools with children traumatized by armed conflicts and natural disasters, in countries such as Sri-Lanka, Haiti, Iran, etc. As mentioned earlier, MGS was introduced simultaneously in 2008 as a psychosocial development project to groups of children who had suffered from abuse, neglect, labor exploitation and trafficking in countries such as Albania, Moldova and Romania. Having become a state accredited methodology in these countries for use in child protection and psychosocial development

training, its theoretical and practical package includes psychodynamic and humanistic principles, as well as theories from other schools of psychotherapy and psychology. Since the first time that it was systematically compiled and further developed by Meuwly et al. (2007, 2011, 2012), MGS uses instruments such as psychosocial games (based on local and international cultures), movement, sport and creative activities. These tools are applied in a group of 6-14 children facilitated by an MGS-psychosocial animator (facilitator) for a duration of 30 to 90 minutes per session, depending on the age-group and needs of the participants. The children are usually found in daily or residential care centers run by state institutions or NGOs, as well as in communities and schools. The professional facilitator working with the group of children uses the methodology for an undetermined period of time, usually varying from 12 to 50 sessions, depending on the needs and willingness of children. Each session, after bringing together the group and creating attachment (fusion) through the open attitude of the facilitator, is composed of four integral and cohesive parts, which are then connected to the differentiation and detachment (break-away) stages of interaction in PPT:

(1) the warm-up (up to 5 minutes), involves the coming of the group into a circle, followed by an imaginary story and energizing physical and mental exercises, containing a logical link to the main part. It makes an introduction to the roles that will be played during the main part, and thus, puts the participants in a mental and physical mood for something more engaging to follow;

(2) the main part (up to 20 minutes), starts with an introduction to the goals of the main game, objectives to be met, and rules to be respected; contains progressive physical movements, games and sport activity which are interrupted by three to five brief feedback moments (30-60 seconds), to reflect on the feelings and the achievement of objectives (including actual capacities), and re-experimentation of the game or exercise with the new understanding and reflections made during each brief feedback;

(3) cool-down (up to 5 minutes), which involves mind and body relaxation exercises which have a logical link to the main part, and require the use of imagination and less intensive movements, conducting to a greater sense of unity and cohesion

in the group. Breathing and visualization techniques are used to cause the general relaxation, thus preparing the group for the closing feedback part.

(4) closing feedback (between 15 and 60 minutes), brings the group back into a circle, preferably sitting on the chairs or ground, employing a series of questions by the facilitator and answers from children and/or adults, going deeper into the feelings and thoughts about the session, the reflections on the development of certain actual capacities or conflicts related to them, and the suggestions about the preferred modes of action when the same activity is conducted in a future session. When dealing with early intervention and emergency psychosocial support, some of the key questions that are discussed during the closing feedback, depending on the age-group of the participants, game or type of session, include the following in the given order:

1. *How do you feel after this game and why so?* (This question is answered by all participants possibly, unless they don't want to. It serves as the Distancing/Observation stage in PPT)

2. *What was difficult about the game/role and why?* (It serves as Inventory stage in PPT)

3. *What did you like about the game/role? Why so?* (It serves as Situational Encouragement stage in PPT)

4. *What were the objectives and when did you notice them being met? When not? Why?* (It serves for the Verbalization stage in PPT)

5. *What can we do differently when we play the same game in a future session?* (It serves for the Broadening of the Goals stage in PPT)

Personal practice shows that a transcultural group game, when applied psychosocially, can play similar functions as in stories (Peseschkian, 2016a) in a group. Application of a few such games demonstrates this fact, when group participants are invited to reflect on the feelings emerging from the game, how it relates to their reality, and how the learning from the game can be utilized to deal more resiliently in the future (Parruca, 2013).

Therefore, alternatively, when the group has been stabilized through 3-8 sessions, the facilitator can introduce the following questions of a therapeutic nature, between questions 4 and 5. The

first one enhances verbalization and differentiation, and the second one leads to the broadening of the goals and detachment:

- *What does the game remind you of from the past or in real life?*

- *How do you want to use the learning from today's game in the future?*

As stated above, these two important questions precede or follow the fifth question. The author, in cooperation with Meuwly *et al.* (2012) suggested these two so-called "protection factor" questions, to be made by the facilitator to the group, entailing a moment of reflection on how the game and its characters or roles are connected with real-life situations which the participants in the group are experiencing or have experienced in the past. This is the most important part, because it has a strong potential for psychotherapeutic value, as it brings up emotions and thoughts that were blocked up to that moment or did not come up naturally during the feedback experience.

In summarizing the session time, parts (1) through (3) take about 20 to 30 minutes, whereas part (4) takes approximately 10 to 60 minutes, depending on the game, attachment level in the group, age-group, and readiness of the participants to differentiate and detach during the closing feedback part. Therefore, in total, the active verbal part of the session, including the feedback and protection factor questions, which demand answers and reflections by the group, may take up to 60 minutes. The facilitator notes down important elements related to thoughts and emotions expressed by the group participants, their background, and areas of further exploration and rehabilitation in the next sessions of the group. Examples are provided in the following case presentation.

### 2.1.1 Case presentation

More specifically, the following describes a concrete 'positum' feedback part with a group of 10 children during a summer camp, after the 'The Fox and the Hens' game (Meuwly *et al.*, 2011) was played and how the session facilitator (author) managed the process with reference to the 5-stage approach and differentiation on actual capacities. The case will focus only on one participant, Ana, a 12-year-old girl:

After the relaxation part, the first question was asked, and Ana stated: *"I feel happy, because I was able to play with the others."* In this 'Distancing/Observation stage' we can notice that

the sense of joy is connected with the secondary capacity of 'achievement' in relation to the primary capacity of 'unity'. To the second question, Ana responded: *"I didn't like the role of the fox, because it was very slow. I couldn't not catch the empty nest, because the hens were allowed to be fast, while I was not."* In this 'Inventory stage' we notice that the child's preference was again connected with the capacity of 'achievement' and it is later explored in the consecutive questions. To the third question, Ana responded: *"I liked the role of the hen more because I could run and help the other hens to not allow the fox to sit in the empty nest."* As we can notice, the capacity of 'unity' comes again in this 'Situational Encouragement stage', and is described by Ana and the other children as the awareness on the ability to be of help to others. Then, Ana answers to the fourth question: *"I noticed that we were able to co-operate when we were communicating as chickens through eye contact on who should get up and take the empty nest before the fox. But it was difficult to respect the rule of not going back to our nest, if we already left it. I was afraid that the fox would catch it, so sometimes I decided not to leave my nest."* In this moment, we notice that the child, in the 'Verbalization stage', is able to connect the capacities of 'unity', 'contact' and 'time', and, in the same time, is verbalizing an inner conflict between 'safety' and 'obedience' to the rule. Therefore, the 'therapeutic nature' questions followed, and Ana, in addition to the other children, shared: *"The old fox reminds me of my grandmother, who is old and slow, and can't always sit in an empty seat on the bus, because other kids run and sit before her. It makes me angry, because they do not care that she is old. And, sometimes, I run quickly to catch an empty seat, so that I can keep it until she comes in. From this game, I have learned that I should keep an open seat for old people on the bus."* This beautiful description of the actual conflict involving capacities such as 'time', 'politeness', 'justice', 'conscientiousness', 'achievement' and how Ana resolved it, was an indication of the connections she made between the game and life, and this 'Verbalization stage' was quickly followed by the decision she came to in the 'Broadening of the Goals stage' when she shared what she decided for the future in her sense of 'conscientiousness'. At this point, the facilitator mirrored what Ana said, including mirroring on the

decisions the other children had come to, and encouraged her and them to persevere in their newly discovered insights. The 'Broadening of the Goals' was continued with the question no. 5, and Ana and the other children offered a few ideas. However, she said: "I would make the hens run on one foot, and would like to invite my friend, Sarah, to join the camp and play this game with us, because she is alone at home." She recognized the value of the game to develop actual capacities and respond to the children's emotional needs for 'contact' and 'unity'. After other children's ideas were shared, they were noted down. Another child said: "When we play the game again, let's give a stick to the old fox." Then, the children were thanked for their participation and invited to play the same game again on the following week. Ana's idea was incorporated, and she felt happy that her opinion mattered to the facilitator.

This example is but one among thousands of similar experiences related by children and adults who have played this game during the last 12 years, have reflected on actual capacities and conflicts, and have built stronger self-esteem by feeling participatory, thus increasing their resilience.

## 2.2. The Complementary Role of MGS and PPT for Group Emergency Support and Therapy

When comparing MGS features with PPT ones, we see that the MGS sessions address and try to rehabilitate most of the primary and secondary capacities. Experience demonstrates, similar to the case above, that the MGS tool of a psychosocial transcultural game can be a genuine beneficial instrument by applying in it the 5-step therapeutic approach of PPT. In addition to that, MGS games can be enriching tools in the therapeutic sessions held by PPT-related professionals, as they provide a practical physical approach to otherwise more verbal and static group therapy sessions, by re-enacting suppressed emotions and memories in a contained circle, and giving space to act on the actual capacities. This is enabled through the mobilization of the fantasy dimension, and making the game a natural bridge between the therapist and the capacities to be addressed and rehabilitated.

Both theory and experience demonstrate that actual capacities find expression in psychosocial objectives (to be developed during the MGS session), directly or indirectly expressed through words or attitudes by the

session facilitator and participants. Usually, the objectives are mentioned by the facilitator at the beginning of the session, and according to the MGS terminology, they are divided into three categories of skills or capacities: (1) mental, (2) psychosocial or emotional and (3) physical (Meuwly, 2011). According to Meuwly, at least one objective per category has to be met in the session as an observable attitude or behavior, and thus, MGS is a holistic methodology: it views the child or adult as an entire being, by encouraging and promoting the balanced development through an experiential learning approach that involves the body (emotions, senses), thoughts, feelings (and social attitudes), and values (and existential concepts) in the same time, similar to PPT. However, the approach focuses more on the development of psychosocial skills (i.e. actual capacities) and, to a lesser degree, on the mental and physical ones, which are developed as a consequence. Primary and secondary capacities (Peseschkian, 1987) are actively approached in MGS sessions as objectives, and they can be addressed by therapists after a psychosocial game session that serves to engage participants in roles that touch upon real life situations (Parruca, 2013).

## Results

The positive impact of the MGS methodology on children's mental and psychosocial capacities, observed as clear attitudes and behaviors during the sessions, can be noticed since the second or third meeting with them, according to observations and reports of the author and trained facilitators. In the long-term, when applying more than eight sessions, the results are more sustainable. Prior to that, the 2010 research conducted with children in Albania, Moldova and Romania, who were involved in the program for two years, showed more improvements than those belonging to the control group, in terms of building primary and secondary capacities and improving relationships with primary caregivers. Especially in Albania, the research, as summarized by Lasku & Lopari (2012), stated:

"... for the purpose of the study, two groups of children were chosen: 1) the experimental group (children who participated in the program through organized activities) and the control group (children who were not part of the program). The children of the experimental group were vulnerable children from the Roma community, children in social care

institutions, children who came from families with socio-economic problems. The experimental group consisted of 130 children with whom psycho-social activities were organized by professionals trained by the program [through the MGS Methodology]. From the whole group, 46% were boys and 54% were girls. The children mainly belonged to the age group of 7 and 14 years. Also, from the control group, 60 children who were under the care of professionals who were not trained by the program were interviewed, in order to compare their results with those of the children of the experimental group. The instruments used to evaluate the impact of the program were: the questionnaire based on standardized instruments for measuring indicators of psycho-social well-being in children and a structured interview. The assessment of the impact of the program on children was categorized into three areas: 1) children's psycho-social well-being, 2) children's perception of the activities they participated in, and 3) children's perception of the professionals who worked with them. In the first field, variables such as psycho-social well-being of children, subjective well-being, self-esteem and self-respect, indicators of mental health and social skills of children were evaluated. In the second field, the children's perception of the activities was evaluated, how many participants felt like giving their opinions and how much these ideas were put into practice [by session facilitators]. Whereas the third area evaluated the children's perceptions of the professionals who facilitated the activities by evaluating how safe the children feel near the professionals ('secure base') and how much the professionals have given responsibility to the children during the activities. After analyzing the data from the comparison of the results between the experimental group and the control group, the findings of the study were shared with the professionals involved in the study. The research results and findings with the experimental group show:

- Visible improvement of the indicators of psychosocial well-being;
- Increase of self-confidence and of the sense of responsibility by seeing themselves as more participatory;
- Increase of empathy and support to peers; and

- Better integration in their groups in the school and community as a result of improvement in communication.

Whereas in connection with the relationship between the professionals and the children, there was noticed improvement of the attachment by seeing the professionals as secure bases due to a favorable perception of them. As regards to the interaction with the others, a reduction in non-functional behaviors such as violence towards peers was noticed as a result of promoting cooperation during the games. Another important finding is a reduction in discriminatory behaviors toward others by promoting non-discrimination during the games and including all the children regardless of their age, race or origin."

These findings demonstrate the effectiveness of the MGS Methodology to rehabilitate and further develop the capacities and resilience in children, as well as improve their attachment and communication with peers and adults.

The interviews were conducted in three phases: 1) before implementing the MGS Methodology, 2) six months after starting the implementation, and 3) one year after the implementation.

The instruments mentioned above, as described by Meuwly (2011), were used for the assessment of the capacities built through the application of the psycho-social activities (including the full games and feedback). A scale of 1 to 4 (where 1 marked not at all, and 4 marked completely developed) was applied and is still in use today by MGS facilitators. Sometimes worded similarly, while in other categories with synonymous terms, they measured most of the primary and secondary capacities.

In addition to that, play has an essential role in the life of children, when implemented in a group. According to Lester and Russell (2010):

"Play has an essential role in building children's resilience across adaptive systems – pleasure, emotion regulation, stress response systems, peer and place attachments, learning and creativity. These benefits arise from play's unpredictability, spontaneity, nonsense and irrationality, and also from children's sense of control. Adults need to ensure that the physical and social environments in

which children live are supportive of their play; otherwise, their survival, well-being and development may be compromised.”

When group play or game is applied in a systematic and methodological way, the process of building or rebuilding the resilience is accelerated.

## Conclusion

The transcultural psychosocial games (based on traditional ones or not) used in the MGS Methodology address most of the primary and secondary capacities, both directly and indirectly. Most of these actual capacities are addressed explicitly through the same-term objectives set by the session facilitator, who then helps the group reflect on those capacities, their progress through the session, and different attitudes and actions to be undertaken in future sessions. However, some of the capacities are addressed indirectly, and the facilitator should make questions that bring those capacities to the attention and vocabulary of the group, in order to differentiate them. In addition to that, some actual capacities are not addressed at all. Among these are three primary capacities: time, faith and sexuality, and there are four secondary capacities which are not addressed: cleanliness, orderliness, faithfulness and thrift. Therefore, PPT therapists and consultants could develop new games and manuals of psychosocial games that address these capacities or modify existing ones to incorporate these capacities. Powerful psychosocial, transcultural games, such as “The Old Fox and the Hens”, contained in the methodology’s manuals, can deal with the misunderstanding of prejudice and the resulting discrimination during the closing feedback, which can be coupled with the capacity of acceptance. Throughout the years, training with professionals and implementation with groups of children have repeatedly demonstrated the therapeutic power of that game to deal with discrimination, exclusion and migration. As stated above, a new manual with new games or modified ones that touch upon unaddressed capacities can be created in the future. The MGS Methodology uses ‘protection factor questions’ during the closing feedback, which deal with real life situations. This tool of the protection factor questions in MGS addresses the real-life circumstances and persons connected with those capacities, and how the group members feel about them. For participants, after

the game session and during the feedback part, it is helpful to hear that they are not alone when sharing the same concerns, and that the experiences and feelings of the others in the group are quite similar or relatable. This awareness of sharing the similar patterns of both traumatic and micro-traumatic experiences, similar fears and hopes for the future, provides a healing effect that is noticed since the 3rd and 4th session in the application of MGS games. The psychosocial traditional games in a group are useful tools for the PPT therapists and consultants to identify both conflicts in the life of the group participants and conflict-laden capacities while preserving the cultural identity. They are recommended to become familiar with the MGS Methodology (by a short training of 1-4 days) and to use it in group sessions, as a tool to break the ice, mobilize the fantasy, observe patterns of behavior, help the participants verbalize their concerns and conflicts through the 5-stage approach of questions, and help them as stories do in PPT. The games, together with the protection factor questions are intended to clarify the background of the participants’ neuroses and open the stage for a more specific and targeted individual therapy after the group experience. The MGS facilitators use an approach similar to PPT’s 5-stage approach to help the group participants to debrief and understand more deeply the function of basic emotions such as anger, sadness, fear and joy and the needs behind them, when the group members experience and display such emotions during or after the session, the facilitators need to know how they are related directly to both primary and secondary capacities. They should receive some basic training in PPT on how to utilize the 5-stage approach of questioning and debriefing during the closing feedback part. The MGS trainers also use a technique similar to the 5-stage approach to coach trainees to further develop their primary and secondary capacities, as well as their technical and methodological competences. However, they may be trained to refine their coaching methodology through questions that are in tune with the PPT’s 5-stage approach, in order to help MGS trainee-facilitators benefit most. Both PPT and MGS Methodology are holistic approaches, and as such, representatives can mutually benefit from joint trainings and sharing experiences in workshops and conferences, leading in time to an established innovative approach to Group Therapy by using psychosocial games.

In conclusion, based also on the author's findings (Parruca, 2011), it can be stated that there are some hundreds of millions of children and adults who have been and still are victims of the crimes against humanity, war, genocide, and human trafficking, involving involuntary displacement, loss of contact with primary caregivers, forced labor or prostitution, loss of identity, systematic physical and psychological abuse, as well as of domestic violence, neglect, and trauma, in Europe and other continents. As a consequence of the traumatic experiences, most of them are in urgent and constant need of both individual and group therapy. Most of the rescued victims can be found in community, educational and protective residential centers, and in addition to other psychologists and therapists, it can be the primary duty of PPT psychotherapists and consultants – who claim to have a humanistic view – to constantly work and offer their therapeutic and counselling services to these unfortunate souls, applying the PPT's principles and tools, and including the psychosocial games of the MGS Methodology, in order to help a group and its members heal physically, mentally, socially and spiritually. Prof. Dr. Nossrat Peseschkian has often been quoted, "If you want something you never had before, then do something you never did before." It derives then, in his own words (2011), that "It is never too early and never too late for learning; it is always the right time". This is an invitation to mutually learn.

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# РАЗВИТИЕ ОСОЗНАННОЙ СТРЕССОУСТОЙЧИВОСТИ ПО МОДЕЛИ БАЛАНСА: ИНТЕГРАЦИЯ ПСИХОТЕРАПЕВТИЧЕСКИХ МЕТОДОВ

## DEVELOPMENT OF MINDFUL DISTRESS TOLERANCE IN THE BALANCE MODEL: INTEGRATION OF PSYCHOTHERAPEUTIC METHODS



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### Аннотация

Развитие осознанной стрессоустойчивости описано в статье в рамках интеграции методов позитивной, телесно-ориентированной, эриксоновской терапии, гипноза, десенсибилизации и глазодвигательной переработки. Развитие осознанной стрессоустойчивости представлено широко известными техниками, распределенными по четырем сферам модели баланса, и включает 5 шагов: 1 шаг: «тело» (средство – ощущение): основные упражнения: заземление А. Лоуэна и «Объятия бабочки» Л. Артигас – обращены к способности устанавливать связь с миром через свои ощущения; 2 шаг: «достижения» (средство – мышление): техника Ф. Шапиро «Негативные когниции» развивает способность вербализировать дистресс

по трем направлениям (ответственность / отсутствие безопасности / отсутствие контроля) через расширение «Я»-концепции, формируя целостный взгляд на самого себя; 3 шаг: «контакты» (средство – традиция): техника Ф. Шапиро «Мультипликационный персонаж» направлена на развитие способности развивать и поддерживать отношения с собой через преодоление негативного внутреннего диалога; внутренний диалог в рамках этой техники выстраивается как взаимодействие разных эго-состояний; 4 шаг: «фантазия» (средство – интуиция): техника Ф. Шапиро «Безопасное место» ориентирована на развитие способности к воображению, «расширяя доступ к позитивным сетям памяти»; 5 шаг: техника самогипноза Б. Эриксона, расширяющая возможности достижения поставленной цели через уравнивание всех сфер.

**Ключевые слова:** позитивная психотерапия, телесно-ориентированная психотерапия, модель баланса, осознанная стрессоустойчивость, заземление

## Abstract

The development of mindful distress tolerance is described in frame of integration of psychotherapeutic methods – positive, body-oriented psychotherapy, desensitization and eye-movement reprocessing, eriksonian psychotherapy and hypnosis. The development of mindful distress tolerance is presented by widely known techniques distributed in four spheres of the balance model, and includes 5 steps: step 1: «body» (means – feeling): A. Lowen's basic exercise for grounding and «Butterfly Hugs» by L. Artigas are addressed to the ability to establish connection with the world through one's sensations; step 2: «achievements» (means – thinking): F. Shapiro's technique «Negative Cognitions» develops the ability to verbalize distress in three ways (responsibility / lack of safety / lack of control) through expanding the «I»-concept forming an integral view of self; step 3: «contacts» (means – tradition): F. Shapiro's technique «The Cartoon character» is aimed at build-up the ability to develop and maintain relationships with self through overcoming a negative inner discourse; the inner discourse in this technique is built as an interaction of different ego-states; step 4: «fantasy» (means – intuition): F. Shapiro's technique «Safe place» is focused on developing the ability to imagine, through «expanding access to positive memory networks»; step 5: B. Ericson's technique of self-hypnosis expanding opportunities to achieve the goal through balancing all the spheres.

**Keywords:** positive psychotherapy, body-oriented psychotherapy, balance model, mindful distress tolerance, grounding

## Вступление

*Даже в состоянии полного расслабления спящий человек испытывает стресс... Полная свобода от стресса означает смерть.*

Ганс Селье

Практика развития стрессоустойчивости личности в условиях войны в Украине, одна из самых «горячих» тем, обусловленная социальным заказом.

Разработаны онлайн-платформы, на которых украинские и зарубежные русскоговорящие психотерапевты круглосуточно предоставляют гражданам Украины бесплатную психологическую помощь в связи с травмами войны, проводят

мастер-классы по развитию самопомощи. Созданы онлайн-справочники, в которых собраны чаты, боты, консультационные центры, а также контакты специалистов, готовых оказывать психологическую помощь.

Но есть также и большое количество информационных интернет-ресурсов, на которых предлагают свои услуги неспециалисты и делятся информацией на широкую аудиторию. По анализу видео-контента на сегодняшний день наибольший интерес у психологов-любителей вызывает телесно-ориентированная психотерапия, в частности практики заземления, техники самогипноза, некоторые инструменты метода десенсибилизации и переработки движением глаз, вопросы осознанности и стрессоустойчивости.

В нашу задачу не входит критический обзор статей / мастер-классов / тренингов и тем более информационных интернет-ресурсов, посвященных проблеме развития стрессоустойчивости. Мы видим свою задачу в психологическом просвещении, направленном на расширение кругозора в области психологического знания.

Интерес к изучению механизмов регуляции состояния стресса и способов совладания со стрессорами определяет также наличие индивидуальных различий в реагировании на стресс-факторы и развитии стрессоустойчивости (Гордиенко-Митрофанова, Гоголь, 2022).

*Цель* настоящей статьи состоит в компетентном освещении актуального вопроса по развитию осознанной стрессоустойчивости на основе теоретико-методологического исследования, практики психологического консультирования и проведения психологических тренингов в рамках развиваемой нами концепции интеграции психотерапевтических методов, в частности *интеграции методов позитивной, телесно-ориентированной, эриксоновской психотерапии и гипноза, десенсибилизации и переработки движением глаз.*

## Методология

В соответствии с задачами исследования в работе были использованы следующие теоретические методы – теоретико-методологический анализ научных источников, обобщение и синтез полученных в результате анализа данных, их систематизация, классификация, выводы и моделирование; опыт психологического консультирования и проведения психологических тренингов.

## Результаты

В названии нашей статьи мы используем термин «осознанная стрессоустойчивость» содержание которого, ввиду его новизны, считаем важным прояснить.

Начнем с понятия «осознанность» (mindfulness). Коллектив авторов из университета Ла Саль (LeeAnn Cardaciotto) и Дрексельского университета (James D. Herbert, Evan M. Forman, Ethan Moitra, Victoria Farrow) предприняли попытку

операционализации понятия «осознанность», беря во внимание то, что в последнее время заметно возрос интерес к конструкту осознанности в клинической психологии и смежных областях, особенно в разработке и изучении психологических вмешательств, включающих осознанность в качестве центрального компонента. На основе анализа теоретических и эмпирических исследований, посвященных проблеме осознанности, ученые пришли к заключению, что осознанность определяется по-разному: иногда как техника, иногда как более общий метод или набор техник, иногда как психологический процесс, который может привести к результату, а иногда как результат сам по себе, часто «способ бытия» (way of being) (Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008). Некоторые ученые, например К. Браун и Р. Райан, определяют осознанность как установку на то, чтобы быть внимательным и осведомленным о том, что происходит в настоящий момент (Brown, & Ryan, 2003, 2004).

С. Бишоп и соавторы предложили двухфакторную модель осознанности. Первый компонент – это *саморегуляция внимания*, обеспечивает сосредоточение на событиях текущего момента (ongoing awareness). Второй компонент – *отношение к получаемому опыту*, основывается на любопытстве и принятии (acceptance). Большинство определений осознанности включают именно два этих ключевых фактора (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Speca, Velting, & Devins, 2004).

Первый компонент характеризуется как продолжающееся наблюдение за внешними и внутренними событиями с фокусировкой на текущем опыте без «ухода» в события прошлого или будущего (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Speca, Velting, & Devins, 2004).

Второй компонент осознанности отражает то, как именно происходит получение опыта: непредвзято, без осуждения, с принятием к любым событиям внешнего и внутреннего мира, как к приятным, так и к самым неприятным. Принятие определяют как «восприятие событий полностью, такими, какие они есть»; во время принятия человек открыт для действительности настоящего момента без попыток осуждения, интерпретаций, дальнейшего развития внутреннего опыта (эмоции и мысли), подавления или избегания его. Принятие также не

подразумевает пассивности или смирения, попыток избежать неприятных эмоций. Более того, готовность принимать текущие стрессовые стимулы ведет к улучшению собственного состояния и увеличению возможностей действовать (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Spica, Velting, & Devins, 2004).

Взаимодействие между двумя этими компонентами является важным моментом, потенциально раскрывающим механизмы осознанности.

Представление о структуре осознанности дают также шкалы Пятифакторного опросника осознанности (Five Facet Mindfulness Questionnaire (FFMQ)), разработанного Рубь А. Баер с коллегами (Baer, Smith, Hopkins, Krietemeyer, Toney, 2006): *Наблюдение (Observing)* – умение замечать, отслеживать и отмечать внешний и внутренний опыт: чувства, эмоции, мысли, запахи и звуки; *Описание (Describing)* – навык словесно обозначать внутренний опыт; *Осознанность действий (Acting with awareness)* – умение быть здесь и сейчас, включившись в настоящий момент, вместо автопилота; *Безоценочность (Nonjudging of inner experience)* – умение любой внутренний опыт, даже если он болезненный – принимать как есть, не оценивая его как не нужный, без стремления избавиться или подавить; *Нереагирование (Nonreactivity to inner experience)* – способность не цепляться за мысли и не увлекаться ими, пока они приходят и уходят.

Исходя из краткой характеристики осознанности под осознанной стрессоустойчивостью мы будем понимать интегративное свойство личности, которое проявляется в способности к самоуправлению в состоянии стресса, прежде всего, в способности быстро достигать состояния релаксации через снятие эмоционального и мышечного напряжения; основу свойства составляют навыки и умения осознанности.

Телесно-ориентированная или телесно-центрированная психотерапия – это обширный, недавно возникший многогранный подход, утверждающий неразрывность разума, тела и духа. Он опирается на соматическую психологию, которая фиксирует проявления разума не только в стилях отношений, снах и когнитивных процессах, но и в нейрофизиологии, позе, жестах, движениях, телесных напряжениях и многом другом. Этот подход

исследует терапевтические возможности соматических путей к бессознательному и достижению исцеления, одновременно отдавая должное, дополняя и расширяя мудрость подхода общей психологии и психотерапии (United States Association for Body Psychotherapy, n.d.).

В настоящее время курс телесной психотерапии и соматической психологии преподают в рамках ряда программ с разными режимами обучения в нескольких академических учреждениях. Вот некоторые из них: Соматический опыт (Питер Левайн), Калифорнийский институт интегральных исследований; Хакоми (Рон Курц), Университетский институт Пасифика; Фокусирование (Юджин Гендлин), Университет Наропа; Биоэнергетический анализ (Александр Лоуэн), Прескотский колледж (United States Association for Body Psychotherapy, n.d.).

Основателем телесно-ориентированной психотерапии является австрийский и американский психолог В. Райх [Wilhelm Reich] (1897–1957 гг.), первый клинический ассистент З. Фрейда (Sharaf, 1983: 2) и ученик Ш. Ференци (Sharaf, 1983: 81). В. Райх разработал теорию характерно-аналитической вегетотерапии (1935 г.), в которой раскрывает связь характера человека с его привычными реакциями на стресс (Райх, 2000: 367–370).

Дальнейшее развитие и обогащение идей теории В. Райха связано с именами:

- американского психотерапевта, доктора юридических наук и медицины А. Лоуэна [Alexander Lowen] (1910–2007 гг.), создателя метода «Биоэнергетического анализа» (bioenergetic analysis) (40–50-е гг.);
- английского психотерапевта, доктора наук Д. Боаделлы [David Boadella] (род. 1931 г.), основателя психотерапевтического биосинтеза (biosynthesis) (1975 г.); биосинтез – первый метод телесной психотерапии, прошедший научную аккредитацию и получивший признание Европейской Ассоциации (1998 г.);
- русского инженера, физика, доктора наук М. Фельденкрайза [Moshe Feldenkrais] (1904–1984 гг.), основоположника «метода Фельденкрайза», соматического обучения (somatic education) (1949 г.);

- немецкого физиотерапевта М. Розен [Marion Rosen] (1914–2012 гг.), автора «розен метода» (rosen method) (70-е гг.);
- норвежского физиотерапевта Г. Бойесен [Gerda Boyesen] (1922–2005 гг.), основательницы биодинамической психологии (biodynamic psychology) (1969 г.);
- датского тренера психомоторного развития Л. Марчер [Lisbeth Marcher] (род. 1940 г.), родоначальницы бодинамики (bodydynamics) (1982–1985 гг.), современного метода телесно-ориентированной психотерапии.

В настоящее время мы наблюдаем пристальное внимание к техникам *заземления*, их классифицируют, выделяют отдельные способы заземления, например, умственные, физические и успокаивающие (Tsiskarishvili, Kiknadze & Javakhishvili, n. d.) В подобном контексте употребления сам термин «заземление» оказывается скорее метафоричным, чем научным. По этой причине, прежде чем перейти к описанию нашей концепции интеграции психотерапевтических методов (обозначенных выше) с актуализацией развития осознанной стрессоустойчивости, считаем целесообразным обратиться к автору термина «заземление». В своей книге «Психология тела: биоэнергетический анализ тела» А. Лоуэн пишет: «*Мы, человеческие существа, похожи на деревья, один конец которых укоренен в земле, а другой устремлен в небо. Сила стремления вверх зависит от силы нашей корневой системы. У вырванного дерева отмирают листья. Если человек отрывается от корней, его духовность превращается в мертвую абстракцию. Кто-то может возразить, что у людей нет таких корней, как у деревьев. Однако, как земные существа, мы связаны с землей ногами и стопами. Если эта связь живая, мы говорим, что человек заземлен*» (Лоуэн, 2000: 109). И далее: термин *заземление* «мы используем для соединения электрического проводника с землей с целью предохранения электрической цепи от перегрузки. В биоэнергетике мы используем этот термин для характеристики связи человеческой личности с почвой и реальностью. Когда мы говорим, что человек хорошо заземлен, или что он крепко стоит на земле, это означает, что человек осознает себя и окружающее. Быть заземленным – значит быть связанным с основными реалиями

*жизни: с телом, сексуальностью, окружающими людьми и т. д. Мы связаны с ними в той же самой степени, что и с землей*» (Лоуэн, 2000: 109).

Именно связь с почвой упускается некоторыми интерпретаторами техник заземления. А это ключевое положение его теории структуры характера, которая основывается на различии в циркуляции энергетических потоков организма и заблокированности тех или иных зон у разных людей.

В главе седьмой своей книги «Заземление: связь с реальностью» А. Лоуэн пишет о том, что во времена его молодости «*держаться земли*» считалось добродетелью. В настоящее время способность твердо стоять на земле существенно утратила свое значение. Но настоящие ценности жизни, – здоровье, грация, удовлетворение, удовольствие и любовь, – возможно реализовать только тогда, когда мы крепко стоим на своих ногах, т. е. заземлены, что особенно трудно, когда сама культура не заземлена (Лоуэн, 2000: 127).

Все упражнения, представленные, в упомянутой выше главе, посвящены непосредственно заземляющим упражнениям, обеспечивающих свободные и грациозные движения, «пружинящий шаг, который дает чувство заземления» и т. п.

Таким образом, согласно А. Лоуэну, **техника заземления** – это терапевтическая техника, которую используют для восстановления связи человеческой личности с **почвой** и **основными реалиями жизни**.

В методе позитивной психотерапии связь человека с реалиями жизни воплощается в концепции «четырёх» [областей модели баланса] Н. Пезешкиана (рис. 1), а любой симптом / заболевание, согласно Н. Пезешкиану, это не только объективные его проявления, но и способность человека реагировать на сложные ситуации и конфликты, средство интеграции личности (Пезешкиан, 2006: 448).



Рис. 1. Четыре качества жизни по Н. Пезешкиану

«Четверка» – это 4 способа установления контакта с окружающим миром, 4 формы разрешения конфликтов, 4 качества жизни, 4 способности познавать.

В «Этическом кодексе Всемирной ассоциации позитивной психотерапии» говорится, что «позитивная психотерапия верит в то, что человек является существом четырех сфер: физической, умственной, социальной и духовной, а целью психотерапевтического процесса является помощь клиенту в развитии своих способностей ..., а также в нахождении баланса в повседневной жизни (модель баланса)» (WAPP, n.d).

Основной посыл «четверки»: **«Соблюдай баланс между четырьмя важными сферами жизни»** (Пезешкиан, 2005: 102).

Каждый человек по своему «распоряжается» 4-мя сферами, распределяя энергию и время по этим сферам. «Четверка» сравнима с весами, на чашах которых всегда должно быть по 25%, чтобы сохранить душевное равновесие. На первом месте находится ощущение тела, как манифестация «Я» (Пезешкиан, 2006: 49; Пезешкиан, 2019: 117).

В каждой из 4-х сфер есть страхи, с которыми человек способен справиться: **жизненные страхи** (тело) преодолеваются через **ощущения** (способность чувствовать свое тело), **боязнь неудачи** (достижение) – через **мышление** и **разум** (способность / возможность систематически и целенаправленно решать проблемы и добиваться оптимальных результатов), **социальные страхи** (контакты) – через **традиции** (способность развивать и поддерживать отношения), **экзистенциальные страхи** (фантазия) – через **интуицию** (способность мысленно экспериментировать, приближаться к

неизвестному) (Пезешкиан, 2019: 117-122; Пезешкиан, 1996: 129-130).

Все упражнения, описанные А. Лоуэном в «Психология тела: биоэнергетический анализ тела» (Лоуэн, 2000), способствуют развитию осознанной стрессоустойчивости через налаживание контакта с собственным телом, т. е. развитие **способности чувствовать свое тело, устанавливать контакт с миром через свои ощущения**. Прежде чем переходить к выполнению техник заземления А. Лоуэн рекомендовал начинать с энергетического аутодиагноза, который позволяет определить энергетическое состояние человека (см. Приложение А). После чего можно переходить к упражнениям. Мы рекомендуем упражнение, которое сам А. Лоуэн назвал **основным упражнением для заземления** (см. Приложение Б). Впервые оно было описано в книге «The Way to Vibrant Health», содержащей биоэнергетические упражнения (Lowen, Lowen, 1977: 11-12; 16-21). Именно это упражнение психотерапевт рекомендовал своим пациентам выполнять регулярно, как во время терапевтических сессий, так и дома для развития самоконтроля. А. Лоуэн заметил, что в процессе биоэнергетической терапии человек может слишком возбуждаться, а это упражнение позволяло вернуть ему самоконтроль.

Здесь важно отметить, что биоэнергетический анализа А. Лоуэна развивает идеи также транскультурального подхода. Биоэнергетика, как утверждал А. Лоуэн, «объединяет в себе идеи Востока и Запада и использует силу ума для понимания напряжений, которые связывают тело. ... Связующей нитью является понятие энергии, которое есть и в Восточной и Западной медицине. Энергия – это сила, стоящая за духом. Это фундамент духовности тела» (Лоуэн, 2000: 24-25).

Для развития способности **чувствовать свое тело** мы рекомендуем также технику мексиканского психолога Л. Артигас [Lucina Artigas], кандидата психологических наук, соучредителя и исполнительного директора «Eye-Movement Desensibilisation and Reprocessing» (EDMR) («Десенсибилизация и переработка движением глаз» (ДПДГ)) в Мексике. Техника «Объятие бабочки» была разработана Л. Артигас во время ее работы с выжившими после урагана «Паулина» в городе Акапулько, Мексика, 1998 г. (Boel, 1999).

В 2000 г. на конференции международной ассоциации EMDR Л. Артигас была награждена EMDRIA Creative Innovation Award за создание техники «Объятия бабочки» (Boel, 1999; Artigas, Jarero, Mauer, López Cano & Alcalá, 2000; Jarero, Artigas, Montero, 2008), см. Приложение В.

При выполнении этого упражнения важно обратить внимание на два аспекта, которыми также часто пренебрегают при ознакомлении широкой аудитории с данной техникой. Это – глубокое дыхание и «носовой взгляд». Опыт практики хатка-йоги, в течение восемнадцати лет, позволяет авторам обратиться к данным аспектам.

Дыхательные упражнения оказывают в зависимости от психотехники тормозящее, мобилизующее или гармонизирующее влияние на весь психофизиологический гомеостаз человека, а не только на эмоциональную сферу (Кандыба, 1994). Самым глубоким является диафрагмальное (брюшное) дыхание, так как первыми наполняются воздухом нижние отделы легких. Упражнения на диафрагмальное дыхание являются самыми эффективными способами достижения психофизиологического состояния релаксации. Произвольная регуляция дыхания – наиболее гибкий из всех способов снятия чрезмерного напряжения. Приемам диафрагмального дыхания научиться несложно. Если нет возможности обучения с инструктором, то для самостоятельного ознакомления с техникой диафрагмального дыхания рекомендуем книгу В. М. Кандыбы «СК. Универсальная техника гипноза» (Кандыба, 1994) (см. Приложение Г), а также метод, разработанный Дж. С. Эверли, предназначенный для ускоренного вызывания (30-60 сек.) состояния релаксации, описанного им в книге «A Clinical Guide to the Treatment of the Human Stress Response» (Everly, Lating, 2019: 320-326), (см. Приложение Д).

Дыхание в медитативно-дыхательных упражнениях подчиняется контролю сознания за движениями передней брюшной стенки и диафрагмы и таким образом способствует развитию осознанности.

Создательница техники «Объятия бабочки» рекомендуют также закрыть или слегка прикрыть глаза, глядя на кончик носа. При проведении мастер-классов участники часто задают нам вопрос: «Обязательно ли смотреть на кончик носа?» и мы отвечаем: «Да, обязательно».

Во-первых, важно обратить внимание на то, что Л. Артигас работает в методе «Десенсибилизация и переработка движением глаз» (ДПДГ), разработанным американским психологом и педагогом Ф. Шапиро [Francine Shapiro] в 1987 г. для лечения посттравматических стрессовых расстройств.

Во-вторых, что касается непосредственно «носового взгляда», то считаем целесообразным обратиться к мнению В. М. Кандыбы, доктора психологических наук, специалиста в области гипноза, президента Всемирной ассоциации профессиональных гипнотезеров при ЮНЕСКО, автора 74 книг по гипнозу и резервным возможностям человека. В. М. Кандыба описывает «носовой взгляд» (Пасаджра дришти) как один из вариантов индийской психотехники тратаки. Тратака – это полная концентрация на внешнем объекте (в отличие от внутреннего) или «концентрация с открытыми глазами». Овладение искусством концентрации на внешнем объекте с открытыми глазами занимает у индийцев главное место после внушения. Тратака поддерживает и контролирует внутренние вибрации ума и необходима для достижения мастерства в Пратьяхаре и Йаганидре. «Носовой взгляд» (Пасаджра дришти) возбуждает центральную нервную систему и автономную нервную систему через различные связи черепных нервов (особенно иннервирующих нос, глаза, лицо, шею). При носовом взгляде фиксация, внушение и ощущение потока сознания направлены непосредственно на кончик носа и через него к центральной нервной системе. Благодаря этой практике человек овладевает способностью контролировать свои психические и физиологические функции, углубляет саморегуляцию (Кандыба, Кандыба, 1998).

Таким образом, в фокусе внимания техники «Объятия бабочки» – диафрагмальное дыхание и носовой взгляд, используемые для достижения осознанности.

Сфера «Достижение» (средство – мышление) ориентирована на развитие **способности целенаправленно решать проблемы и добиваться оптимальных результатов**. Техника, которую мы рекомендуем для гармонизации данной сферы, – «Негативные когниции», разработанная Ф. Шапиро. Поскольку мы ограничены требованиями, предъявляемыми к объему статьи, то «Негативные когниции» опишем

кратко, актуализируя отдельные аспекты и вынося в приложение только примеры когнийций (см. Приложение Е).

Ф. Шапиро актуализирует три направления вербализации дистресса: 1) **ответственность** («я – сплошное разочарование» или «я достоин смерти»), 2) **отсутствие безопасности** («я не могу никому доверять» или «опасно проявлять эмоции») и 3) **отсутствие контроля, отсутствие силы** («я не могу за себя постоять» или «я должен быть безупречным») (Шапиро, 2021: 106-111).

Вербализация своих чувств в форме негативных убеждений (когнийций), на языке позитивной психотерапии «концепций», позволяет получить больше информации о подсознательных процессах внутри себя и о воспоминаниях, которые Вами управляют. Вместо того, чтобы просто «чувствовать», Вы можете увидеть те убеждения, которые их описывают. «Не надо наказывать себя за негативные когнийции, – говорит Ф. Шапиро, – это просто симптом сохраненных воспоминаний, которые вызывают наши реакции» (Шапиро, 2021: 106-111).

При выполнении данной техники можно взять одну или несколько недавних ситуаций, которые взволновали Вас особенно сильно и выявить негативные когнийции, которые им соответствуют. После чего сначала определяем область негативных когнийций / концепций (ответственность / отсутствие безопасности / отсутствие контроля), а затем трансформируем негативные когнийции / концепции в позитивные. Подобная практика позволяет сформировать целостное видение как самой ситуации, так и целостное восприятие себя (техника позитивной интерпретации), а значит и принятие себя «прошлого». Данная техника позволяет также дополнить «Я»-концепцию, одну из составляющих фундаментального конструкта позитивной психотерапии «Четыре модели для подражания», новым опытом, что позволяет учиться, меняться и совершенствоваться (Пезешкиан, 2019: 26-27). Например: 1) **ответственность**: «я – сплошное разочарование» – «я – тот, кто я есть», «я достоин смерти» – «я достоин того, чтобы жить»; 2) **отсутствие безопасности**: «я не могу никому доверять» – «я могу выбирать тех, кому доверять», «опасно проявлять эмоции» – «я могу спокойно проявлять свои эмоции»; 3) **отсутствие контроля, отсутствие силы**: «я

не могу за себя постоять» – «я могу заявлять о том, что мне нужно», «я должен быть безупречным» – «я могу быть самим собой (делать ошибки)» (Шапиро, 2021: 106-111).

Эта техника связана также с гармоничным развитием первичных (*доверие и уверенность в себе*) и вторичных (*ответственность (обязательность) и послушание*) способностей.

Примечание: выполнение данной техники в контексте осознанной стрессоустойчивости предполагает фокусирование на текущем опыте без «ухода» в прошлые или будущие ситуации по трем направлениям вербализации дистресса. Это замечание применимо и к нижеописанной технике «Мультипликационный персонаж».

Сфера «Контакты» (средство – традиция) направлена на развитие **способности развивать и поддерживать отношения** с собой, со своим партнером, семьей, другими людьми, группами, социальными слоями, иными культурами, животными, растениями, вещами. Упражнение, которое мы рекомендуем для гармонизации этой сферы позволяет наладить контакт с собой через преодоления негативного внутреннего диалога. Это упражнение Ф. Шапиро «Мультипликационный персонаж». Техника выполнения упражнения достаточно проста и не требует комментариев (см. Приложение Ж).

Сфера «Фантазия» (средство – интуиция) раскрывается через **способность приближаться к неизвестному, способность к фантазии, воображению**. Мы рекомендуем для данной сферы технику Ф. Шапиро «Безопасное или спокойное место» (Шапиро, 2021: 75-76). В основе техники – принципы управляемой визуализации, которая широко применяется в гипнозе и медитации. Особенность техники состоит в том, что она позволяет бодрствовать и оставаться в полном сознании и является хорошим способом самоконтроля. Способность к воображению, задействованная в этом упражнении, позволяет выйти за пределы непосредственной реальности и обрести состояние внутреннего баланса (см. Приложение З).

И, наконец объединяющая все сферы техника самогипноза американского психолога и психотерапевта Б. Эриксона [Betty Alice Erickson], международного тренера в методе эриксоновской психотерапии и гипноза (см. Приложение И).

Эта техника через *налаживание контакта с собой* («контакты») позволяет *установить связь с миром через ощущения* («тело»: «назовите 4 объекта, которые Вы видите, 4 звука, которые Вы слышите, 4 ощущения, которые Вы чувствуете» (потом 3, 2, 1 объекта / звука / ощущения)), *расширить возможности достижения поставленной цели* («достижение» и «фантазия»: обратитесь к своему подсознанию: «Пока я в транс, пожалуйста, просмотри все мои источники и ресурсы и вынеси на поверхность все, что мне нужно для достижения этой цели. Назови эту цель конкретно для себя» и *выйти за пределы непосредственной реальности* («фантазия»: когда Ваши глаза закроются, перенесите себя, в своем воображении – к водоему...) (O'Brien, 2011: 9-10).

Каждая из сфер «четверки» соотносится также и с конкретными навыками осознанности (шкалами Пятифакторного опросника осознанности): тело с навыком «Осознанность действий»; достижение – «Описание», контакты – «Безоценочность», фантазия – «Нереагирование» и навык «Наблюдение» гармонизирует все сферы (рис. 2).



**Рис. 2.** Интеграция психотерапевтических методов: развитие осознанной стрессоустойчивости по модели баланса

## Заключение

Разрабатываемая нами концепция, *интеграции методов позитивной, телесно-ориентированной психотерапии, десенсибилизации и переработки движением глаз*, с фокусом на развитие осознанной стрессоустойчивости может быть представлена графически, см. рис. 2.

Развитие осознанной стрессоустойчивости представлено широко известными техниками, распределенными по четырем сферам модели баланса; соотнесено с навыками осознанности с актуализацией позиции Наблюдателя и включает 5 шагов, каждый из которых может выполняться самостоятельно:

1 шаг: «ТЕЛО» (средство – ощущение): основное упражнение А. Лоуэна для заземления, метод ускоренного вызывания состояния релаксации Дж. С. Эверли и «Объятия бабочки» Л. Артигас развивают способность устанавливать связь с миром через свои ощущения и навык «Осознанность действий»;

2 шаг: «ДОСТИЖЕНИЕ» (средство – мышление): техника Ф. Шапиро «Негативные когниции» развивает способность вербализировать дистресс по трем направлениям (ответственность / отсутствие безопасности / отсутствие контроля) через расширение «Я»-концепции, формируя целостный (объективный) взгляд на самого себя и принятия себя, и навык «Описание»;

3 шаг: «КОНТАКТЫ» (средство – традиция): техника Ф. Шапиро «Мультипликационный персонаж» развивает способность развивать и поддерживать отношения с собой через преодоление негативного внутреннего диалога и навык «Безоценочность»; внутренний диалог в рамках этой техники выстраивается как взаимодействие разных эго-состояний (Родитель, Взрослый и Ребёнок) в теории транзакционного анализа Э. Берна;

4 шаг: «ФАНТАЗИЯ» (средство – интуиция): техника Ф. Шапиро «Безопасное место» развивает способность к воображению, «расширяя доступ к позитивным сетям памяти» и навык «Нереагирование» (Шапиро, 2021: 75);

5 шаг: техника самогипноза Б. Эриксона, развивает способность гармонизировать, уравновешивать, все сферы и навык «Наблюдение».

Регулярная и настойчивая практика описанных упражнений способствует более глубокому восприятию окружающего мира, развитию способности управлять своим состоянием, адекватно оценивать себя и сохранять уверенность в себе, вырабатывать гибкий стиль поведения с ответственностью, критичностью и креативностью, а главное – формированию эффективных антистрессовых стратегий поведения.

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## Приложения

### Приложение А. Энергетический аутодиагноз

#### Низкий уровень энергии

1. Чувствуете ли Вы себя усталым?
2. Трудно ли Вам вставать утром?
3. Чувствуете ли Вы себя загнанным, усталым, подавленным?
4. Находитесь ли Вы постоянно в движении?
5. Трудно ли Вам расслабиться, спокойно посидеть?
6. Свободно ли Вы двигаетесь, или Ваши движения напротив резкие и поспешные?
7. Трудно ли Вам уснуть?
8. Чувствуете ли Вы себя иногда удрученными?

#### Высокий уровень энергии

1. Хорошо ли Вы спите и просыпаетесь ли Вы отдохнувшими?
  2. Ясные и блестящие ли у Вас глаза?
  3. Приятно ли Вам выполнять свои обычные обязанности?
  4. С оптимизмом ли Вы ждете следующий день?
  5. Нравится ли Вам состояние покоя?
  6. Грациозно ли Вы двигаетесь?
- Если на большинство вопросов Вы ответили отрицательно – у Вас низкий уровень энергии. Если на большинство вопросов Вы ответили положительно – у Вас высокий уровень энергии (Лоуэн, 2000: 41).

### Приложение Б.

#### Техника «Основное упражнение для заземления»

Встаньте прямо, стопы стоят параллельно друг другу на расстоянии около 45 см. Наклонитесь вперед и достаньте кончиками пальцев обеих рук до пола, сгибая колени настолько, насколько это необходимо. Основной вес тела – на подушечках стоп, а не на ладонях или пятках. Дотрагиваясь до пола пальцами рук, постепенно выпрямите колени, но не блокируйте их, оставайтесь в этой позиции в течение 25 дыхательных циклов. Дышите свободно и глубоко. Вероятно, вы почувствуете, что ваши ноги начнут дрожать, это значит, что через них начинают проходить волны возбуждения.

Если дрожание не возникает, значит, ноги слишком напряжены. В этом случае можно спровоцировать дрожание, постепенно сгибая и выпрямляя ноги. Эти движения должны быть минимальными, их цель – расслабление коленных суставов. Упражнение должно выполняться в течение не менее 25 дыхательных циклов, или пока не возникнет дрожание в ногах. Вы можете заметить, что ваше дыхание становится глубже и спонтаннее. Вернувшись в позицию стоя, сохраните колени немножко согнутыми, стопы параллельными, а центр тяжести – смещенным вперед. Ваши ноги могут все еще дрожать, что будет свидетельствовать об их жизненности. Чувствуете ли вы сейчас свои ноги лучше? Чувствуете ли вы себя более расслабленным?

Если в этой позиции ноги не вибрируют, можно продолжить упражнение до 60 дыхательных циклов и повторять их несколько раз в день. (Можно также спровоцировать вибрацию ног, встав на одну ногу в той же позиции, как описано выше, и поднимая ногу с пола. Это увеличивает напряжение в опорной ноге). Это основное упражнение заземления усиливает чувство «отпускания», или разрядки (Лоуэн, 2000: 116-118).

### Приложение В. Техника «Объятие бабочки»

Скрестите руки на груди так, чтобы кончик среднего пальца каждой руки располагался ниже ключицы, а остальные пальцы и ладони закрывали область, расположенную под соединением ключицы с плечом и грудины.

Ладони и пальцы должны быть как можно более вертикальными, чтобы пальцы указывали на шею, а не на плечи.

Если хотите, то можете сцепить большие пальцы, чтобы сформировать тело бабочки, а остальные пальцы сформируют крылья.

Закройте или слегка прикройте глаза, глядя на кончик носа.

Чередуйте движения рук, как будто взмахи крыльев бабочки. Пусть Ваши руки свободно двигаются.

Дышите медленно и глубоко (дыхание животом), одновременно наблюдая за тем, что происходит в Вашем уме и теле: за мыслями, образами, звуками, запахами, чувствами, физическими ощущениями, не пытайтесь что-либо изменить, не отгоняя приходящие мысли и не оценивая их. Представьте что то, что Вы наблюдаете в себе, это как будто проплывающие мимо Вас облака (Boel, 1999; Artigas, Jarero, Mauer, López Cano & Alcalá, 2000; Jarero, Artigas, Montero, 2008).

### Приложение Г. Техника «Дыхание дань-тянь»

Используются три вида дыхания: а) естественное дыхание, характеризующееся ровными тонкими, медленными и спокойными дыхательными движениями; б) дыхание дань-тянь, для которого характерны такие же, но более глубокие и длительные дыхательные движения обычно с равной продолжительностью вдоха и выдоха; в) встречное дыхание, когда при вдохе грудная клетка увеличивается, живот втягивается, а при выдохе – наоборот, живот выпячивается, грудная клетка втягивается. Естественное дыхание рекомендуется для пожилых и ослабленных лиц, дыхание дань-тянь – для лиц с неврозами, переутомлением, запорами и слабой концентрацией внимания. Встречное дыхание укрепляет диафрагму и мускулатуру живота, оказывает благотворное воздействие на сердечно-сосудистую систему.

Преимущественно используется дыхание дань-тянь. Поскольку оно отличается от обычного глубокого дыхания, его нужно тщательно усвоить, чтобы оно стало привычкой. Необходимым условием для выполнения дыхания дань-тянь является полная релаксация. Приняв удобное положение, следует последовательно расслабить каждую мышцу тела, начиная с мышц стоп, затем мышцы голени, бедер, низа живота и далее, кончая мышцами лба, затылка, потом рекомендуется думать о расслаблении сосудов, нервов и внутренних органов.

После расслабления начните медленно вдыхать через нос и, следя за неподвижностью грудной клетки, «распускайте» живот: передняя брюшная стенка выдвигается вперед. Во время выдоха низ живота втягивается внутрь. При этом возникает удивительное ощущение, что воздух при вдохе достигает кишечника и даже малого таза («вдыхание воздуха в живот») – особый феномен медитативно-дыхательного тренинга. В процессе регулярных тренировок постепенно замедляйте дыхание до 8-6-4 раз в минуту.

На следующей ступени тренировок, используя воображение и соответственно концентрируя внимание, необходимо «провести дыхание по телу», во время вдоха представить себе, что струя воздуха идет к затылку, затем течет вниз по

позвоночному столбу, а затем поднимается вверх по передней стороне тела и выходит через рот. Абсолютно необходимо, чтобы дыхание выполнялось ритмично, плавным непрерывным циклом. Если вдыхать и выдыхать медленно, то тренирующийся будет чувствовать и как бы видеть и слышать циркуляцию «энергии» по телу (Кандыба, 1994).

#### Приложение Д.

##### Ускоренное вызывание состояния релаксации

1. Этот метод, разработанный Дж. С. Эверли (Everly G. S., 1981), предназначен для ускоренного вызывания (30-60 сек.) состояния релаксации. Исследования показали, что метод снижает мышечное напряжение и субъективное ощущение тревоги, а также обладает некоторым потенциалом для снижения частоты сердечных сокращений Everly, 1979a, 1979b; Vanderhoof, 1980). Описание представлено в форме инструкции для пациента:

2. В течение обычного дня многие из нас могут испытывать тревогу, вызванную теми или иными ситуациями. Наш сердечный ритм учащается, желудок может расстроиться, и наши мысли бесконтрольно скачут в голове. Именно во время таких эпизодов нам требуется быстрое облегчение наших стрессовых реакций. Короткое упражнение, описанное ниже, оказалось эффективным в снижении большинства стрессовых реакций, от которых мы страдаем во время острого воздействия стрессоров – по сути, это быстрый способ «успокоиться» перед лицом стрессовой ситуации.

3. Основной механизм снижения стресса в этом упражнении включает глубокое дыхание. Процедура, следующая:

Шаг 1. Примите удобное положение. Положите левую руку (ладонью вниз) на верхнюю часть живота, над пупком. Теперь положите правую руку так, чтобы она удобно лежала на левой. Ваши глаза могут оставаться открытыми. Однако обычно проще выполнить шаг 2 с закрытыми глазами.

4. Шаг 2. Представьте пустую бутылку или мешок, находящийся внутри Вас – там, где лежат Ваши руки. Начните вдыхать. На вдохе представляйте себе, что воздух входит через нос, идет вниз и наполняет этот внутренний мешок. По мере заполнения мешка воздухом Ваши руки будут подниматься. Продолжая вдох, представляйте, что мешок целиком заполняется воздухом. Волнообразное движение, начавшееся в области живота, переходит в среднюю и верхнюю части грудной клетки. Полная продолжительность вдоха для первой и второй недели занятий должна составлять 2 сек., затем, по мере совершенствования навыка, ее можно увеличить до 2,5-3 сек.

5. Шаг 3: задержите дыхание. Сохраняйте воздух внутри мешка. Повторяйте про себя фразу: «Мое тело спокойное». Этот этап не должен длиться более 2 секунд.

6. Шаг 4: медленно начните выдыхать – опустошать мешок. По мере того, как Вы делаете это, повторяйте про себя фразу: «Мое тело спокойное». С выдохом ощущайте, как опускаются приподнятые ранее живот и грудная клетка. Этот этап не должен длиться меньше двух предыдущих, а спустя 1-2 недели занятий его можно увеличить на 1 сек.

*Примечание. Шаг 1 необходим только в течение первой недели, пока вы обучаетесь глубокому дыханию. Когда вы овладеете этим навыком, то сможете его пропускать. Повторите это четырехступенчатое упражнение подряд только 3-5 раз. Если у вас появится головокружение, остановитесь. Если при последующих занятиях*

*головокружение возобновляется, просто сократите продолжительность вдоха и (или) число выполняемых подряд четырехступенчатых циклов.*

7. Практикуйте это упражнение 10-20 раз в день. Превратите его в Ваш утренний, дневной и вечерний ритуалы, а также используйте в стрессовых ситуациях. Так как форма релаксации – это навык, важно практиковать его около 10-20 раз на день. Поначалу вы можете не заметить никакой немедленной релаксации. Однако после 1-2 недель регулярных занятий Вы будете способны на время расслабляться «моментально». Помните, что, если Вы хотите овладеть этим навыком, Вы должны заниматься систематически. Регулярное последовательное выполнение упражнений в конечном счете сформирует у Вас более спокойное и мягкое отношение, своего рода антистрессовую установку, и когда Вы будете попадать в стрессовые ситуации, то вы будете переживать их гораздо менее интенсивно (Everly, Lating, 2019: 320-326).

#### Приложение Е. Техника «Негативные когниции»

НЕГАТИВНЫЕ КОГНИЦИИ	ПОЗИТИВНЫЕ КОГНИЦИИ
<b>Ответственность: ощущение себя ущербным</b>	
я не заслуживаю любви	я заслужил любовь; у меня может быть любовь
я плохой человек	я хороший (любящий) человек
я ужасный	я хорошо сам по себе
я никчемный (неполноценный)	я достойный; я стоящий человек
я позорный	я уважаемый
я не милый; я непривлекательный	я милый
я недостаточно хорош	я достойный человек; я вполне себе...
я заслуживаю только плохого у меня всегда все болит	я заслуживаю хорошего я здоров; я могу быть здоровым
я безобразный (я ненавижу свое тело)	я красивый (привлекательный / милый)
я не заслуживаю	я могу это иметь (заслуживаю)
я глупый (недостаточно умный)	я умный (у меня есть способность учиться)
я ничтожный (я малозначительный)	я значимый (я важный)
я сплошное разочарование	я в порядке, и я тот, кто я есть
я достоин смерти	я достоин того, чтобы жить
я достоин быть несчастным	я достоин быть счастливым
я другой (мне тут не место)	мне хорошо таким, какой я есть
<b>Отсутствие безопасности</b>	
я никому не могу доверять	я могу выбирать тех, кому доверять
я в опасности	уже все кончилось
я не чувствую себя в безопасности	я в безопасности; мне ничего не угрожает
нельзя (опасно) испытывать (проявлять) эмоции	я могу спокойно испытывать (проявлять) свои эмоции.
<b>Отсутствие контроля, отсутствие силы</b>	
я не владею собой	сейчас я полностью владею собой
я бессилен (я беззащитен)	сейчас у меня есть выбор
я не могу получить то, что хочу	я могу получить то, что хочу
я не могу за себя постоять	я могу заявлять о том, что мне нужно

я все держу в себе	я могу выпустить это, когда захочу
я не могу верить себе	я могу (научиться) верить себе
я неудачник (у меня ничего не выйдет)	я могу добиться успеха
я не могу добиться успеха	я могу добиться успеха
я должен быть безупречным	я могу быть самим собой (делать ошибки)
я не смогу с этим справиться	я справлюсь с этим
я никому не могу доверять	я могу выбирать тех, кому доверять

(Шапиро, 2021: 107-109)

### Приложение Ж.

#### Техника «Мультипликационный персонаж»

Вот еще один полезный инструмент, помогающий нам преодолеть негативный внутренний диалог. Иногда мы делаем что-то, а потом наш разум начинает рассказывать нам о том, как неправы мы были, совершив этот поступок, и какую большую ошибку допустили. Поэтому попробуйте провести следующий эксперимент. Подумайте о мультипликационном персонаже, обладающем смешным голосом, таким как, например, Дональд Дак, Даффи Дак, Элмер Фадд или Моряк Попай. Закройте глаза, вызовите голос осуждения и отметьте, что изменилось в вашем теле. Затем сделайте так, чтобы ваш внутренний голос зазвучал как мультипликационный персонаж, и отметьте, что произойдет. Попробуйте проделать это. Большинство из вас почувствует, что беспокойство, которое вызывал этот внутренний голос, прошло. Мультфильмы вызывают в памяти настолько приятные и веселые ассоциации, что негатив быстро уходит. Использование подобных техник показывает, что мы можем контролировать многие свои реакции, если мы просто заметим, что они способны вызывать тревогу, и возьмем на себя труд что-то с ними сделать.

Как я уже говорила ранее, такие техники не позволяют преодолеть причины вашего расстройства, однако могут вернуть вас в место, где царит равновесие, чтобы мы смогли лучше справиться с текущей ситуацией. Если мы имеем дело с хроническими тревожными реакциями - негативными эмоциями, мыслями, ощущениями и поступками, то с ними лучше всего работать, обращаясь к их причинам, которые залегают в более глубоких слоях. Освоение этих техник может занять некоторое время, однако их знание может оказаться полезным. О чем мы и узнаем чуть позже (Шапиро, 2021: 78-79).

### Приложение 3. Техника «Безопасное место»

Начинаем с позитивного образа.

Найдите образ положительного опыта, который Вы пережили в прошлом. Это может быть пляж, где Вам было очень хорошо, а может быть лес или горная вершина, от воспоминания о которых Вам становится приятно. Это должен быть исключительно положительный опыт, никак не связанный ни с чем негативным.

Некоторые пациенты могут сказать: «Ну, самым безопасным местом для меня был шкаф, куда я прятался со своим плюшевым медведем, когда ссорились родители». Такое место не подходит. Или: «Да, пляж – это замечательное место, только меня там когда-то изнасиловали». Это также не оптимальный выбор. В некоторых случаях люди могут чувствовать себя в

безопасности, если представляют себя в компании какого-нибудь религиозного персонажа.

Определите то место, которое дает Вам чувство безопасности или же, по Вашему усмотрению, это может быть чувством спокойствия. Нужно отыскать воспоминание, которое поможет извлечь позитивную эмоцию, которую Вы могли бы холить и лелеять внутри себя, и с помощью которой замещали бы чувство беспокойства.

*Примечание.* Не выполняйте это упражнение, если Вы не можете представить место, не связанное с негативными воспоминаниями, где вам безопасно или спокойно. Также будет лучше прекратить, если вдруг появятся негативные ощущения. Это будет ясно указывать на то, что имеются не переработанные воспоминания, которыми нужно заниматься, обратившись к терапевту.

Закройте глаза и в течение минуты сделайте следующее:

1. Представьте выбранное Вами место, стараясь окинуть своим внутренним взором всю сцену.
2. Отметьте для себя цвет и любой другой чувственный опыт, который будет его сопровождать.
3. Зафиксируйте это чувство и те ощущения, которые могут возникнуть в разных частях вашего тела – грудной клетке, животе, в районе плеч и лица.

Если у Вас приятные позитивные ОЩУЩЕНИЯ – зафиксируйте это и откройте глаза.

Теперь попробуйте их ПОЧУВСТВОВАТЬ. Заметили ли Вы, что когда вызываете воспоминание и позволяете ему остаться, отмечая цвета и все, из чего оно состоит, то тогда и возникают эти чувства.

Если это позитивные чувства, то найдите СЛОВО, которое будет ассоциироваться с ними, например, «мирный» — для описания ощущения или «лес» — для описания места.

Это как бы ярлычок, называющий его содержание. Закройте глаза, вызовите этот образ, зафиксируйте приятные ощущения и мысленно произнесите свое слово. Заметьте, что Вы чувствуете, когда Вы позволяете себе стать частью этой сцены, мысленно повторяя это слово. Через пару секунд откройте глаза. Теперь закройте глаза и повторите.

Если опять пришли положительные ощущения, повторите все заново, закрывая глаза, вызывая образ, мысленно произнося слово, с ним связанное. ПОВТОРИТЕ это ПЯТЬ РАЗ, стараясь, чтобы каждое упражнение занимало не больше минуты. Все это позволит укрепить связи (Шапиро, 2021: 73-75).

### Приложение И. Техника «The Betty Erickson Special»

1. Найдите удобное место для сидения и сосредоточьтесь на точке выше уровня глаз.
2. (Необязательно) Скажите своему подсознанию: «Пока я в трансе, пожалуйста, просмотри все мои источники и ресурсы и вынеси на поверхность все, что мне нужно для достижения этой цели (назовите эту цель конкретно для себя)».
3. Затем, говоря вслух (или про себя – неважно), дополните следующие предложения разными наблюдениями.
4. «Я вижу... (назовите любой объект в поле Вашего зрения)» и повторите эту фразу для 4 разных объектов, например:
  - «Я вижу лампу»;
  - «Я вижу книгу»;
  - «Я вижу дверь»
5. Затем скажите себе:

«Я слышу... (назовите любой звук, который Вы слышите)» и назовите

**4** различных звука, например:

«Я слышу движение снаружи»;

«Я слышу, как кто-то говорит»;

«Я слышу тиканье часов».

Если сложно различить 4 разных звука, можно сказать себе, например:

«Я все еще слышу шум снаружи».

6. Затем скажите себе:

**«Я чувствую...»**

(назовите любое чувство или ощущение, которое Вы испытываете)»

и повторите для **4** разных ощущений, например:

«Я чувствую часы на запястье»;

«Я чувствую ногу в ботинке»;

«Я чувствую подушку под головой»;

«Я чувствую свою руку на коленях».

7. Повторите упражнение, на этот раз называя только **3** объекта, которые Вы ВИДИТЕ, **3** звука, которые Вы СЛЫШИТЕ, **3** ощущения, которые Вы ЧУВСТВУЕТЕ (картинки / звуки / ощущения могут быть такими же, как в прошлый раз, или другими – это неважно).

8. Повторите упражнение, называя **2** объекта, которые Вы ВИДИТЕ, **2** звука, которые Вы СЛЫШИТЕ, **2** ощущения, которые Вы ЧУВСТВУЕТЕ.

9. Повторите упражнение, называя **1** объект, которые Вы ВИДИТЕ, **1** звук, которые Вы СЛЫШИТЕ, **1** ощущение, которые Вы ЧУВСТВУЕТЕ.

При необходимости повторите, пока Ваши глаза не закроются. Когда Ваши глаза закроются, перенесите себя, в своем воображении — к водоему. Переключитесь на бодрствующую реальность, когда будете готовы (O'Brien, 2011: 9-10).

# BEING A TRAINER FOR PSYCHOTHERAPY – THE BEGINNING OF A NEW CAREER



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## Abstract

The article is a recommendation for those who want to become trainers, about what it means to work with groups and what are the prerequisites and responsibilities of a trainer. It is detailed based on the author's experience of over 20 years as a trainer and her work as WAPP assessor, between 2019 - 2021. It can be a good guide for those who want to become trainers in the future.

**Keywords:** psychotherapy trainer, pre-requisites, responsibilities, positive psychotherapy

## Introduction

This article is a personal reflection on my experience as a trainer and my last 2 years as a member of the interview committee for the certification and re certification of WAPP trainers. It is not an official WAPP statement, even if I am a member of the WAPP Board.

As in any profession, being a trainer requires a certain level of competence: knowledge, skills, and a specific attitude of working with groups. During the last years I've see that there is a wave through psychotherapists: when they start to work with clients/patients, they believe that the next level of development is to become a trainer. And this way of thinking is not correct. To be a trainer is another profession, another career, and is not the end but the beginning of a new career development.

This article is intended to be a pleading for the career of a trainer as a profession, with the emphasis on those aspects that are mandatory for those who want to embrace it.

## Discussion

Since October 2020 WAPP has organized more than 100 interviews with candidates who want to become Basic Trainers and Master Trainers and with those who are already trainers and need re-certification. In the end of these more than 100 meetings, I have 2 conclusions regarding those who want to become trainers and why people are attracted by the career of a trainer:

- A. *I discovered that there are 3 kinds of candidates who want to become trainers:*
  1. candidates with a low level of awareness regarding the responsibilities of a trainer but

who are very enthusiastic and involved. They believe that being a trainer means to have some experience as a psychotherapist, to have the willingness to teach what you know, to have energy and enthusiasm to lead a group.

2. candidates with a low level of the ability to work with groups, but with a good level of self-reflection and knowledge, very responsible and anxious, especially regarding the responsibility of being a trainer,
  3. candidates who understood that, as a trainer, the main material they are working with is themselves. These people have not only a good level of knowledge and experience in psychotherapy but also a high level of reflection, self-reflection, self-development, and inclination to work with groups.
- B. *From the three pillars of training in psychotherapy: theory, self-discovery, and supervision, almost everybody wants to be a self-discovery trainer. Almost all the candidates believe self-discovery is the easiest part of the training for psychotherapy, it is for self-reflection and having fun. From my experience, self-discovery is the most difficult part of training in psychotherapy, so I recommend this as the last step during a trainer's career.*

If we try to have the big picture of the profession of a trainer, as in any career, we need a range of **prerequisites**:

- As a trainer for psychotherapy, some experience is mandatory. Beyond that as a participant in a group. A minimum of 3 - 5 years of working with patients with various problems (non-pathological and pathological) is a must-have experience.
- The fact that someone finishes training in psychotherapy is mandatory for a trainer but would not be enough. Some experiences of coordinating groups (support groups, intervision groups, psychotherapy groups etc) can be experiences that confirm or invalidate the orientation of someone to become a trainer.
- Attending conferences and congresses, coordinating some workshops, and having feedback from the participants, could also be an experience which will influence your decision to become a trainer.

- Feedback from your trainer(s) during the self-discovery and theory modules, regarding your inclination for leading groups, should be also a good in-put for those who want to become a trainer.

Be aware that being a teacher at a university does not automatically mean that someone is a good trainer for psychotherapy. University teaching is focus more on the transfer of knowledge. As a trainer for psychotherapy, the teacher should know how to develop specific abilities and an appropriate attitude for a psychotherapist.

As trainers, we have **4 main responsibilities**:

- For oneself,
- For other trainers and organizers involved in the training process,
- For the trainees/ participants,
- For WAPP and its standards

**Responsibilities for oneself** – means to be sufficiently reflexive and sincere with oneself about “WHY I want to become a trainer”?

- What is the motive for this decision: do I have a passion for working with groups? Is there any willingness and inclination to share my experience with others? Is this about reputation and status? Is this about money? Is it about power?
- Do I have the abilities to work with groups? As psychotherapists we learn to work individually and after some years of experience, it could be difficult to change this inclination. As trainers, we work not only with the group of participants but also as a team of trainers and with the organizers, and sometimes with candidate trainers. Ask yourself if working in group(s) and with a team is your ability.
- Am I balanced enough to keep my energy during a seminar, whatever is the dynamic of the group? Especially people who choose to become trainers because they need to get energy and self-worth from the group are in danger of losing their self-esteem and of turning the dynamic of the group, so that a training, about knowledge and abilities and the trainer as a model, is transformed into a course, only about knowledge and the trainer as an authority.

### Responsibilities for other trainers and organizers involved in the training process

- A trainer for psychotherapy should know how to work in a team. We are not alone during the process of teaching Positive Psychotherapy. There are always other trainers and sometimes organizers who are involved in this process. To know how to work on a team is one mandatory competency for a trainer in Positive Psychotherapy.
- To provide feedback after your module to the main trainer and/ or to the organizer is also a responsibility of the trainer.
- As a main trainer for a group, it is helpful and mandatory to have the bigger picture of the group dynamic and how the learning objectives were achieved during the module/ seminar.

### Responsibility for trainees/ participants

- I recommend to candidates who wants to become trainers to start with theory modules. A good start could be to choose, along with the main trainer, a few theory sequences to teach, topics in which the candidate feels comfortable, topics that s/he is passionate about, about which s/he reads constantly.
- A trainer must know (and have abilities for):
  - Training curriculum in PPT and learning objectives for each seminar/module
  - The content for each seminar/module
  - Group dynamics and especially how to deal with difficult situations
  - Teaching didactics
- Another responsibility of a trainer is to be prepared with your own cases. To choose and reflect on some cases you have had as a psychotherapist and to share them with the participants if/ when this is needed.
- Do not stop your practice with clients and patients when you become a trainer. It is a requirement to stay connected with your work as a psychotherapist.
- After each module, ask for feedback from participants, reflect, and reshape the way you teach the module if it is necessary.

### Responsibility for WAPP and its standards

Beside all the above responsibilities, there is a major one regarding WAPP and its standards. The last

mandate of WAPP board of directors is focused on enhancing and maintaining the quality of Positive Psychotherapy's way of teaching around the world. As a trainer you must know the standards, ethics, content, and WAPP requests as a school of psychotherapy. My recommendations are:

- Read and be aware about WAPP standards, curricula of the Basic and Master Course, guidelines for Self-experience/ Self-discovery in PPT, etc.
- Apply all the required steps in organizing a group: initial interview, group documentation, examination standards, curriculum etc. All these recommended steps have years of experience behind them and will make your work as a trainer easier.
- If you work with an organizer, be sure that s/he is respecting the WAPP standards (see WAPP website). This is not only his/ her responsibility.
- Use the transcultural environment which WAPP provides, to enhance your knowledge and experience as a trainer. Attend seminars, conferences, congresses, and other events WAPP provides for its members.
- Write articles, lead workshops at WAPP events, expose yourself and ask for feedback. Let yourself be seen to be sure that what you do is aligned with our school's direction of development. Share your experiences, talk with other colleagues from other groups, centers, countries.
- Get in contact with WAPP Headquarters when you have questions, get involved in organizing events, working with subgroups etc. Use the possibilities WAPP provides to all of us for your own development.

Motivate your participants to do the same, inform them about WAPP and its offer of development for each member.

### Conclusion

Do the best you can with your resources. Be aware of them, put them to work, develop and sand them as much as you live. And remember 'If you want something you never had, then do something you never did.' Nossrat Peseschkian.

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# WHEN MENTAL HEALTH SOCIAL WORK ENCOUNTERS POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY: CASES OF SOCIAL WORK SERVICE FOR PATIENTS WITH BIPOLAR DISORDERS



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## Abstract

This article shows the application of positive and transcultural psychotherapy as a theoretical guide to intervene in the social work case service case of a bipolar disorder rehabilitation patient with a 15-year medical history. Our service and our confusion before the application of positive and transcultural psychotherapy, and the surprises and results after its application are presented. The paper shows the real conflict in the four areas in the life of the client and his conflict response model, based on the analysis of the services provided by combining social work methods and positive and transcultural psychotherapy, and the results and the change in our service obtained by the client.

**Keywords:** mental illness, bipolar disorder, positive psychotherapy, transcultural psychotherapy, social work

## Introduction

Mr. T. is a mental rehabilitation patient suffering from bipolar disorder, who wants to end the pain by ending his life.

"Mr. T." registered as a member of the Mental Health Service Center that I work for, receiving social work services for mental rehabilitation. In this center, there is a professional service team composed of 6

social workers, 1 psychological consultant and 1 auxiliary staff. In 2011, according to the service team, "Mr. T." had a good recovery, based on the understanding of the service team according to their years of service experience and their professional training. He was able to utilize many of his special skills. He is a man of many talents. His knowledge and skills cover many fields, such as calligraphy, philosophy, and Buddhism. He is also a member of the Shenzhen Calligrapher's Association. His calligraphy works have

been shared in international exchanges and presented to partners as gifts many times. Every Spring Festival, he would write "Spring Festival couplets" for other members of the Center and their families. become the center members greatly respected this big brother, his calligraphy works were given to our partners many times as gifts and were exhibited at the international exchange meeting. However, his illness always recurred under certain conditions and circumstances, and whenever his condition became serious, he had the idea of "suicide". In the past decade, our team has saved him repeatedly from the line of life and death.

In order to find the root cause of "Mr. T."’s condition so as to effectively control or reduce the frequency of his episodes of mental illness, in November 2020, when "Mr. T." fell sick again, we decided to review and analyze the case with positive and transcultural psychotherapy to find more effective working methods. This is a new challenge and a topic for us. Encouragingly, this attempt was a great surprise.

## Methodology

Positive transcultural psychotherapy teaches that:

“The situation of the ill - and not only of the mentally ill - is in many ways like that of a person who for a long time has been standing on only one leg. After some time the muscles become cramped and the burdened leg begins to hurt. He is hardly able to retain his balance. Not only the leg hurts: the whole musculature, unaccustomed to this posture, begins to cramp up. The pain becomes unbearable, and the person cries for help.”

In this situation, various helpers approach him.

People have four kinds of media of cognitive ability, they are the standard and yardstick of forming judgment, they can give full play to the possibility of people's experience. They diverge during development and dictate the way a person perceives himself and the world around him.

They are:

1. The senses
2. Reason
3. Tradition
4. Intuition

The functioning of all four modes is more or less codetermined by the "unconscious." (Peseschkian P. 1)

"Man is, at his birth, no *tabula rasa*, but rather, to stick with this image, an as yet illegible or unread paper. His capacities - the foundation of human development - require maturation and the beneficial help of the environment.”

“At any moment, when the appropriate conditions have been created. Every person possesses such capacities. Whether or not they take shape in the course of development depends on the conducive or inhibitive conditions of the body, of the environment, and of the times. In relation to the drives, capacities are more plastic and more strongly subjected to the resonance of the environment.”

### *Actual Capacities*

Contents-wise, these psychologically real norms may be divided into two basic categories, which we call *secondary* and *primary capacities*.

The *secondary capacities* are an expression of the capacity to know, and rest upon the transmission of knowledge. In them are mirrored the achievement norms of the individual's social group. They include *punctuality, cleanliness, orderliness, obedience, courtesy, honesty, faithfulness, justice, diligence/achievement, thrift, reliability, precision, and conscientiousness*.

The *primary capacities* concern the capacity to love. They have to do with the predominantly emotional domain, and develop, just as the secondary capacities, mainly in interpersonal relationships, in which the relation to reference persons, especially the mother and father, plays an important role. The primary capacities encompass categories like *love* (emotionality), *modeling, patience, time, contact, sexuality, trust, confidence, hope, faith, doubt, certitude, and unity*." (Peseschkian, PP. 54-55.)

When we see visitors as a treasure, not the labeled "troubled person", When we accompany the client to find his practical abilities, and "actively interpret" these abilities. To discover, balance and develop more practical abilities while using them appropriately, you can often have more resources and achieve the service effect that 1 + 1 is more than 2.

## Discussion

### 3.1. Case background

Mr. T., in his 40s, is a middle-aged man with glasses, with extensive knowledge and elegant manners.

In 2008, he was diagnosed as a patient with bipolar disorder by a psychiatric hospital. It is characterized by the coexistence or alternation of mania and/or major depression. The symptoms of mania are mainly inattention, hyperactivity and impulsivity. Major depression, on the other hand, is characterized by episodes of depressed mood or decreased interest or pleasure lasting at least 2 weeks, with typical associated symptoms (e.g., changes in sleep, appetite, or activity levels, fatigue, difficulty concentrating, feelings of worthlessness or excessive self-blame, suicidal thoughts or behaviors).

Mr. T. likes philosophy, Buddhism, reading well and writes soft calligraphy. Books on Buddhism, Christianity, philosophy, history, politics, medicine, psychology... are displayed on neat shelves. When chatting with social workers and other partners, he is like an elegant knight, always maintaining a gentleman and polite attitude.

In the fall of 2020, Mr. T. was falling ill again. Persistent insomnia, eating difficulties, uncontrollable smoking, and suicidal thoughts occurred. At the same time, because just after the heart bypass surgery, the physical and mental suffering, reached the point that

he should be hospitalized. At 15:00 pm on November 3, 2020, my partner and I returned to Mr. T's residence and helped Mr. T. reassess with the ideas and methods of positive psychotherapy.

### 3.2. The combining of realistic conflict

We use the balance model to work with Mr. T. to combine and present his realistic conflicts. See Figure 1:

#### **Body/feelings:**

Can't eat (2 small buns a day), sleep well (insomnia all night), extreme physical exhaustion, memory loss; uncontrollable anger, depression, anxiety, guilt, loneliness, disappointment, wanting to be alone, to die.

**Future/fantasy:** a sense of hopelessness; already envisioned 3 near-complete suicide plans, but feared that killing would lead to hell (Buddhism)

#### **Relationships/tradition:**

**Socialization** – home alone, offline socialization is almost interrupted.

**Neighbors** – frequent conflicts and unavoidable troubles.

**Father** – on the one hand, he emphasizes that his father is useless and cannot help him. But on the other hand, he longs for his father to do something for him.

I don't want to bother **social workers**

#### **Achievement/Rationality:**

Lost previous job – financial stress due to interruption of affiliation; memory loss but can rely on Buddhism to restrain impulsive emotions.

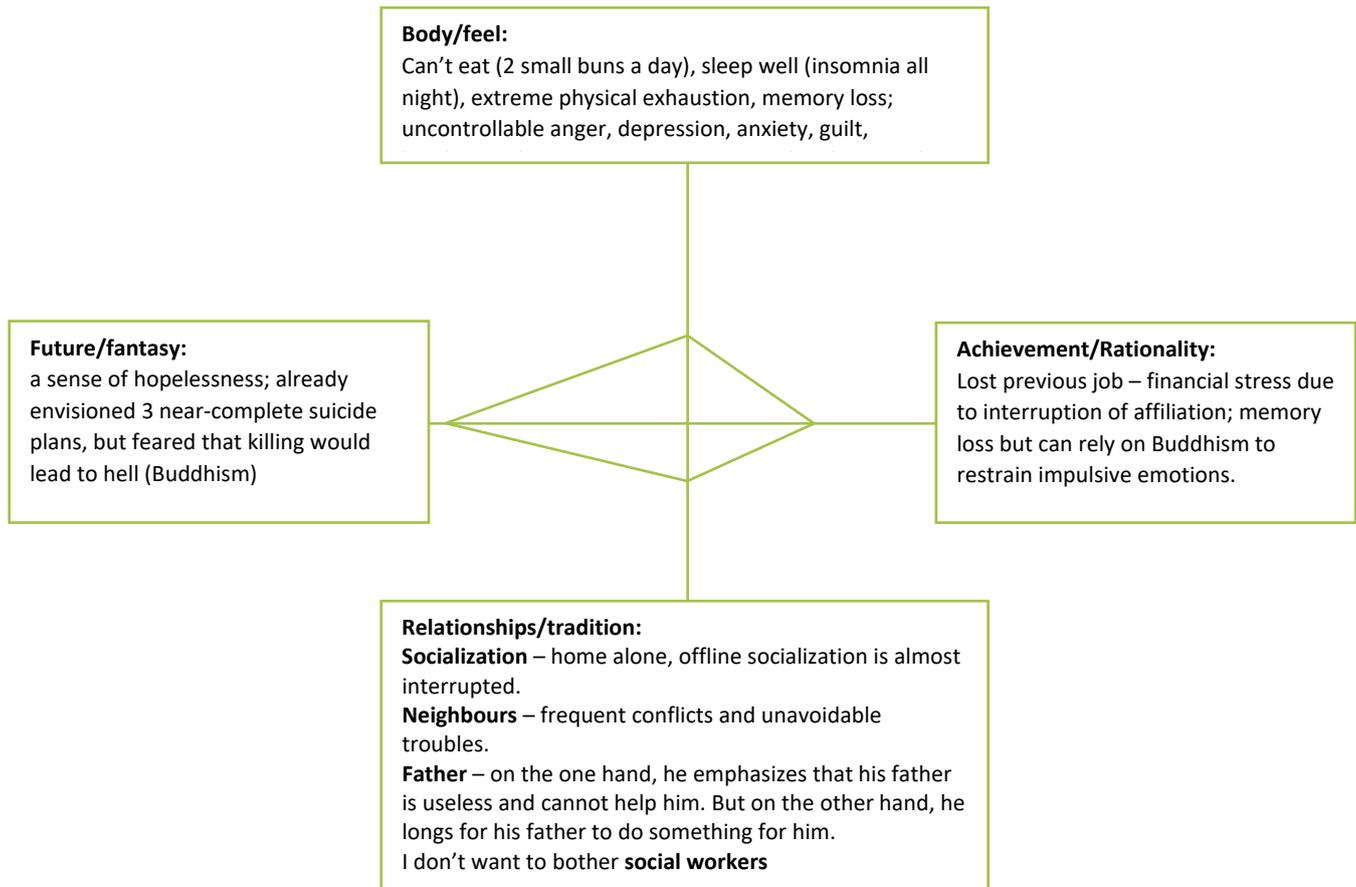


Fig. 1. Client's Balance model

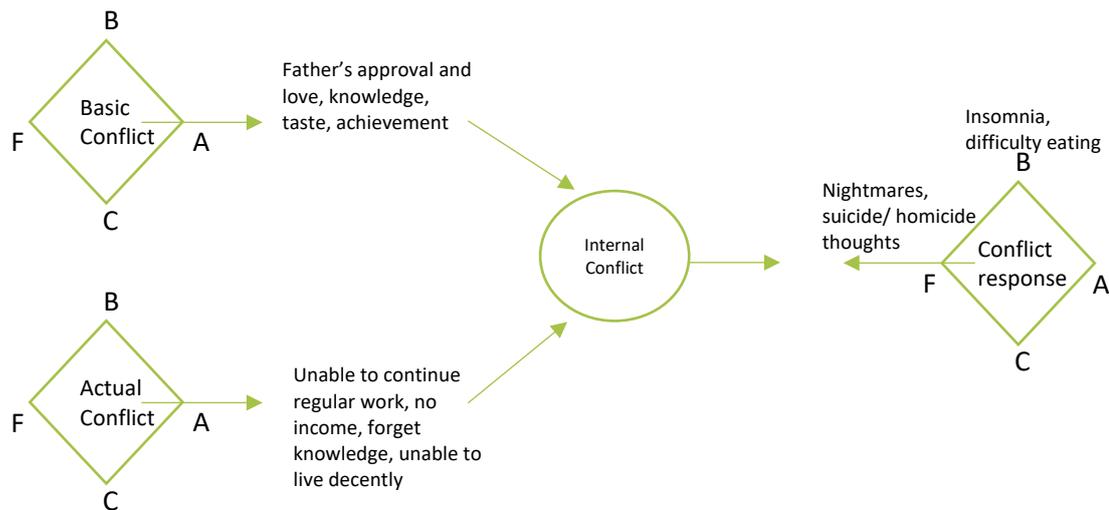
### 3.3. Discussion of the conflict reactions

Through the display of Figure 1, it can be found that Mr. T. is in the state that he should be hospitalized. However, Mr. T. has always been extremely resistant to hospitalization. Because in his previous experience, after each hospitalization, "slow response, memory loss" will occur for a long period of time, he will forget a lot of knowledge and abilities learned and mastered in the past.

In Mr. T's words: " For a long time I felt like a walking corpse, like a dead man. I would rather die, never want to become a waste person, I cannot face that kind of myself. "He demanded that he must always maintain a gentlemanly and learned figure; in life, as a man who can manage himself well and deserves to be respected, trusted, and reliable.

For a long time before, we all thought that "ability and achievement" was the most important thing for him. So did a lot of things to let him have the opportunity to show his ability, and give timely affirmation and encouragement. However, this does not seem to be an effective way, we find that there are always some more complex factors which often make him unable to avoid the depression.

After this review, we found that in fact, for Mr. T., "Relationship" is what he values more, [for him it is] even more important than life. Because only through continuous learning, knowledge and taste can he be recognized by others, especially those who recognize and care for him, but the influence of disease breaks the guarantee of his learning and display, and he fears the loss of attention and care, resulting in strong internal conflict. See Figure 2:



**Fig. 2.** Client's conflicts

Forty years ago, his father was sent to primary school when Mr. T. was four or five years old, in order to make his child a better person than himself. In order to give better conditions to his children and his family, his father, as an engineer, works outside all the year round. Although achieved very high achievements, but also therefore have few opportunities to go home. Mr. T., on the other hand, had reading difficulties and was unable to keep up with elementary school. Not only could he not get the recognition of classmates and teachers, but also was abandoned by his mother after the birth of his brother.

His father always encouraged tolerance and inspired Mr. T., who had lost the opportunity to study, to learn to read through self-study and efforts to develop himself and become a member of the calligrapher and painter association. His work gained him much recognition and he made many equally accomplished friends.

However, after he was hospitalized again and again for illness, he began to lose excellent friends and his aura, even became unable to work normally, losing a stable income. More with the growth of age, the father's old age, leading to becoming powerless in many things. Mr. T. always felt that his father was so disappointed with him that he stopped wanting to take care of himself.

In Mr. T's subconscious, loss of achievement and taste means failure to get care and recognition from his

father. And the symptoms of the disease allowed him to continuously lose his past abilities, achievements and taste. The pain of internal conflict reacts through symptoms in the "future / fantasy" field. For example: "nightmares, insomnia, suicide / killing thoughts, etc."

So, for Mr. T., the focus of conflict resolution is his need for a "relationship". "Achievement is higher than life" because in his subconscious "achievement means to get his father's love".

#### 3.4. Service development process

Based on the above analysis, we worked through the state of Mr. T. through the basic conflict, real conflict, internal conflict, and conflict response model, and found the focus of service provision. So, what we need to do is to develop the ability to relatively forget, ignore, or fail to achieve and not be satisfied, while retaining his original capabilities.

So, we began to adjust Mr. T's service plan to maintain the experience of his achievements. At the same time, start more from the perspective of the relationship. We used case counseling, group activities, rehabilitation training and other working methods combined with positive psychotherapy theory and technical help. It enables Mr. T. to discover and experience the harvest and feeling of the relationship, to help him repair his imbalance and achieve the effect of change.

*Adherence to the rehabilitation training to maintain*

*and develop the experience in the field of achievement*

We invited Mr. T. to act as the administrator of the "Love Library" of the service center and discuss with him about the operation and management mode of the library. In the next two months, Mr. T. led other survivors in the center to sort out and number the 170 books just donated, to establish a loan and management system for the love library, and Mr. T. organized the survivors to manage this.

They came to the "love library" together and borrowed books twice a week. Mr. T. gradually returned to the center for rehabilitation training from being on duty twice a week. The confident, elegant Mr. T. has returned to everyone's view.

Participation in group activities and strengthening in support networks in relationships

Mr. T. was encouraged and signed up for the center's Reading Group. During the activity, they read and share their favorite books with other survivors, telling their own understanding of the content of the books and the stories belonging to everyone. Each group member shares with, listens to, embraces, and encourages each other. Under the guidance of the social worker, Mr. T. found that when he was not good enough in the sharing, other team members did not complain or become disappointed, but gave timely responses and feedback; When team members expressed expectations honestly to each other, it was the process of clarifying misunderstanding and consolidating the relationship.

*Interview and counseling, helped him see his attachment and expectation toward his father, and face up to his father's love and recognition*

In the daily tutoring and interview, we paid more attention to Mr. T's relevant expression about his father, and gave a retelling, positive interpretation and confirmation. This was to Make him sure of his father's love and recognition, and to realize that he is afraid of "losing achievement" because he "worries" that he will one day lose his father's recognition and care, thus denying his father's efforts (not only the father, but also other friends and members of the center, social workers, other community workers, etc.). In the daily tutoring and interview, we paid more attention to Mr.

T's expression relating to his father, and gave a repetition, positive interpretation, and confirmation. This was to assure him of his father's love and recognition, and to help him realize that he is afraid of "losing achievement" because he "worries" that he will one day lose his father's recognition and care, thus denying his father's efforts (not only the father, but also other friends and members of the center, social workers, other community workers, etc.).

*Capture the challenges and opportunities in the event and bring the turning point of service.*

Mr. T.: Mainly my father is so useless, he doesn't want to mind me, he gets bored, he accompanied me the other day... but he is too expensive he can't afford... Forget it, I'm just like that, he doesn't want to mind me, he really can't expect anything, he can do something, he can't do anything.

Social worker: Well, in a lot of conversations, we have heard you mention your father, and what specific things many fathers have done for you.

Mr. T.: Yes, yes, he is with me..., also with me..., he has it, but he can't do it.

Social worker: You worry that he may not be able to accompany you because he is tired or old, will you? I also feel like you care about your father working hard for you.

Mr. T.: It seems so. After all, he is old and always deals with me. He almost can't move anymore and should be bored.

Social worker: We feel that you care deeply about what your father thinks of you. And when we talked to you before, you often unconsciously talked about your childhood. We think about a lot of great abilities you have, such as being very organized, always doing your best at work, and being similar to your father.

Mr. T.: Really, he's old now, he's doing his best. He was an engineer when he was young, an excellent type of engineer...

### 3.6. Case turning point

Nearly 2 months of rehabilitation training, we assessed Mr. T's status and found that it was much better than before. He would now be able to come to the center to participate in rehabilitation training, no longer staying at home 24 hours alone. The frequency between suicidal thoughts was extended with the busy schedule, and he was now able to take the initiative to contact friends other than the center members. On the evening of January 3, 2021, I received another call from Mr. T. telling me that there was a place for mental patients.

Mr. T. said: "In this place, mental patients put in there can't/don't come out, old die inside, they will not harm society, like me, no contribution to society, living outside is to increase the burden to you, one thousand one days, I can't control the hurt, my father is bad, and will affect me, I think I will stay there for the rest of my life."

From Mr. T's expression, we may see "self-abandonment". We will worry that the recipient of our services will retreat and suffer anxiety and frustration "the previous service effect will be knocked back to the original shape". If intra-coil and anti-empathy occur, there can be painful emotional experiences.

However, from a positive point of view, in this expression, we can also find that Mr. T., who was so afraid of hospitalization, losing acquired knowledge, development, achievements and taste, would take the initiative to have the idea of "locking himself up!" That was regarded by him as something more important than life!

The origin of this idea is still related to the "important relationship", fathers, neighbors, staff and even social stability. There is resistance because of the relationship, and giving up because of this relationship. In our view, these relationships give the opportunity to change.

Social worker: "I am very shocked and moved. Mr. T., who was so resistant to being locked in the hospital and so afraid of losing the value of his life, will have such a "brave" idea in order not to hurt others and care for his people today. If he dares to overcome such difficult things, then what can defeat him?! This is what a powerful force ah, like a brave soldier, so fresh you have always been there ah! Mr. T.: I also particularly want to tell you now that the people who care about you have always been there, waiting for you to train and work with them."

Three hours after this conversation, I received a message from Mr. T. He told me that he was admitted to Corning Hospital through the green channel with the assistance of the community police and was looking forward to returning to the center after being discharged.

## Results

Half a month later, Mr. T. asked the attending doctor for a chance to use the phone. He called me on the

phone. He said it was strange, and this time the doctor did not prescribe him any medicine, and he himself was surprisingly calm. I Eat three meals a day normally, have a regular schedule, and sleep well at night, I will not think about suicide things, also, I do not think about those annoying things. Both my physical and mental conditions are much better, which has not happened in the past few decades."

A month later, Mr. T. handled the discharge procedures with the assistance of the community.

Over the course of 2021, Mr. T. has returned to his relatively regular attendance and training days. He often talks with other survivors, manages the love library, and participates in other activities carried out by the center wherever he can. A year passed and the autumn arrived in Shenzhen. Mr. T's stable state has lasted for a whole year.

This change was based on the resolution of Mr. T's internal conflicts in the area of relationships. This occurred after his needs in the field of relationships were identified and met. When the areas of achievement are maintained and the areas of relationship develops, the imbalance gradually will tend to balance. He will finally live a normal life again.

## Conclusion

Although social work and psychological counseling belong to two professional fields, they each have their own professional theories, working methods, working rules and values. However, it does not affect the cooperation between the two fields. When social workers learn the techniques of positive and transcultural psychotherapy, they can combine them with the ideas, theories, working methods and skills of professional social work. This can help social workers to obtain more resources, so as to better understand and help the clients and achieve good results.

Of course, it should be noted that, while quoting cross-field knowledge and technology, we should not bring about confusion about our own professional role, not to turn social workers into psychological counselors, or to turn psychological counselors into social workers. Here, we discuss the mutual support and collaboration between the two specialties.

In this case, the practical results of positive and transcultural psychotherapy were implemented, which well confirms the above view.

In my social work services, since 2010, I have contacted colleagues to learn and try to apply positive transcultural psychotherapy in the social work service. In 2018, institutions began to take the initiative to cultivate the "application of positive and transcultural psychotherapy technology" to carry out social work by the professional teams four years ago, 12 employees obtained the "positive and transcultural psychotherapy consultant" certificate. In the process of learning and practice, it provides us with a very effective help. We are also committed to the practical exploration and promotion of positive and transcultural psychotherapy combined with local social work.

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## Research limitations

In our practice process, individual cases have individual differences, so there are personalized applications, and we only use this therapy to harvest a surprising effect in the process of service. But we do not have a large number of cases for research.

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# POSSIBILITIES OF WORKING WITH BULGARIAN FOLK TALES FOR WOMEN AND GIRLS WHO HAVE BEEN VICTIMS OF VIOLENCE



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## Abstract

The purpose of this report is to describe how women and girls who have suffered from physical and sexual violence can learn to love their gender again through the use of the images of women in Bulgarian folktales and strengthen their belief that female nature, despite its vulnerability, is beautiful and creates goodness and life. Several cases from clinical practice will be presented, taking into account the high efficiency of working with fairy tales with women and girls who have experienced a traumatic event. Some of the images that appear in the fairy-tale heritage of Bulgaria will be analyzed. Some clinical notes will be presented to show that crisis work does not remain only at the level of crisis counseling, but moves into a deeper psychotherapeutic process.

**Keywords:** early psychosis, adolescent, positive psychotherapy, counselling

## Introduction

Statistics on clinical and outpatient cases of psychotherapy with women and girls show that there are psychotraumatic experiences of sexual and physical violence in 65% of cases, including cases where girls and women are not direct victims but witnesses of violence. In such cases, one of the most difficult tasks of psychotherapy is the return to femininity. Some of these women feel hatred and irritation towards their own gender because they have experienced or witnessed humiliation and violence from men. In the still-patriarchal Bulgarian culture, violence is not talked about, the victim feels guilty and humiliated, and the methods of

obtaining evidence against the perpetrator by law enforcement agencies are often an additional humiliation for the victim, who has to "prove" that her testimony is the truth. The return to femininity and the beauty of being a woman is a long, ongoing inner process in which the methods of positive psychotherapy and the healing role of fairy tales play an important role.

Researchers such as Ruth Block (1996) have explored the role of the traumatic female story-about grandmother, mother, and daughter-which, while anything but fairy tale-like, shows how the language of science can be related to and so sharply contrasted with the language of the fairy tale. In practice, two types of injuries are generally distinguished for women and girls who have suffered violence: type 1 - unexpected, unpredictable, one-time incidents; type 2

trauma - chronically recurring, usually physical, psychological, and sexual abuse. Both types of injuries require different approaches to treatment and therapy (Saxe 2007). Kalshed, in his study *The Inner World of Trauma*, highlights the role of healing in the fairy tales of the world. In them, as in Bulgarian tales, the human world of misfortune or innocence exists in a kind of counterpoint to another radiance represented by transpersonal forces introduced by the old wizard. In the study of Bulgarian folk tales and the image of women in them, the contribution of Baichinska (2009) is undoubtedly enormous. In her study she divides the female characters into two major groups - victim and heroine. I could add that the practical use of fairy tales in psychotherapy shows that there is a connection and transition from victim to heroine in women and girls who have suffered violence. Another author who shares experiences of working with Bulgarian folk tales is Marinova (2013) in the collection "20 years of Positive Psychotherapy in Bulgaria", who sees an analogy between Bulgarian folk tales and the Eastern parables used, their universal sound and relevance.

In positive psychotherapy, the use of parables and fairy tales is an established method. (Peseschkian 2008). Through the transcultural aspect, we see how the image of the feminine develops in the fairy tales, and when they come from one's own collective unconscious, the native folk tales, they take on a special significance in the work of the psychotherapist and come to the fore, and the specific traumatic events remain secondary.

## Methodology

### Clinical Notes:

A case of a 14-year-old girl, psychotrauma related to violence inside and outside the family, abandoned by her mother at the age of 4, raised by grandparents when she returned home, escaped from home, attempted rape, beatings at home and in a drug group. The girl shows the expression and behavior of an older person, but the emotional vulnerability of a child. She perceives herself as a "lonely girl, abandoned, an outsider, with no one there." Working with two female characters, resistance appears at the beginning, "I do not understand what this is all about." Projection reveals conflicting feelings toward the significant female character, both a desire to be like her, but also rivalry and competition. She describes the male image as "cold, gloomy" and the woman is "full of love, ... she draws him to her, but he is as if in a cage and wants to run away." One possible interpretation is related to the psychotraumatic experience of one's own parental family. In therapeutic work, the girl identifies with a

significant female image that tends to have competing relationships - the golden girl and the black girl, having fun playing the lazy, bad, restless black girl until she gradually begins to recognize in herself and in parts of the other - the golden girl.

Another girl 14, multiple rapes by adult men (mother's partner), before the age of 7, neglect, starvation, bondage. The mother with a psychiatric diagnosis. The girl comes after an attempt was made to set fire to the house where she lives with foster parents. The girl's name has been changed by the foster family, which adds to the difficulty of therapeutic work with current psychotraumatic situations. She relates, "Do you want me to tell you everything now, or first ... About these bad things ..." "How many times have you had to tell about it?" ... "I do not know, a lot," as if tired of repeating the subject. "How do you feel after telling about the bad things?" It's bad. "Does it help you to keep repeating? ..." "No, I feel worse afterwards" ... "My name has changed, I used to pronounce it differently. She tells, "I have always dreamed of being a mermaid, I do not know why, I even know a few ways to become a mermaid. They are made during the full moon, you can flood them with cold water, but I have not done that yet, I do not know if it works. Otherwise, there was a way to just glue your legs together. " My favorite book is *Homeless*. In her fantasies, the child chooses a fairy tale character who cannot bear the psychotrauma she has experienced. The girl is in a severe identity crisis, typical of adolescence, but exacerbated by the girl's active psychotraumatic experiences. The main conflict relates to the answer to the question "Who am I?, how am I?, am I like my mother?". Under normal circumstances, the identification process during adolescence is a crisis, and in the case of experienced traumatic events, the process is complicated and requires systematic psychotherapeutic work. One of the main tasks is the psychological separation and detachment from the mother, which occurs naturally in families where there was a well-established attachment at a young age. In this case, the separation is problematic due to the lack of attachment and requires professional help. In working with her, the narratives in which the mother dies were important, so she manages to survive the suppressed aggression towards her mother.

Regarding the strong emotions related to the experienced traumatic events, the Bulgarian folk tales in which the girl fights with the evil stepmother proved

to be very useful. The emotions that the girl feels towards her mother are on the spectrum of strong fear, anger and aggression. Since it is difficult to ventilate and process them, she directs them at herself, in the form of self-aggression, and at her immediate environment.

The next case is that of a young woman, 34 years old, who, after group psychotherapy in a day hospital, requests an individual session in which she communicates that she has been a victim of sexual abuse by her husband's brother for years, but does not dare to say it because he will beat her, knowing that the woman will always be considered guilty in such a situation. To save herself, she hides in the village toilet, goes to the psychiatric hospital because she is depressed and has an uncontrollable disorder (a symptom that becomes clear after she has shared the locks in the toilet when she is alone in the house and there is a danger that her husband's brother will attack again). Paradoxically, in subsequent psychotherapeutic work, this woman was inspired by the image of the brave dragon bride and realized that she could identify with the image of the female heroine rather than that of the female victim.

## Discussion

A girl, a daughter, an unborn girl, a mother, a stepmother, a widow, a poor woman and a queen, a wise old woman. In Bulgarian folk tales, femininity has both hidden and open faces. At the beginning of most of the tales, the death of the mother is the beginning of the girl's own femininity, because otherwise the girl runs the risk of remaining attached to the image of the eternal daughter. From the nameless bride, whose name is derived from that of the man, to the magical, unearthly girl capable of many incarnations. The absence of a name introduces the archetypal image and makes it universal. The young, inexperienced girl who knows only the good in this world, but does not know herself. There is no dense, real and complete image of a woman, where everything can be seen clearly, it is hidden in the secret corners of the soul, which she herself does not know. And that is why the image at the beginning is immature, incomplete, as if cut from an old children's primer: cute, but frozen and unchanging. The woman in the folktale must live through and suffer the encounter with her femininity, and this can only happen if she descends into the depths of her own darkness and finds the strength to build up this shadow within

herself, to recognize it, tame it, and make it part of her own story.

At the end of the road, another image sometimes appears, that of the widow, "an orphan like a cuckoo and no piece of bread to give her." The fate of a woman who has never known her feminine fullness outside the confines of the home, where she is trapped not because of physical limitations but because of a lack of desire for anything else, denies and suppresses that desire, making her a good wife, a mother who feeds everyone but herself. It is a threat to the woman who lives for others, but not with the awareness of the true sacrificial power of love, but blindly, with hidden hatred and the insinuation of hidden guilt. Her self-sacrificial self-sacrifice is in reality an aggression against others, punishing them because she feels dissatisfied and unhappy. We come to a terrible image of the "poor widow" transformed into a half-dead body, surrounded by her hungry children and the spiritual archangel Michael next to her head: "The spiritual one stands next to the sick head. And in the cold room six children are rolling back and forth, some of them smaller, muscular, ragged - their flesh is visible. They have copulated with their sick mother... And the two youngest have pounced on their mother - one on the left, the other on the right. They suck on her withered breasts, and she embraces them, crying softly that she is miserable - she leaves so many orphans to the world... "This is the grim picture of a woman who cannot feed herself or others, the savior of all, she cannot even save herself. What pride it is to believe that you can help everyone and feed everyone. Only humility before the fact that others sometimes have the right to be hungry, which means they have to look for their own choices and desires, can save her. Her breasts have dried up, and they were an expression of her pride, strength and maternal warmth, and this deprives her of her maternal identity. And then, surprisingly, redemption comes, the mother becomes a woman and receives the grace of the Archangel Michael. The widow recovers and feeds her children, but this correction is related to wholeness and connects this body to the immortality of the soul, "every Saturday she goes to pray and lights a candle for the Sabbath." Redemption does not come loudly, with march and pageantry, it is quiet, hidden, there in the darkness of the temple, where it is no longer just a nurturing body, but a soul that can pray, give thanks and love.

The girl in Bulgarian fairy tales is usually conscientious, diligent, thrifty and obedient. However,

this is not enough, it is not the result of a conscious decision, but the fear of the unknown in itself. The good, obedient and hardworking Cinderella Mara from the Bulgarian folk tale must first get to know her dark, hidden side, the gypsy under the tree where she sits and waits for her beloved in her golden gown. In order to take off the robe with the precious stones that carry the illusions of perfection. At the beginning of the fairy tale, she is already without a mother and forced to look for her face, a lover, wife, mother. She is paradoxically supported by the stepmother, who repels her and thus saves her from too strong identification and a hasty entry into an image that is not syntonetic for her, that she does not recognize as her own.

The golden girl asks the grandmother she meets in the woods, "-Why don't you want a boy, Grandma? - Because I need a walker and boys can not walk." The girl has to get rid of the illusion that she will understand herself if she is only good and passive. While cleaning it should feed snakes and reptiles, lizards. To meet the bastards is not in itself an easy task. It does not allow haste, and she cannot eat hot porridge. The good soul sees the good in others, and this is her strength because it frees her from fear. But to find the treasure and lull the grandmother to sleep, she needs a very quiet song, "like a buzzing bee." Here everything is subdued, hidden, there is no place for boasting and attracting too much attention.

## Conclusion

Girls and women who have been victims or witnesses of violence often need projective methods to tell the story of what happened. Working with fairy tales in crisis psychotherapy is a painless and also harmless method, minimizing the iatrogenic moment. For women and girls who have suffered trauma, fairy tales are an indispensable tool that helps to develop primarily Peseschkian (2020) typical female skills such as patience, love, time, as well as the ability to accept and preserve, mystery and secrecy, cunning in the fight against -the stronger, so characteristic of the woman in the Bulgarian folk tale. Last but not least, working with fairy tales awakens in a positive light the power of the creative female principle, which is already of interest in

the process of female development.

In conclusion, we can say that the inclusion of a tale in therapy helps women who have experienced trauma to associate with their roots, the collective unconscious of the female, women before and after them. It helps them to tell their own version of the story, to individualize the abstract meaning, making it their own. The trauma has become a history still painful and leaves its mark, but with it one can already live, it is identified, a recognized part of the Self.

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# QUESTIONNAIRE ABOUT ADHERENCE AND HIDDEN CONFLICTS IN PHARMACOTHERAPY BASED ON MAIN PRINCIPLES OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY



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## Abstract

The origin of one of the main hindrances of successful pharmacotherapy is the hidden gap between the mental horizon of the doctors on one side and the deep-rooted motivation of patients on the other side. Both sides are not aware of the personal and social background of this gap. A questionnaire based on main principles of Positive and Transcultural Psychotherapy is introduced as a guideline to discover this gap and thus to open up a way for new solutions. Sometimes pharmacotherapy is preferred by patients who are not aware of a hidden conflict in their lives as origin of their suffering. Using this questionnaire works with this preference and widens the horizon of the patients, which is restricted by the hidden conflict. Thus, this conflict can be discovered to find a new way for a better solution.

**Keywords:** adherence; hidden conflicts, pharmacotherapy, positive and transcultural psychotherapy, questionnaire

## Introduction

As a psychiatrist and psychotherapist it is important for me to combine both forms of treatment, the psychopharmacotherapy and pharmacotherapy in general on one side and psychotherapy on the other side. When, during the second half of the 1980's, I visited Nossrat Peseschkian in Wiesbaden regularly for my own education in Positive and Transcultural Psychotherapy, he had just published an article on that subject: Nossrat Peseschkian: "Non-Compliance. Kein

Patient ist besser als sein Lebensplan" (No patient is better than his concept for life.) [Peseschkian, 1988, p.13-22] In this article he explained that the decision of patients using or refusing their prescribed medication depends on a great variety of attitudes towards life. Peseschkian demonstrated how the cultural values of a patient (actual abilities) [Peseschkian; Aziz, 2009, p.21-23], his preferred style of conflict reactions [Peseschkian; Aziz, 2009, p.78] and the effect of the models of the parents have influence on his behaviour [Peseschkian; Aziz, 2009, p.128/129]. Peseschkian designed a questionnaire with the size of one sheet of

DIN A4 paper and published it in a TV-newspaper. 680 persons sent their answers to the news-paper, so that a research could be made with the answers. I used this questionnaire in my hospital.

## Methodology

Several years later, I picked up this questionnaire and developed a larger one. It took me several years to watch the patients in our hospital and to discuss with colleagues in seminars and international congresses to make sure that I would discover all the cultural values which have an influence on adherence to pharmacotherapy and give a hint on hidden conflicts in the background. Finally, I developed a questionnaire to ask for all cultural values. The structure of the questionnaire is based on several basic models of the PPT: balance model, differential analysis, stages of interaction in psychotherapy, key conflict model [Peseschkian; Aziz, 2009, p. 32, 40/41,70-72]. Also I developed a guide to interpreting the answers. I tested the questionnaire with my own patients and asked colleagues to do so with theirs. I cooperated not only with psychiatrists and psychotherapists, but also with anesthetists treating patients with chronic pain-syndromes. All experienced the questionnaire as a helpful tool for pharmacotherapy and psychotherapy and encouraged me to publish it.

### Text of the Questionnaire, Presented to the Patients:

#### Purpose of the questionnaire:

Your doctor wants to use a medication for you or has already started to do so. His decision is based on ideas, which you might understand or not. Your own way of taking medicine depends on a great number of influences, which your doctor might not know completely. In order to be able to help you even more, this questionnaire was given to you. Its questions cover all aspects of using a medication. Some aspects are important for you, others seem to be not so important in your eyes, but are probably important in the eyes of your doctor. Therefore it is necessary that you answer every question.

#### Important condition for a benefit from answering the questions:

Do you think, this is a good moment to deal with your attitudes towards medication? Or do you prefer to wait for an occasion later on? You should answer the questions only, if you are really interested to do so!

#### At first questions about the present importance of medication to you:

1. Which role does medication play in your life at the moment?
2. Did you yourself or someone else, whom you know, have any good experiences with taking medicine before?

#### The following questions aim for your way of making decisions for or against medication:

##### Regarding your body:

1. What meaning does the form of medication (pills, drops, liquid, cream, injection) have for you?
2. How sensitively do your body and your nerves usually react to medication?
3. How long do you watch the reactions of your body to medication?

##### Using your abilities to think:

1. How long do you think about whether to take medicine or not?
2. What kind of information do you need for your decision about it?
3. What would convince you of the necessity to take medicine for a long time?

##### Asking other people:

1. What do you think about talking with others about medication?
2. Whom do you prefer, if you want to ask someone for advice?
3. How do you decide, if you hear opinions about specific medicines, which are opposing each other?

##### Importance of fantasy:

1. How important is it for you to imagine the effect of a specific medicine before you take it?
2. How important are experiences with specific medicines which you or someone you know have had before?
3. What importance does advertisements about medication have for you?

**The following questions are about your way of taking medicine:****Questions about your motivation for taking medicine:**

1. What do you expect from taking medicine?
2. How about the money you have to spend for the medication?
3. How quickly should a medication show the effect you are expecting?
4. How would you react, if someone, who is very important to you, tries to convince you to take a specific medicine?
5. What kind of religious or philosophic rules concerning medication do you follow?
6. What do you think about medication which you can get without a doctor's prescription?

**Questions about your manner of taking medicine:**

1. Where do you keep your medication?
2. What role does cleanliness play when you take medication?
3. What effect does taking medicine have on your daily timetable?
4. How exactly do you memorize the advised doses of your medication?

**Questions about your reactions on the effect of medication:**

1. How long do you take medicine, which shows the expected effect?
2. Under what conditions would you change the dose or exchange the medication?
3. How would you react, if a medication might have a negative effect on your ability to work?
4. What would you do, if a medication might have a negative effect on your sexual life?
5. How would you react, if someone else with symptoms similar to yours would be given a better medicine than you got?

**Questions about your attitude towards a doctor:**

1. How much importance do you give to the advice of a doctor?
2. What motivates you to trust in the doctor's decision to give you a specific medication?
3. How would you react, if you didn't understand the doctor's advice?
4. What would you do if you didn't like the doctor's advice?

**The following questions aim for the meaning of the attitudes of the people around you about medication for yourself:**

1. How important is it for you to know how many people have already taken the same medicine as you are taking or will take?
2. Who of the persons around you is allowed to know about your use of medication?
3. How do or did your parents or other important people to you deal with medication?
4. How strong is the influence of your partner on your dealing with medication?
5. What would you do, if your opinion towards a specific medicine should differ from those of the people around you?

**The questionnaire ends with conclusions:**

1. Which questions were interesting for you?
2. What would you like to discuss more?

**Text of the Guide for the Therapist for the Evaluation of the Questionnaire:****I. The patient's present situation:**

(Evaluation of the answer to the first question)

1. How does the patient perceive himself, and which significance does he give to himself?
  2. How important are medications to the patient at present?
  3. Which conflict is already becoming evident?
- (Evaluation of the answer to the second question)
4. How does the patient perceive himself, and which significance does he give to himself?
  5. Compare this answer to the first one!
  6. Which persons of the social surroundings are mentioned?
  7. What are the patient's relationships to those persons?
  8. What role did medications play July 15, 2022 in the past?
  9. Compare this answer to the first one!

**II. The patient's willingness to talk:**

(Evaluation of the answers to the next to last and the last question)

10. How is the patient's willingness to talk?
11. Which topics got the patient's attention?

**III. The patient's vision for the future:**

(Evaluation of the answers to the next to last and the last question)

12. What is the basic attitude of the patient toward the future?

13. Which personal goals does the patient express?

14. Which methodological conceptions for further development does the patient have?

15. How do the patient's conceptions for the future fit with his present situation?

**IV. The patient's behavioural patterns:**

(Evaluation of the answers of the middle part)

16. Which behavioural patterns does the patient show?

17. Which behavioural patterns are new to the evaluator?

**V. Perceiving the patient's background structures:**

(Evaluation of the answers of the middle part)

18. Which reference persons and correlating relationships does the patient mention?

19. Compare this answer to the previous one!

20. Which questions does the patient answer in an emotional way?

21. Which values are of highest importance for the patient?

22. Which conflicts become evident?

23. Compare this answer to the previous one!

24. What is the actual relation between the now evident basic conflict and the present conflict concerning prescribed medications?

25. Which unconscious peculiarities and their relationship toward the basic conflicts become apparent to the evaluator?

**VI. Preparing the therapeutic procedure:**

(Evaluation of answers of the whole questionnaire)

26. Which abilities does the patient make use of in dealing with his conflicts?

27. Which sources of inner strength can be seen?

**Practical hints.** Interpreting the questionnaire takes about half an hour.

The aim of the questionnaire is not any kind of objective measurement, but a guideline for talking with the patient about the cultural values of the way to deal with the possibilities of pharmacotherapy. Therefore it

makes sense to use the answered questionnaire as a starting point for asking for further explanations.

**Results**

Based on my own experiences I have discovered that you can use the questionnaire for a great variety of psychiatric patients. If you can win a patient for that, it will be very helpful to build a good relationship.

Schizophrenic patients, particularly, tend to avoid a number of questions. Discussing with them about the questions they answered will help to come into a deep understanding of their existential problems they have to face and try to cope with in a schizophrenic manner. Using this questionnaire never convinces them about the necessity of taking drugs, but most of them will take them in spite of their mistrust towards pharmacotherapy just because of the deep and good relationship between them and you.

Many patients suffering from major depression have at the beginning no idea about the conflict causing the depression. Quite a large number of them avoid discovering this inner conflict. They put most of their hope just on taking medication. So they are open and feel warmly accepted by the psychiatrist, who spends so much time and energy talking about medication, instead of insisting on the discovery of hidden conflicts. The questionnaire helps to find little gaps in their invisible defensive wall.

Similarly a great number of patients with anxiety disorders are interested in taking medication instead of searching for the hidden conflict.

Patients with somatisation disorders or symptoms of somatisation in combination with other symptoms love medication because of its organic approach to the suffering. So they prefer to talk about their attitudes to medication more than about their attitudes towards life.

Patients suffering from chronic pain-syndromes are used to taking drugs and expect every help just from them. Yet they are very often insensitive to the psychological aspects of their syndrome. And if they are not confident with the medication, they are open for such a questionnaire, which can open up a new way of understanding and a better treatment.

## Conclusion

Every culture in the world has its own concept of time and method for getting firstly in contact with the other person, before both can start talking together about any matter. The questionnaire is a respectful, slow and extensive form for building a good relationship with the patient, to come to a deeper understanding of the cultural values of the patient and to involve the

patient in a process of self-determined self-discovery.

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# HOW DO TRADITIONAL STORIES WORK IN THE PROCESS OF SOLVING UNCONSCIOUS, INTERPERSONAL AND CULTURAL CONFLICT? A CONTRIBUTION TO NARRATIVE ETHICS



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## Abstract

Fairy tales, narratives and proverbs are cultural carriers of tradition, development pattern and values. Even if they are the same over a long time, they gain their own new meaning in new situations. Creation myths, classical legends or the repeated basic patterns and archetypes of fairy tales and children's songs are collective models of understanding. The great psychotherapeutic themes of self-employment, conscience formation, the triangulation conflict, or the threshold situation can be found in them. Narratives used in therapy and counseling depict social norms by which readers or listeners can measure their own belief; on the other hand, they question norms, especially by exaggerating them, and invite people to question their own. The dilemma of the inner conflict, the 'am-bi-valence' in value conflicts, the tragedy of experience can often become more understandable in a story than in logical explanations. The patient - therapist - history triangle provides a further dimension of transmission, relieves the dual relationship in its interrelationship, allows both to look together at something third. In literature research the background of narrative therapy is compared with the experiences.

**Keywords:** narrative therapy, narrative ethic, stories in psychotherapy, positive psychotherapy, transcultural

*"We change when we read,  
and gain sensitivity,  
that we didn't have before."  
Karen Joisten*

## Introduction

A story, a conflict and a dilemma  
A man was walking in the mountains with his friend. In the freezing cold they tried to move as fast as they could to find a roof over their heads and a fire to warm themselves on. The path led them along the ridge of a mountain, below them lay a valley depression. Suddenly

one of the hikers discovered that there was a human lying down there. "Let's go down to help him!" "How can you think like that," the other replied, "in the cold we must first think of ourselves, so that we can reach a hostel alive". "No", the first replied, "I can't do that. If you want, go on alone. So the two separated, one continued on the same way, the other descended the mountain. He found a man who was very much weakened by a fall and the cold. He loaded the injured person on his back and walked slowly, step by step and panting under his load up the mountain again. He became warmer and warmer, really hot, so that he no longer felt the cold. At a bend in the road, he found his friend sitting there and asked him: "Have you been waiting for me?" He received no answer, and as he approached, he realized that his friend had frozen to death. He thought of the injured man on his back who had made him so warm that he had resisted the cold himself. Just behind the bend in the road stood a hut where they found shelter.

**In the treatment** of a depressive 73-year-old former nurse, I told her this story in the third encounter of therapy for a depressive phase. Her spontaneous statement was: "I am the one who goes down and helps, even if I take a risk. I took my little sister on my shoulders when I was at home, and she got everything. Accepting help was always incredibly difficult for me, I was on the other side!

When a relationship of trust had already grown and the patient was able to talk openly about her emotions, I confronted her with this story. She had been depressed after a stroke with paralysis and visual impairment, had become tired of life and angry in alternation and had, therefore, come to psychotherapy. The story as something new, the still unknown third between us seemed to reflect her own inner dynamics. She saw her life motto - helping others and being self-determined - as in a visualization and was able to find her inner dilemma in it.

In later sessions, the patient identified herself with different roles, with the story acting as a model: "Before I came to you, I was sometimes the weak one who no longer wanted to die. But then I saw myself again in the role of the one who lays down and needs help. That was very hard for me to accept. But the fact that others were there also gave me strength to continue." Later in the reflection of her role as a helper: "Until the end I went up the mountain in my professional life as if I accompanied people. Towards the end of the therapy, the association was added: "Sometimes I also felt like

the mountain everyone is walking over. So many people who know me as the helper".

Topics of this story from the Positive Psychotherapy after Nossrat Peseschkian appeared again and again in the 23 therapeutic sessions, representing her inner ambivalence between altruistic helping on the one hand, giving others the love she needed herself and on the other hand, the early desire for independence from others. The ambivalence was based on the basic conflict in childhood to come early into a parent-like role for the sister with the appropriate responsibility and meaning and to put aside one's own needs for this. She was punished for her own and her sister's rebellious behavior, for independent impulses.

Interpersonal conflicts with her partner were the reason for further stories in therapy, which put the partnership conflict in a different light. Driving the car herself was her symbol of autonomy, of her own decision, independence and objective. Now she felt herself to be at the mercy of the actions and decisions of others, especially her partner. She was uncomfortable, annoyed when her partner had to help her, as a co-driver she criticized him, could not cope with the dependence on a caring and loving person, it felt like submission to her.

Another story – "50 Years of Politeness" – reflected the patient's ambivalence and the tragedy of altruistic self-defense:

*After many years of marriage, a married couple celebrated the Golden Wedding. At breakfast together, the wife thought: 'For fifty years I have always shown consideration for my husband and always given him the crispy top of the bun. Today I finally want to treat myself to this delicacy.' She smeared the top of the roll and gave the other part to her husband. Contrary to her expectations, he was delighted, kissed her hand and said: 'My darling, you give me the greatest joy of the day. For more than 50 years I haven't eaten the lower part of the bun that I like best of all. I always thought you should have it because you like it so much.'*

Politeness, subordination to rules and altruism as social norms in childhood were essential for the survival of the parents in their social environment at that time. Arbitrariness, how the patient wanted to live, was contrary to the concept of the family. Doing other good things, first of all for her sister, and gaining recognition, had made the patient her own concept, whereby she largely determined how she acted. But now the physical illness revived the old conflict. She could no longer care

for others in a self-determined way; to submit to the care of others caused her to fall back into the role of the dependent, defiant child.

With several stories such as the one about the "difficulty to please everyone", the patient discovered new aspects of her inner ambivalence and biography:

A father rides a donkey led by his little boy. The little boy is rebuked by observers, so that he can now ride the donkey instead of the father, while the father is running. Someone complains about the poor upbringing of the boy, who is now sitting so proudly in the saddle - so they both sit on the donkey. They are insulted as animal tormentors and finally walk beside the donkey - and are laughed at.

The patient was also rebuked in her childhood for her own decisions and had to bear the consequences of her stubbornness. When asked how they would continue to tell this story, known in different cultures, patients come up with their own solutions, while they recognize their own dilemma between adaptation or politeness vs. sincerity about their own decision, as does the patient.

According to her own later statement, the patient was able to take satisfaction and confidence in a balanced mood, which she said when I talked with her in an interview 9 years after the therapy. Spontaneously she remembered the oriental stories, whose importance for the therapy she emphasized again as a key experience in the therapy. From a therapeutic point of view, she was able to re-evaluate and solve the dilemma of unconscious, interpersonal and socio-cultural conflicts and concepts, which had been necessary for the family system earlier, but which was later fixed, in the safe therapeutic situation with the help of narrative procedures.

#### **Functions of stories in psychotherapy**

Dreams are very personal stories that arise each night. Their meaning is not open, but encoded in symbols. While dreams are an individual mythology, stories, proverbs, fairy tales or traditional folk songs contain collective mythologies. "A personal myth is a constellation of beliefs, feelings, images, and rules - operating largely outside of conscious awareness - that interprets sensations, constructs new explanations, and directs behavior. ...Personal myths speak to the broad concerns of identity (Who am I?), direction (Where am I going?), and purpose (Why am I going there?). For an internal system of images, narratives, and emotions to be called a personal myth, it must address at least one

of the core concerns of human existence." (Feinstein D, Krippner S)

On the one hand, stories depict social norms by which readers or listeners can measure their own belief; on the other hand, they question norms, especially by exaggerating them, and invite people to question their own. The dilemma of the inner conflict, the 'ambivalence' in value conflicts, the tragedy of experience can often become more understandable in a story than in logical explanations. Here knowledge is more comparable to aesthetic knowledge, a certainty that can grow out of a narrative, a quality that can rarely be achieved so quickly through discussion. Statistics on insect regression in Europe, for example, are less immediately understandable and descriptive than the example of clean windscreens on longer journeys compared to the situation twenty years ago, when the glass had to be cleaned again and again in order to be able to drive safely.

Stories cause a change of vision. They can free the listener's feelings and thoughts, often leading to aha-experiences. They serve as mirrors, invite identification - the reader or listener recognizes himself, his needs and his situation, he can reflect them on the basis of the story, without becoming the subject himself, and finally recall his own experiences. Stories present possible solutions as models, with which one's own can be compared, but they leave a wide scope for interpretation for one's own creativity.

Fairy tales, narratives and proverbs are cultural carriers of tradition. Even if they are the same again and again, they gain their own new meaning for everyone. Creation myths, classical legends or the repeated basic patterns and archetypes of fairy tales and children's songs are collective models of understanding. The great psychotherapeutic themes of self-employment (Hansel and Gretel), conscience formation (Goldmarie and Pechmarie), the triangulation conflict (Oedipus) or the threshold situation (Dragon Slayer, Iron Hans) can be found in them. In Positive Transcultural Psychotherapy, patients are asked about their favourite fairy tales and their identification with figures or actions. The identification with the roles results in narrative references to their own and family basic concepts and basic conflicts. As transcultural mediators, stories reflect the behaviour and thinking of people from other cultural backgrounds, the fascination of the stranger relativises one's own rules and encourages new perceptions. The liberating laughter after a story

loosens the "neurotic" knot in therapy, ends the being trapped in an inner vicious circle. Humor is like the salt in the soup of therapy, accelerating the insight and relativization of fixed concepts. In depth psychology, humor is understood as the most mature defence mechanism and overcomes resistance to changes in therapy, which were to be understood as the ability to hold on to the previous and to oppose changes. Like proverbs, stories are one of the most effective means of overcoming resistance.

For patients who adhere to the past, stories are effective as mediators for change in suffering, in order to change the dilemma between need and external necessity, inner conflict, inhibition, through their own, unfamiliar decision, and also to stand by it. In therapy, the depot effect is repeatedly revealed: some of the patients do not react to some stories at first, but only return to them after some time, since their meaning has become clear in the meantime. Stories act as regression aids, reminding us of the childlike situation of imaginative encounters with images, fairy tales and stories, fostering creativity and spontaneity without thinking, overcoming the rationalizing, intellectualizing resistance. Some stories are provocative: they present a counter-concept to which patients take a stand. They are particularly suitable in the fourth stage of verbalization and confrontation with conflictual topics, when therapeutic trust already exists.

The patient - therapist - history triangle provides a further dimension of transmission, relieves the dual relationship in its interrelationship, allows both to look together at something third. This is comparable to therapy with adolescents who close their eyes to protect their own direct speech, but are able to talk well about something third and open themselves up in the process.

Stories are association aids that lead to the unconscious core. Primordial experiences with fairy tales, told by primary reference persons, shape the handling of good and evil, life and passing, action and omission in the magical phase between the 3rd and 6th year of life. They form the basis for the development of conscience, contain identification figures that are familiar to the children, scenes that help them to experience the otherwise uncontrollable world for themselves. In the magical phase objects can be enlivened, connections understood, the world influenced by magical action. In this phase of preoperational intelligence, children can emotionally

understand stories told to them by their caregivers, even if rational understanding has not yet been developed. The Grimm fairy tales of the German-speaking culture make use of the same motifs that occur in dreams and in developmental tasks: "Hansel and Gretel" or "Mother Holle." as cruel as these fairy tales may seem to adults, they symbolize the natural process of detachment up to the self-responsible decision, action and self-sufficiency. Fairy tales create a logical film and role-plays in the child, they initiate communal experience and exchange, trigger feelings in the narrative situation and captivate the listener. Picture books complement this, but do not replace the inner images that arise when fairy tales are read aloud in the relationship with the most important reference persons.

## Methodology

### Therapeutic stories in literature

Carl Gustav Jung compiled "archetypes" from the "collective unconscious", the "collective mental basic layer" of man, which can be found in many cultures and make dream contents understandable in therapy. The archetype is "not only an image in itself, but also dynamis, which manifests itself in the numinosity, the fascinating power, the archetypal image". In his succession, the Swiss psychoanalyst Verena Kast (1993) describes how she uses traditional European fairy tales in therapy, similar to working with dreams.

Bruno Bettelheim (1993) formulated the book title "Kinder brauchen Märchen" ("Children need fairy tales") in order to highlight the need for narratives, especially in the "magical phase" of preschool age, for healthy human development. One of the best-known inventors and users of metaphors and spontaneous narratives is Milton Erickson (2022), whose spontaneity and inventiveness in dialogue with patients through reframing in the hypnotherapeutic situation quickly relativized their own point of view, leaving room for change.

There are still very few results of the effect of narrative therapy to be found in research: Tritt et al. proved in 1999 that positive psychotherapy was also significantly effective in practice with the application of the method-immanent stories and metaphors by means of the treatment of over 300 patients. The oriental stories compiled by Peseschkian in 1979 were compiled by him and his family in Iran from oral

traditions. In "Der Kaufmann und der Papagei" ("Oriental Stories"), he documented his experiences in narrative therapy by means of case reports, in which he also used saying awisdom, quotations from Nobel Prize winners or philosophers.

Fairy tale dialogues alternately told by child and therapist were originally used for diagnostics in order to understand the psychodynamics of children, and can be used therapeutically in child and adolescent therapy. For example, I begin as a therapist with "Once upon a time there was a prince who..." and the child continues the story until it passes the narrative thread back to me, just as I then pass it on to the child again, until it has become a work of its own with person, themes, drama and dissolution. In the narrative that emerges interactively - sometimes interrupted by laughter or amazement - the child's own central themes emerge that might otherwise be seen in play, but are often unconscious to the family. Beaudoin, Marie-Nathalie et al. investigated the effect of narrative therapy on school children and found "significant improvement in self-awareness, self-management, social awareness/empathy, and responsible decision making".

Anthony de Mello's (2005) short wisdom stories introduce surprises into therapy as door-openers for the unconscious and paradoxical situations that reflect the inner dilemma of unconscious conflicts for patients. This is reminiscent of Koans, "paradoxical, logically unsolvable riddles" in Asian cultures, as they are applied in systemic and narrative therapy. The saying "Don't try to understand what you haven't experienced yourself" from Buddhism is an example of a narrative that can have a relieving effect on relatives in trauma therapy. To let something come to you, to be open for the lack of understanding, not to want to help, but to let the other person develop, stand for the principle of unintentional recognition: "If you give up wanting to understand, you are on the way to understanding".

## Discussion

### Dealing with stories in therapy and how to select a story

If possible, the patient will read the selected story. For some people, however, the "reading aloud" is burdened by school experiences; a story can also be told or read to them. Then, as a therapist, I can ask: "How do you understand this story?" or "How do you

feel with this story?", later: "What comes to your mind?" or "What does it remind you of?" The question: "How could the story go on?" is suitable for the process-like further development of one's own paths. For others it fits: "How would you have reacted if you had experienced this? The basic conflict comes closer associatively when I then ask the first associated question such as: "What you have just felt, what does it remind you of?"

The prerequisite for the therapeutic application is my own occupation as a therapist with stories in the dialogical framework of self-awareness. The result is a subjectively emotionally experienced pool that intuitively fits into the therapy. The emotional participation of both in the therapeutic encounter creates an imaginary scene in the therapy room, which affects the therapeutic relationship. In psychodynamically oriented therapy, the selection of stories on the basis of content alone does not make sense. However, certain stories have proven their worth in therapy, here are a few examples:

There are stories that are suitable for many life situations. These include "The Sightseers and the Elephant" as a symbol for the change of location already in the first stage of therapy (Peseschkian 1979 p. 73, 2016 p. 79) , "The Crow and the Peacock", a fable to reflect one's own strengths and weaknesses (1979, p. 115, 2016, p. 125) in the further course, or the "Story on the Way", which is particularly suitable for physically suffering people and those who have so far displaced stress (1979, p. 75f, 2016, p. 81-82.). It is about a wanderer who walks along a seemingly endless path over and over laden with loads. On his way he meets people who make him aware of one or the other burden, so that he can gradually free himself from it. Finally he realizes alone that it is the millstone he wears around his neck on a rope that makes him walk bent. >From this he can finally free himself when he looks down on himself. This story makes patients associate themselves in conversation or in the pictures painted to the story: The rusty chains that wind around the wanderer's ankles are often understood as symbols of unsolved relationship problems with the parents, the boulders in the hands with duties that could actually be discarded, the millstone as the self-responsible burden.

Stories such as "50 years of politeness" (1979, p. 89, 2016, p. 96), "A reason to be grateful" (p. 96, 2016, p. 103-104), "Courage to truth" (p. 94, 2016, p. 102) reflect

the key conflict of politeness - openness and can be used for reflection. "The memory Prop" (p. 133, 2016, p. 143) is one of the provocative stories in which obedience and one-sidedness in action are the main concerns, the application of which only makes sense in the fourth stage of conflict management. These also include the "reward of cleanliness", which often triggers patient protests (p. 134, 2016, p. 143-144), or "late revenge" (p. 136, 2016, p. 146) - patients find their own position through confrontation.

The outbreak of an internal conflict is depicted in "The Miracle of the Ruby" (1979b, p. 56, 2016, p. 61): A caliph had forbidden singing. When a dervish, to whose belief it belonged to dance singing, heard it, his heart constricted to a lump out of grief over it and he died. The examining doctor found the ruby-shaped lump and passed it on, so that it was processed into a valuable ring worn by the caliph. When the caliph himself began to sing, the ring became liquid again. - Such stories, similar to the following, only make sense in the trust building phase.

For patients with existential questions there are stories like "end or dawn? (Peseschkian 1983, "In Search of Meaning," 2016, p. ), "The Glass Sarcophagus" (Peseschkian 1979, p. 113, 2016, p. 122-123) or "Another Long Program" (1979, p. 125, 2016, p. 136). Another example is "The Prophet and the Long Spoons" (1979, p. 141, 2016, p. 24-25).

#### **Natural Process of Encountering Narratives in Therapy**

The process of narrative therapy can be carried out according to the "three stages of interaction" "connectedness - differentiation - detachment" as in the everyday encounter cycle "Good day - how are things? - On seeing again" can be seen. The greeting stands for the interest in the other person, for the reference to the object - the question of well-being for the exchange of the unknown, the comparison of valuations - the farewell formula implies that one has taken something with one from the other onto one's own path, so that one assumes that one sees again, that the self of the subject develops further in the reflection by the object.

The procedural effect of a narrative in the steps identification - content-related association - development process is comparable: Identification with parts of the narrative triggers spontaneous emotional reactions when listening, feeling, empathizing, a

content-related association on the basis of one's own previous experience (thinking, clarifying, naming) and it brings about changes in future perception (development, change in evaluation). This process triggers a relativization of experiences and previous norms, a change of perspective or location, by making memory contents unstable when they are retrieved, and leads spirally in turn to changes in feeling, thinking and judgement, and thus to an individual development process. A Chinese poem may symbolize this pictorially:

*The White Sun sets behind the hills;  
The Yellow River flows on to the sea.  
With the desire to go this far  
as eyes can see,  
I climb another staircase.  
(Wang Zhihuan, 688-724)*

#### **Phases of therapeutic interaction in narrative therapy**

The individual stages of the therapy require different therapeutic attitudes and appropriate stories. The first step in the therapeutic application of narratives is association by the therapist, who provides a story, an anecdote or saying wisdom. The patient's perception and spontaneous association is comparable to the "warming up" in psychodrama of entering into an emotional relationship with the narrative and thereby changing the perspective. This is what the story "The elephant and the sightseers" stands for:

*An elephant had been brought to the exhibition at night in a dark room. People flocked in droves. Since it was dark, the visitors could not see the elephant, and so they tried to grasp its shape by touching it. Since the elephant was big, each visitor could only grab a part of the animal and describe it by touch. One of the visitors, who had caught an elephant's leg, explained that the elephant was like a strong column; a second, who touched the tusks, described the elephant as a pointed object; a third, who grabbed the animal's ear, said that 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. (After Mowlana).*

The new perspective on one's own situation is gained and it occasionally makes one aware of the functionality of the symptoms. Peseschkian describes this as a "positive interpretation", Mentzos as a "function of dysfunctionality". Peseschkian regards the examination of stories from a different cultural circle as

a transcultural perspective for broadening one's perspective, which thus initiates a change of location.

In the second phase, the concepts or themes that are at stake are named in the therapeutic encounter. Peseschkian calls this step differentiation; it corresponds to the selection of the protagonist in psychodrama (after J. L. Moreno) who brings his story to the stage. The story "From the Crow and the Peacock", whose interpersonal dynamics, similar to the fables of Aesop, illustrate how conflicts of values become the content of misunderstandings, is suitable for the second stage: The crow on an orange tree blasphemes about the ugly feet of a peacock strutting in the park. The peacock replies that he is well aware of this, but that he is respected for his wonderful plumage. For patients, this is about their own stressed abilities, virtues or social norms, named by Peseschkian as actual abilities. Examples are order, punctuality, justice as social norms or "secondary actual abilities", and time, love, trust as emotional needs or "primary actual abilities". Such abilities and the resulting concepts exist in all cultures, but they are shaped differently. Stories put concepts into perspectives, which may have been very functional in earlier times, but have become inappropriate in the meantime. Further stories on the content of the approach on the basis of central conflict themes are, for example, "Justice in the Beyond" (Peseschkian) or additionally, on the subject of injustice or justice, "The Three Camel Drivers" from the Islamic world, which visualise such dilemmas.

A next, third step in narrative therapy involves the biographical experiences of the patients and above all the available resources. Psychodrama uses the role play of the narrative by protagonists or actors. Now earlier attempts at solutions or one's own abilities in dealing with the dilemma can be reflected upon. The stories "Sharing the best seed", in which a maize farmer gives his best seed maize to his neighbours so that he himself, like the others, receives the best maize pollinated by the wind, are suitable for this. The conflict between prosocial vs. selfish is depicted. "The man on one leg", who suffers from standing on one leg, but who uses the other leg only after being asked from outside to relieve himself, symbolically stands for the given, the existing, the laws, lat. positum, used by Peseschkian to explain the word "positive" of his therapeutic direction "Positive Transcultural Psychotherapy" as a method for the development of hidden abilities and potentials.

Only then, in a fourth step, the working through of the conflict, the verbalization of the ambivalence, the dilemma, the conflict and the person's own growing responsibility in the therapeutic relationship can be worked out. The story "The difficulty to please everyone" with father, son and donkey (see above), in which a reconciliation of interests in the conflict of values of politeness and openness becomes necessary, is representative of the fact that a decision is inevitable. In the inner conflict the therapy is mostly about one-sidedly emphasized social norms, about "actual abilities" which get into contradiction, about social norms, which oppose emotional needs and go to "neurotic adherence." Psychodrama gives space to role play feedback here - it reflects how the various role players experienced each other in the action.

A last fifth step is the integration of the discovered into everyday life and the extension of the goal to develop new goals after insight and symptom reduction, in psychodrama the sharing of the audience and thus the extension of the theater into the future everyday life stands here. Representative of stories that point beyond a previous therapeutic goal are "The dawn of a new day" or "Only the seed", also "About eternal life". On the therapeutic side, the focus is on accompaniment out of therapy, autonomy with new, individual goals.

#### **A therapeutic experience with a confronting story**

"The tiger and the sweet grapes" was told in the fourth step of treatment of a patient with a severe anxiety disorder (agoraphobia and panic attacks):

*One unfortunate day, a wanderer was fleeing from a tiger who was chasing him. He ran until he reached the edge of a rock face where he laboriously climbed down. He clung to a thick vine and hung over the abyss. The tiger grumbled over him.*

*Suddenly a grim roar sounded from below - oh shock, from below a second tiger looked up at him! At the vine the human being hung, in the middle between both tigers.*

*Two little mice, one white and one black, scurried over the limestone cliffs. With great pleasure they began to gnaw at the roots of the vine.*

*The vine bent heavily under the burden of the wanderer, who discovered a vine with small, juicy grapes in front of him in the sunlight. Holding on with one hand, he stretched out the other and picked a berry, finally one and one more.*

*He called out: How delicious these grapes are!*

(according to a Mongolian narrative, recorded by A. Remmers)

Dialogue in therapy in the session after the insertion of this story:

*Patient: Hello, I made it back up here to your practice!*

*Therapist: Good day, I am glad that you are here, how was the way?*

*Patient: This time only my friend is with me, he is waiting outside in the car, it went today already without my mother (Note Th: she had to accompany her before).*

*Therapist: How does that feel to her?*

*Pat: Somehow better than right after the last conversation, I had so much to think about when you told me the story about the man with the grapes and the tiger! I had said yes, in such a case the grapes would never be sweet for me, and I thought, how terrible is his situation, how can he still enjoy there? - And yet it is so, suffering and sorrow and grief and the beautiful lie so close together. It became clear to me what I have for a dear friend, what he has already been through in this time, what others certainly would not have endured.*

*Therapist (understands the utterance as the patient's own step and the admiration of the patience of the friend also as the beginning of differentiation towards independence): Today you have already come alone, without the company of your mother. You didn't agree with the story in the first place, and I have the impression that you have overcome yourself to deal with this unpleasant topic. What is it like for you to have done all this on your own?*

*Patient: Today I really want to take something out of our session again so that I can go there myself.*

Because of the models which stories present, they can have various functions in therapy, counselling and conflict solving (N. Peseschkian, 2006, PP. 24-34). On one hand they create norms against which readers or listeners can measure themselves. On the other hand they pointedly put norms into question and invite people to view them as relative. In the form of therapy these stories can be the means of a change in point of view which is the goal of therapy. They can free up the feelings and thoughts of the listeners and often lead to moments of change. Their mirror function leads to identification. The reader or listener recognises himself, his needs and his situation in them. He can reflect on the stories without himself becoming the focus of these reflections and finally he can remember his own experiences. Stories present solutions which can be

models against which one's own approach can be compared but which also leave room for broader interpretation. Stories are particularly useful in bringing about change in patients or clients who are holding fast to old and outworn ideas. A prerequisite for the use of stories is that the therapist herself has been involved with the stories, particularly in the framework of self-experience. This gives the therapist a store of stories from which those that are suitable for the particular situation can be drawn intuitively. On the other hand, a purely rational choice of stories based entirely on their content would have no meaning in such a psychodynamically-oriented therapy. However, certain stories have been found useful in therapy for specific situations and conflicts.

## Conclusion

The characteristic of a narrative psychodynamic method is shown clearly here: Stories are aids in association which lead the way to the deeper, unconscious core. Within a five step process of interaction narrative approaches induce changes of perspectives, belief systems and defence mechanisms in therapy.

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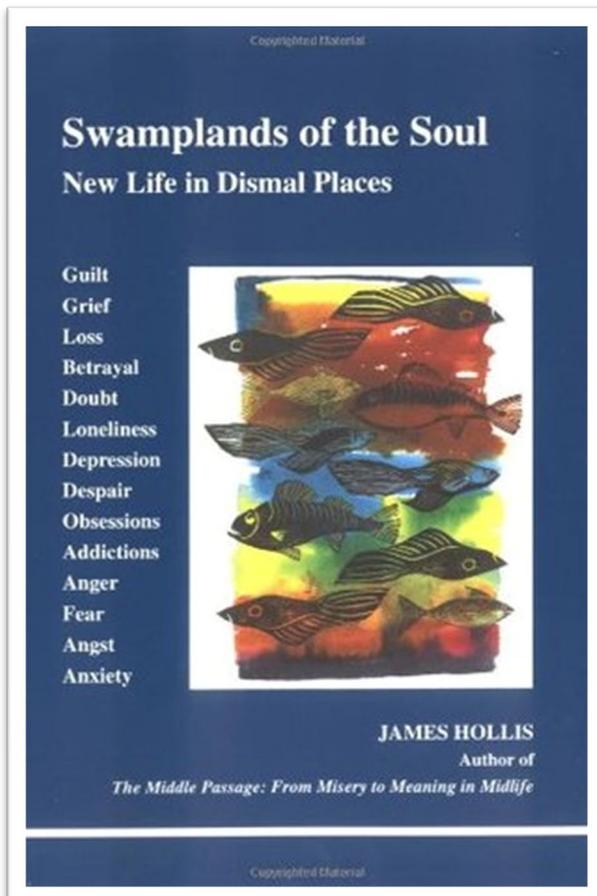
## BOOK REVIEW



by **Olga Lytvynenko**

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### Hollis, James: SWAMPLANDS OF THE SOUL: NEW LIFE IN DISMAL PLACES

Publisher: Inner City Books (1996)

Language: English

Paperback: 155 pages

ISBN-10: 9780919123748

ISBN-13: 978-0919123748

When in 2015, after the start of the Russian-Ukrainian war, I was offered to teach the subject "Psychotherapy of Trauma" at the Odessa National University, I did not think long and agreed. At that time, Ukrainian society had already experienced the killings on the Maidan, the annexation of Crimea, the invasion of eastern Ukraine and was generally very frustrated and overwhelmed with traumatic affects.

A large number of methods, approaches to working with trauma seemed to me an immense material, and as one of the ways of working, I suggested that students take separate books on working with trauma, revise and present to colleagues in the form of an abstract. I remember very well the speech of one of my young colleagues, who told me defiantly and sadly at the same time:

- Olga Dmitrievna, I am 21 years old, why did you ask me to read and review this book? I lived quietly for myself and did not want to know at all that betrayal, shame, guilt, betrayal, loss - this is a normal part of human life.

Her sincere impulse was both touching and sad for me at the same time, because it is so human not to want, not to see, not to know about those difficult trials that life can bring us. On holidays and birthdays, we wish each other only "good" events, ignoring the fact that "bad" events also happen to us regularly and are either a natural continuation of our internal strategies, or, even more difficult to experience, a natural continuation of the strategies of which - something of external objects in whose orbit we accidentally (or not) ended up. All these bad and "bad" events are experienced by a person as extremely unfair and frustrating - our value

systems of coordinates about what is right and what is wrong, how we live, act and how to interact with the world collapse.

But then the question legitimately arises, how does it happen that some people are torn and destroyed under the yoke of life's adversities, or acquire very unhealthy ways of adapting, while others manage not only to survive, survive and not collapse, but also find a new meaning and valuable experience in what happened? This question is answered by James Hollis in the book "Swamplands of the Soul: New Life in Dismal Places."

In this book, James Hollis reflects on the most difficult, dark and twilight times in a person's life. The titles of the chapters are: "Introduction: The Search for Meaning," "The Ubiquity of Guilt," "Grief, Loss and Betrayal," "Doubt and Loneliness," "Depression, Desuetude and Despair," "Obsessions and Addictions," "Anger," "Fear and Anxiety," "A Simple Complex Interlude," "Going Through," and the "Afterword: The Blur and Blot of Life." It would seem that they speak for themselves and offer us to plunge into the "swamplands" of our hardest experiences, from where there is no way out. However, the titles of the other chapters "The Search for Meaning," "Going Through," and "The Blur and Blot of Life" indicate that there is a way out, an opportunity and a potential to cope.

According to James Hollis, the goal of human life is not happiness, but meaning. "And the meaning, although it may not be solid sunlight and flowers, is quite real .... "It is in the swamplands where soul is fashioned and forged, where we encounter not only the gravitas of life, but its purpose, its dignity and its deepest meaning." (J. Hollis).

The author also offers his vision on the goal of psychodynamic therapy: "What psychodynamic therapy seeks to promote is a new attitude toward one's psyche. What is intimidating in its power is also healing in its motive." "The main goal of psychodynamic psychotherapy is to form a new conscious attitude in a person. What frightens with its power heals with its motivation. To align oneself with those forces within rather than reflexively adjusting always to the powers without, thereby furthering our self-

alienation, is to feel grounded in some deep truth, the nature of our nature. In those moments of contact with the deep truth of the person, the encounter with what Jung calls the Self, one feels the connection and support necessary to assuage the universal fear of abandonment." Of course, before we can connect with these forces, we will have to live in the "swamplands" of very difficult experiences for some time.

J. Hollis also offers three specific ideas - the principle of how you can expand the possibilities of your mental life: accepting the inability of the Ego to control the unconscious and accepting that the fantasy of happiness makes us more attached to our traumas; formulating an internal challenge and the task of finding one's own meaning; the transformation of ordinary (past) characteristic reactions to stress into new reactions that are necessary for our present.

J. Hollis writes simply and deeply at the same time, his style may seem simultaneously poetic and figurative. Like all Jungian psychologists, he resorts to examples of their mythology, world culture and literature, which allows you to touch the collective energies and stop feeling alone in experiencing your own trauma. The book also contains enough descriptions of specific cases, from which the reader can see how events and experiences unfold inside and outside.

And finally, I would not recommend this book for reading and self-help during an acute psychological crisis, but as an assistant for living through the consequences of trauma, this book is invaluable.

Well, with my young colleagues, we still managed to discuss how to live and comprehend difficult events in our lives and how to get out of our suffering whole and renewed..

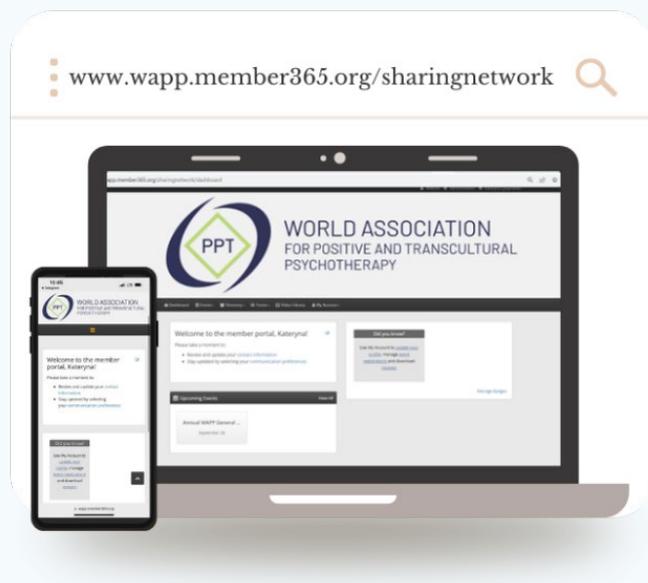
## WAPP NEWS

- July 2022

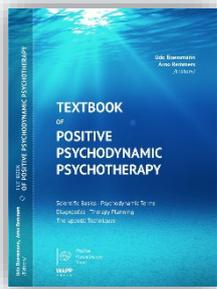
**Dear WAPP members,  
Dear friends and supporters of Positive Psychotherapy worldwide,**

Our World Association is becoming more and more global. We now have over 2,200 members in 42 countries and continue to grow. A network of positive and transcultural psychotherapists offers education and treatment to thousands of people around the world.

Over the past months, the WAPP Board of Directors, its three international committees, and the Secretariat team have been working hard to provide our members with a more professional service. And just in the first six months of 2022, a number of very important and useful projects were implemented:

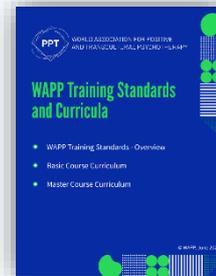


A completely new **professional member management system** was launched, on which the Head Office worked for 8 months. This is a platform that will bring many new benefits to our members: being able to add, edit and update personal data in the membership portal & directory, easier communication & networking with other members, centralized event registration, having all-in-one-place: certificates, event attendances and membership payments available under the member profile, and many more.



The first three language versions (Polish, Turkish and Albanian) of the **Handbook of Positive Psychodynamic Psychotherapy** will be published this summer and will be available for purchase in both print and online versions on [Amazon](https://www.amazon.com). Translations in several other languages is on the way.

Updated **WAPP Training Standards and Curricula** for the Basic and Master courses have been published and are now in effect to bring PPT trainings as close as possible to the standards of the European Association for Psychotherapy and its European Certificate of Psychotherapy (ECP).



After more than two years of a global pandemic – which is still not over -, this year has brought many difficulties for the whole world and it has become especially tragic for our members from Ukraine. From the very first days of the war, the **WAPP Support Project** was organized with the participation of many of our colleagues from Poland, Kosovo, Germany and other countries. Under the leadership of a member of the Board of Directors, Ewa Dobiala, work was organized in several areas: support groups, seminars, and trainings for adults on the topics of war trauma as well as crisis intervention, workshops for children, educational books and training materials, supervision support and much more. At the end of August, a large conference will be held in Leszno (Poland), dedicated to the topic "*In search of truth and humanity in the age of war*", with the participation of several hundred colleagues from Ukraine, as well as other countries. Our thoughts and hearts are with all our colleagues, their families and friends who have been affected by the war.

**The Board of Directors would like to thank each and everyone for his/her contribution to the development of our Association and the PPT method. People all over the world are grateful for the insights Positive Psychotherapy can give them for their professional and personal life.**

**We wish you peace and prosperity!**

*With deep gratitude and best wishes  
The WAPP Board of Directors and Head Office*

## EVENTS ANNOUNCEMENTS



*Dear trainers and candidate-trainers of PPT,*

we are very pleased to present you the official announcement of the **23rd International Training Seminar for Positive and Transcultural Psychotherapy:**

- 24-25 November 2022 (9:30-15:30 CET)
- for trainers and candidate-trainers only
- An exciting Program on the emphasis on the theme **“Being a PPT trainer in war- and postwar-societies”**
- ONLINE via Zoom

Registration is will be open in August! Use our new member portal for quick and secure registration.



After the unfortunate, but necessary, cancellation of the 2022 Congress on the Greek island of Crete, the Board and its Committee have decided to hold the **2022 World Conference on Positive Psychotherapy:**

- 26-28 of November 2022;
- A rich three-day Program will be based on the original congress program;
- The timeframe will be 7 hours per day from 9:00 till 16:30 CET, so our colleagues from Asia can conveniently participate
- ONLINE via Zoom.

Registration is will be open in August! Use our new member portal for quick and secure registration.

# THE GLOBAL PSYCHOTHERAPIST

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Volume 2

## INFORMATION AND GUIDELINES FOR AUTHORS

Full and up-to-date “Information and Guidelines for Authors” are on the JGP website:  
<https://www.positum.org/ppt-journal/>

**The Global Psychotherapist (JGP)** is an interdisciplinary digital journal devoted to Positive Psychotherapy (PPT after Peseschkian, since 1977)<sup>™</sup>. 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](mailto:journal@positum.org).

**Review Process:** All manuscript submissions - except for short book reviews - will be anonymised and sent to at least 2 independent referees for ‘double-blind’ peer-reviews. Their reviews (also anonymised) will then be submitted back to the author. Submitted articles are checked in the “Antiplagiat” system and are accepted 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).

**Submissions** can only be sent by an email attachment in DOC, DOCX, RTF format to [journal@positum.org](mailto: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.

An author can publish only one paper per issue.

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.)

# THE GLOBAL PSYCHOTHERAPIST

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**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): 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.

In essence, the following format is used, with exact capitalisation, italics and punctuation.

Here are three basic examples:

[1] For journal / periodical articles (titles of journals should not be abbreviated):

**FAIRBAIRN, W.R.D.** (1941). A revised psychopathology of the psychoses and neuro-psychoses. *International Journal of Psychoanalysis*, Vol. 22, pp. 250-279.

[2] For books:

**PESESCHKIAN, N.** (2016). *Positive Psychosomatics: Clinical Manual of Positive Psychotherapy*, Bloomington, USA: AuthorHouse UK.

[3] For non-English resources:

**ШПИГЕЛЬБЕРГ, Г. М. [SPIEGELBERG, H. M.]** (2002). *Феноменологическое движение. Историческое введение* [Phenomenological movement. Historical introduction]. М.: "Логос". 608 с.

[4] For chapters within multi-authored books:

**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.

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