

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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