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The Global Psychotherapist (JGP) is an interdisciplinary digital journal devoted to Positive and Transcultural Psychotherapy (PPT after Peseschkian, since 1977)[™]. This peer-reviewed semi-annual journal publishes articles on experiences with and the application of the humanistic-psychodynamic method of Positive and Transcultural Psychotherapy. Topics range from research articles on theoretical and clinical issues, systematic reviews, innovations, case management articles, different aspects of psychotherapeutic training and education, applications of PPT in 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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FROM THE EDITORS

D

ear readers!

A new year, 2023, has dawned in which the world has entered with fear, pain, and hope. War, violence, and brutality reign supreme on the planet,

and the world must transform itself to avoid ultimate destruction. In this difficult and uncertain environment, humanity will have to learn to live with and meet the challenges that come.

What can we as Positive psychotherapists do today for ourselves, for other people, for society and for humanity? We can continue to live our lives, continue to do our work, continue to engage in people's mental health, strengthen and develop ourselves and our patients.

Our journal is a contribution of Positive and Transcultural Psychotherapy after N. Peseschkian to human mental health and the psychological study of the individual and society:

- it is the search for solutions for the healing and wellness of human beings and humanity as a whole;
- it is the development of psychological and psychotherapeutic science;
- it is a transcultural reflection;
- it is the proposal of specific ways and techniques for the development of the method;

- it is promotion of the method of Positive and Transcultural Psychotherapy after N. Peseschkian among other branches of psychotherapeutic knowledge;
- it is an increase of the base of scientific evidence for the reliability of the PPT method.

The team of authors, editors, and reviewers of the PPT journal "The Global Psychotherapist" have joined forces to create a new issue. This is the fifth anniversary edition of the JGP. In spite of all the difficulties, this time our journal features 18 original articles, one translated article from Nossrat Peseschkian, and two book reviews.

The journal has a strong presence of scientific research. Aleksandra Zarek used the WIPPF 2.0 questionnaire as a measurement tool for a descriptive analysis of the psychological attributes of Polish students. Ali Eryilmaz substantiated a theoretical concept on the use of the Trust-PHAL method for resolving actual conflict in five steps with five capacities. Maria Fadljevic et al. presented a study of a post-cardiac psychological intervention integrated into standard therapeutic care in the form of a structured conversation with a bio-psychosocial model to improve the psychological quality of life of the cardiac patient.

PPT Journal "The Global Psychotherapist (JGP)"

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Theodore A. Cope conducted a theoretical comparative analysis of the scientific approaches of the philosopher Xavier Zubari and the creator of Positive Psychotherapy, Nossrat Peseschkian. Iliia Gordiienko-Mytrofanova and co-authors in their article continue to develop the theme of integrating Positive Psychotherapy and the concept of 7C-playfulness. Aikaterini Ourania Prifti and Gabriela Hum explored approaches to conflicts in the hospitality industry through the lens of Positive Psychotherapy.

In this issue we open a new thematic section "Transcultural Reflections" with an article by the founding father of the PPT method, N. Peseschkian, about the Massai tribe, explaining why psychotherapy should be transcultural. Our colleague from Kazakhstan, Aizhan Adilbayeva, continues the transcultural reflection by exploring the Kazakh mentality through the prism of PPT.

The section "PPT Training" is traditionally covered by important reflections and recommendations by Arno Remmers. In this issue, he discusses transference and countertransference. Roman Ciesielski continues the topic of training with an article about the integrative model of group supervision in Positive Psychotherapy. Jean-Marie A. Bottequin offers us the "Stop-Act Impro theatre" technique for training and describes its application in detail. Ganna Naydonova and Iryna Uninets illustrate parables as a transcultural tool for working with parents of children with developmental disabilities.

The section "Modern PPT Practice" features an extremely relevant article by Patricia Badecka on the possibilities of Positive Psychotherapy in supporting the development of post-traumatic growth. Enver Cesko discusses the four aspects of the quality of life, the Balance model and sexual disorders in his article. Ekaterina Dokunova explores self-destructive and self-harming behavior in the ways of PPT. And Veronika Ivanova tells seven stories that a child clinical psychologist can use.

An extremely important topic is raised by our colleagues Alfred Nela and Etion Parruca in the "Special Articles" section. The authors did a systematic review of the literature on the topic of social media disinformation and fake news, and its impact on current abilities and psychological well-being during a worldwide pandemic. In the same section, Klaudia Kolenda-Sujecka describes the role of storytelling in psychotherapy from a neuroscience perspective.

Igor Olenichenko from Ukraine presents a case study on working with an evacuated depressed client using religious metaphors.

And finally, in the book reviews section, we have reviews by Serhii Sheremeta on Lynn Rossey's book "Savor Every Bite: Mindful Ways to Eat, Love Your Body, and Live with Joy" and by Mamuka Badridze on Irvin Yalom's book "The Schopenhauer Cure".

We are immensely grateful to everyone who participated in this issue! The authors, editorial board, reviewers, and language and technical editors have done a tremendous job in creating this issue. We hope that readers will find important knowledge in this issue and will be able to apply it in their practice.

Read, enjoy reading, develop and improve Positive Psychotherapy!



THE PROFILE OF THE WIESBADEN SCALE FOR POSITIVE PSYCHOTHERAPY AND FAMILY THERAPY 2.0 IN 93 POLISH FEMALE STUDENTS OF PSYCHOTHERAPY



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Abstract

The article presents descriptive analysis of psychological qualities of the 93 female students of psychotherapy with the use of concepts of Positive Psychotherapy. The Polish translation of the WIPPF2.0 was used as the measuring tool. High results were obtained for 3 scales of primary capacities (Hope, Love, Trust), 2 scales of secondary capacities (Justice and Reliability) and in the Emotional reaction with IDEALS scale. The remaining scales were in the medium range of results, as we found no low results. The study was explanatory and further research is needed.

Keywords: Wiesbaden Scale for Positive Psychotherapy and Family Therapy 2.0, students of psychotherapy, females, positive and transcultural psychotherapy, quantitative research

Introduction

Nossrat Peseschkian defined the process of therapy as re-education, in which the patient learns new and more adaptive ways to perceive and understand his/her own behaviours, as well as behaviours of others. This ability leads to greater flexibility in judgment and emotional response to the patient's social reality, and in consequence enhances the individual's tolerance and positive attitude towards his/her social environment, including conflict partners. In this process the therapist encourages the patient to take an active role and rely on self-help on one hand, but on the other hand becomes a model of adaptive

behaviours. Among other things this means presenting proper social behaviours, as internalization of the social norms in culturally accepted forms, as well as performing healthy relational patterns, and adequate reactions to conflict situations in therapeutic contact. In Positive Psychotherapy these behaviours are explained through theoretical concepts named secondary capacities, primary capacities and conflict reaction, respectively (Peseschkian, 2016; Peseschkian, 2014). The founder of Positive Psychotherapy emphasized that becoming conscious of the background of one's own attitudes, expectations, and behavioral concepts brings the patient a substantial emotional relief, as it allows him/her to view them as a result of "a chain of learning

processes” which can be understood and approached objectively. Being aware of the source of the patient’s beliefs – which mostly come from the family of origin – is also the basic condition for changing them, partly because it helps to understand that those qualities are not inborn, but have been acquired as necessary means for adaptation and can be re-learned, or learned again in a new, more appropriate form (Peseschkian, 1987). Theoretical constructs in Positive Psychotherapy used to investigate the patients past in the context of family beliefs are called Model Dimensions (Peseschkian, Remmers, 2020).

In order to give a good and healthy example on which the patient could model his/her perceptions and behaviors efficiently, the therapists themselves need to have psychological qualities that could be a standard for their patients. Hence, it is reasonable and necessary to study these qualities in individuals who are in the process of education to become therapists, as well as those who are already working in this occupation.

The aim of this work is to estimate psychological qualities of the students of psychotherapy with the use of concepts of Transcultural Positive Psychotherapy.

The one tool that enables both quantitative measurements and which also provides a complete summary of the psychological characteristics described as the actual capacities, conflict reactions and role models is the Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF) (Peseschkian, Remmers, 2020). This instrument was used in the present study.

Methodology

The study was realized between September 2017 and February 2018 in Polish training centers (Wroclaw, Katowice, Sopot) among students of Positive Psychotherapy (Basic Course and Master Course, Accredited Course).

The students of Positive Psychotherapy were approached by the author during their training, informed about the aim of the study and requested to participate in it anonymously. They were asked to give some demographical data (gender, age, education, profession, occupation, marital status, number of children, years of therapeutic work) and fill in 4 self-descriptive measuring tools. One of them was the Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF2.0) in Polish translation.

Data were collected from 104 students (96 females and 8 males), but due to the limited number of male participants and incomplete data in some instruments, ultimately the analysis was conducted using 93 females.

The study was explanatory in character and the analysis was descriptive. The WIPPF 2.0 profile for the group under study was estimated and descriptive statistic presented.

Description of applied measuring tool

The Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF)

The Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF) was developed first in the German language by Nossrat Peseschkian and Hans Deidenbach (Peseschkian, Deidenbach, 1988). Its further development and adaptation in English was realized by Arno Remmers, who modified the name of the Scale into WIPPF2.0 (Remmers, 2009). According to Arno Remmers and Hamid Peseschkian, the most important use of the WIPPF is in individual therapy, although it can also be applied in couple and family therapy, in coaching and psychological counseling (Remmers, Peseschkian, 2020). The questionnaire has been also used in scientific research in various languages and populations (Sinici, Sari, Maden, 2014; Zarek, Wyszadko, 2018; Serdiuk, Otenko, 2022). WIPPF2.0 has been translated into the Polish language from German by Mariusz Hewczuk in 2014 and in the present work this translation was used. Unfortunately, the WIPPF has not been adapted for the Polish population yet, which means that the results are interpreted according to the norms of the international version.

The WIPPF2.0 questionnaire includes 88 statements and the task of the subject is to estimate to which degree the content of each statement is descriptive of them using a 4-point scale (yes, rather yes, rather no, no). The WIPPF2.0 consists of 35 independent scales, from which 11 scales are indicators of secondary capacities, 8 scales are indicators of primary capacities, another 4 scales describe conflict reactions, 6 scales are indicators of Model Dimensions and the remaining 6 scales are abstract measures of social behaviours (concerning secondary and primary capacities in their active, reactive and ideal form) and emotional reactions (with ego, others and ideals).

It is important to mention that the range of results differ between the WIPPF2.0 scales due to their construction. For the first 29 scales (indicators of 11 secondary capacities, 8 primary capacities, 4 conflict reactions and 6 Model Dimensions) the

results' range is from 3 to 12 points, in which 3-5 points indicate low results, 6-9 points indicate medium results and 10-12 indicate high results. For the 3 scales of social behaviours the range of results is from 11 to 44 points, in which 11-16 points indicate low results, 17-37 points indicate medium results and 38-44 indicate high results. For the last 3 scales of emotion reaction the range of results is from 8 to 32 points, in which 8-14 points indicate low results, 15-25 points indicate medium results and 26-32 indicate high results.

Generally speaking, the medium results in WIPPF2.0 scales indicate that the individual's quality measured by the given scale (ex. secondary capability, model dimension or conflict reaction) is adequately differentiated and balanced, which means being both properly defined and flexible and by that adaptive. Low results suggest underdevelopment of the quality being measured by the scale and high results indicate overdevelopment or fixation.

Results

3.1. Demographical characteristics of the group under study

The group under study was relatively young, considering the fact that starting education to become a therapist requires obtaining a master's degree first (all participants had high levels of education). the Mean age of the group was 36,83 years (min=24; max=56, standard deviation SD=8,43). Age ranges of the female participants are presented in Table 1.

Table 1.
Age in the 93 female students of psychotherapy

Ranges of age	N	%
24-28	23	24,73
29-33	14	15,05
34-38	13	13,98
39-43	21	22,58
44-48	13	13,98

49-53	5	5,38
54-58	4	4,30
Total:	93	100,00

The participants in the study were generally not experienced in their therapeutic work. They worked with patients on average for 3,09 years (min=0; max=30; SD=5,19), but about 43% had no therapeutic experience and another 23% worked with patients no more than 2 years. Ranges of years of therapeutic experience are presented in Table 2.

Table 2.
Therapeutic experience in 93 female students of psychotherapy

Therapeutic experience (ranges of years)	N	%
0	40	43,01
0,5-2	22	23,66
3-5	15	16,13
6-10	10	10,75
11-15	2	2,15
16-20	3	3,23
30	1	1,08
Total:	93	100,00

Although most participants declared having a partner in life – 52 (55,91%) were married, 34 (36,56%) in partnership and 7 were single (7,53%) – almost half of the female students (48,4%) did not have any children, 24,7% had one child, another 20% had 2 children, 5% had 3 children and one student (1,1%) had 4 children.

3.2. WIPPF2.0 profile of 93 psychotherapy female students of psychotherapy

As was previously mentioned in the methodology section, first the WIPPF 2.0 profile for the group under study was estimated. Descriptive statistics: mean value, minimum (min), maximum (max), standard deviation (SD) and coefficient of variation (CV) for the 35 WIPPF2.0 scales are presented in Table 3.

Table 3.
Descriptive statistics of WIPPF2.0 scales in 93 female students of psychotherapy

WIPPF2.0 scales		Descriptive statistics				
		mean	min	max	SD	CV
1	Orderliness	6,66	3	11	1,94	29,09
2	Cleanliness	6,39	3	11	1,70	26,63
3	Punctuality	7,95	3	12	2,27	28,53
4	Politeness	7,92	3	11	1,41	17,77
5	Openess	9,37	3	12	1,76	18,81

6	Diligence	8,13	4	12	1,78	21,86
7	Reliability	9,57	5	12	1,58	16,48
8	Thrift	6,51	3	11	2,14	32,97
9	Obedience	7,08	3	11	1,84	26,05
10	Justice	9,74	7	12	1,30	13,36
11	Faithfulness	7,89	3	12	1,83	23,14
12	Patience	7,29	3	12	1,84	25,23
13	Time	9,40	4	12	1,56	16,61
14	Contact	8,90	6	12	1,54	17,29
15	Trust	10,11	7	12	1,33	13,17
16	Hope	11,25	8	12	0,95	8,46
17	Sexuality/Tenderness	9,35	6	12	1,52	16,28
18	Love	10,38	6	12	1,36	13,09
19	Faith/Sense	8,58	3	12	2,22	25,91
20	Body/Senses	7,65	3	11	1,57	20,56
21	Activity/Achievement	6,53	3	11	1,92	29,42
22	Social Contact	7,70	3	12	2,48	32,20
23	Future/Fantasy	7,86	3	12	1,93	24,50
24	I-mother	7,52	3	12	2,76	36,78
25	I-father	7,38	3	12	2,65	35,97
26	I-others	6,71	3	12	3,40	50,66
27	YOU-parent's partnership	6,82	3	12	3,03	44,48
28	WE-parents-other people	7,72	3	12	2,50	32,32
29	PRIMARY WE-values	6,55	3	12	2,50	38,18
30	Soc Behav-active	30,52	17	38	4,31	14,11
31	Soc Behav-reactive	27,69	17	37	4,40	15,90
32	Soc Behav-concept/ motto	28,99	21	40	3,86	13,31
33	Emot reac with EGO	24,68	16	32	2,73	11,05
34	Emot reac with OTHERS	24,25	18	30	2,87	11,83
35	Emot reac with IDEALS	26,33	19	32	2,80	10,63

It should be mentioned that originally the WIPPF2.0 has been designed for individual assessment, in which the results obtained are discrete variables (to be more specific, whole positive numbers such as 5, 6, 7, etc.). The group results obtained in this study are mean values of the scales and represent continuous variables. This has two implications. First, the interpretation of the group results in the context of their range (low, medium, high) follows the assumption that medium results are enlarged by 0,5 point on both sides of the set range in comparison to an individual assessment range results (e.g. for primary capacities medium results are included in the set of values ranging from 5,50 to 9,50). Secondly, the interpretation of the group results should be treated with caution, taking into account the level of homogeneity of the scale. Generally, if the CV of a scale exceeds 20%, than its relative variation is

high and that means that the mean result obtained in the group is not an exact indicator of the scale (Kurkiewicz, Stonawski, 2005).

Figures 1-3 below present mean values of the WIPPF2.0 scales obtained in the group of 93 female students of psychotherapy, corresponding with their range of results. High results are marked with black and medium results are marked in grey. No low results were found in either of the WIPPF2.0 scales in the group under study. Interestingly, although for many of the WIPPF2.0 scales its relative variation is high, the scales representing high results of the profile are relatively homogeneous (CV values are below 20%).

Figure 1 illustrates mean values of Secondary capacities, Primary capacities, Conflict reactions and Model Dimension scales. Their results range from 3 to 12 points (with 5,50-9,50 points indicating medium results, and 9,51-12,00 indicating high results).

Figure 1.

The highest and high results were obtained for the scales of primary capacities: Hope, Love, Trust (with mean values exceeding 10 points). High results were also obtained in two secondary capacities: Justice and Reliability.

As for the results in the scales of conflict reactions, the results were in the medium range, with mean values oscillating around the turning points of the passive and active forms of reactions (only for Activity/Achievement scale the mean value was slightly moved into its passive form – no achievement).

Model Dimensions scales appeared to be the least homogenous in the profile, with CV values between 32% and 50%), and with mean values in the medium range.

It is difficult to determine to what extent these results are expected, as there is no research known to the authors that would present the WIPPF profile in a group similar to the one under study. However, in the recent study in the Ukrainian population of 384 healthy adults of various professions, a similar pattern was found in that the highest and high results were obtained in the scales of primary capacities: Hope, Trust, Sexuality/Tenderness (with mean values of 9,7; 9,6; 9,5, respectively). Among secondary capacities scales the highest results were obtained also for Justice and Reliability, but remained in the range of medium results (mean values being 9,1 in both of them). These primary and secondary capacities scales positively correlated with various indicators of psychological well-being (positive relations, autonomy, environmental mastery, personal growth, purpose in life, self-acceptance, psychological well-being, self-determination, commitment, control, and challenge). What is interesting, only Hope and Trust correlated positively with all of these indicators (Serdiuk, Otenko, 2022). In the study conducted in the group of medical students in which actual capacities were compared between students of the English Division (ED) and of the Polish faculty, among primary capacities the high results were Hope (in all groups) and Love (in the ED groups). Among secondary capacities high results were obtained for Reliability and Justice in the Polish group and Politeness in ED students (Zarek, Wyszadko, 2018).

The above mentioned results might suggest that Hope and Reliability combined are qualities connected with well-being and productivity, which are characteristic of mature personality, as well as

capabilities especially important in individuals who choose to work in helping professions – like therapy and medicine.

Nossrat Pesechkian explained that “each of the actual capabilities can be put into operation in an active or a passive way” (p. 181). An active form means that one is presenting behaviours which can be described by the capability (e.g. “I can be relied on”). The passive form means the ways of reacting to other’s behaviours or expectations (e.g. “I expect others to be reliable” or “I get angry when others expect too much from me”) (Peseschkian, 1986).

It was Arno Remmers who incorporated the idea of dimensions of actual capacities into the WIPPF questionnaire. Each of 11 secondary capacities is measured in three dimensions: active, reactive and concept/motto. “Active” dimension describes the person’s own capacity to regulate and to act and could be translated as “how I see myself in my own behaviour”. “Reactive” dimension is the capacity to expect from others and they should be translated as “how I see myself in my expectation to others”. “Motto” or concept dimension is the capacity to follow ideals and concepts and should be translated as “how I see mottos and concepts that should be valid for all”. The subscales of Social Behaviors represent the summary of three dimensions of all measured secondary capacities and inform about the subject’s general preference. It can be evaluated in relation to each other – if the person’s own acting, the expectation to others or the ideals/mottos are more important. In an individual assessment the difference from 2 points up is considered informative.

In Figure 2 mean values of Social Behaviors scales in 93 students of Positive Psychotherapy are illustrated. Their results’ range is from 11 to 44 points (16,5-37,5 points indicating medium results and 37,51-44 indicating high results).

Figure 2.

All three of them are in medium range, though the active dimension is 2,83 points greater than reactive one (which is the lowest score). That could be interpreted as the readiness of the individuals to act in concordance with their beliefs, to be in control of themselves and coherent, and without placing too much expectation on others. Generally, it is a “healthy” combination and suggests that the students of psychotherapy in the group under study are ready to “give example” of social behaviours to others.

Similar to secondary capacities, WIPPF2.0 enabled us to differentiate between three aspects

of 8 primary capacities, which are emotional reactions with: ego, others and ideals. The first dimension of primary actual capacities is “me” (or ego). It captures how a person is in relation to himself/herself (e.g. taking time for himself, having patience with herself, trusting oneself) and corresponds with N. Peseschkian’s I-Model-Dimension. The second dimension (we relation) describes an individual’s capacity to be in relation to others (taking time with others, having patience with others, trusting others) and corresponds with N. Peseschkian’s You and We-Model-Dimensions. Emotional reaction with ideals (ideal in relation) captures a person’s ability to be in relation with ideals of primary capacities. It corresponds with N. Peseschkian’s Primary-We-dimension and could be translated as “how are my ideals concerning the specific primary capacity” (e.g. Time and its importance in general, patience as a human capacity, contact and its meaning in general as an ideal, etc). Again, emotional reactions scales represent the summary of those three aspects of all measured primary capacities and inform about the person’s general tendency.

In Figure 3 mean values are illustrated of scales of emotional reaction. Their results range from 8 to 32 points (14,51-25,50 points indicating medium results and 25,51-32 indicating high results).

Figure 3.

Interestingly, although the results of emotional reactions with ego and reactions with others scales are in medium range in the group under study, and almost equal in value, the third dimension – represents high results. That combination could be interpreted as the subjects’ general tendency to place great importance on primary capacities as relational dimensions. This is not surprising, having in mind the results of contemporary research

indicating therapeutic relationship as the strong unspecific factor influencing therapy’s effectiveness (Cooper, 2010; Szymańska, Dobrenko, Grzesiuk, 2016).

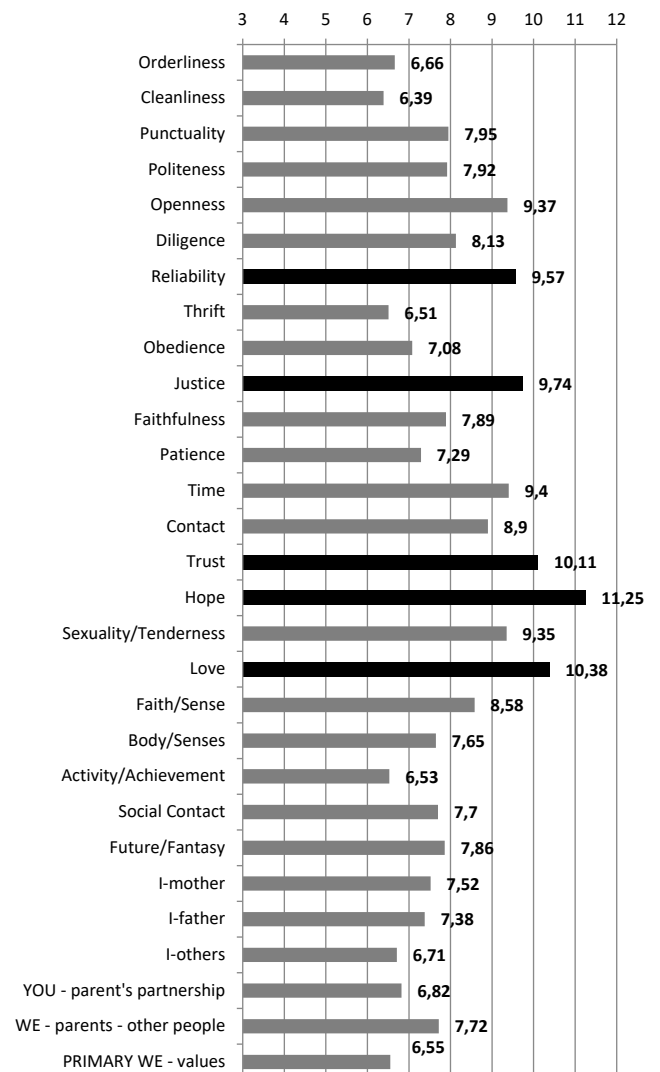


Figure 1. Secondary capacities, primary capacities, conflict reactions and Model Dimension scales in 93 females

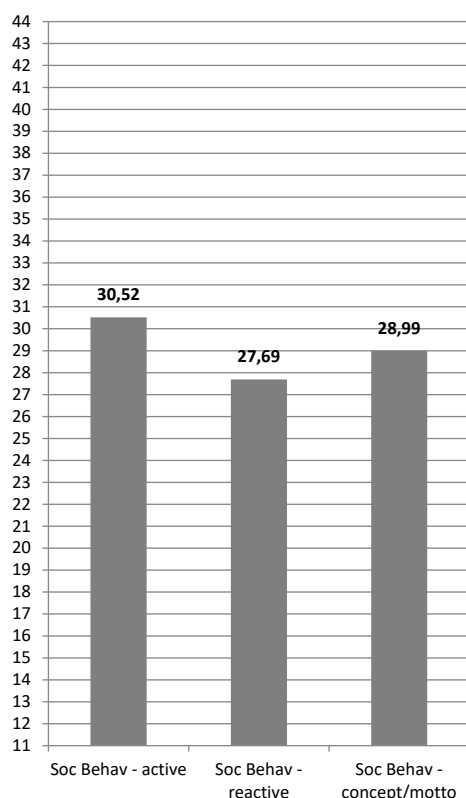


Figure 3. Emotional reactions scales in 93 females

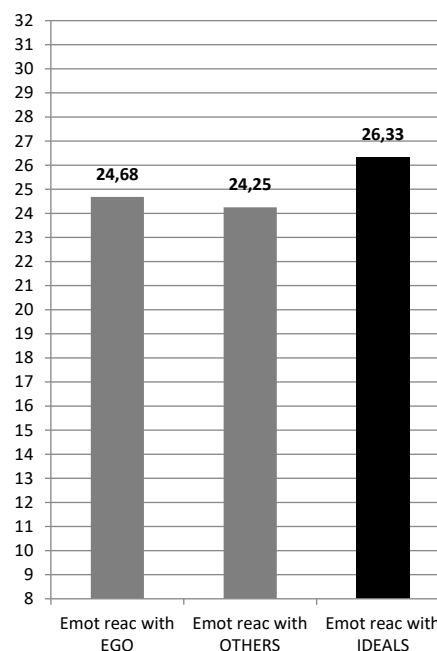


Figure 2. Social behaviors scales in 93 females

Conclusions

1. In the WIPPF2.0 profile of female students of Positive Psychotherapy, high results were obtained for 3 primary capacities: Hope, Love, Trust and 2 secondary capacities: Justice and Reliability. It is assumed that these capabilities are especially important in individuals who choose to work in helping professions.

2. High results were also found in Emotional reaction with IDEALS scale, with the rest of the scales being in the medium range of results, as no low results were found in the group under study. This combination suggests that the respondents place great importance on primary capacities as relational dimensions.

3. The scales representing high results of the profile were relatively homogeneous, with coefficient of variation values below 20%.

4. The study was only explanatory and further research is needed to confirm acquired results.

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Study limitations

An important limitation of the study is the use of the WIPPF2.0 in translation. Unfortunately the adaptation has not been performed yet. Another limitation of the study is the sample size. The study's results cannot be generalized to Polish population of female students of psychotherapy. The study was only explanatory and further research is needed to confirm acquired results.

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THE METHOD OF RESOLVING ACTUAL CONFLICT IN FIVE STAGES AND WITH FIVE CAPABILITIES BASED ON POSITIVE PSYCHOTHERAPY: THE TRUST-PHAL METHOD



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Abstract

The process of positive psychotherapy works to resolve the key, actual and basic conflicts of the clients. Although many practitioners resolve these conflicts in their own way, standard and effective methods are needed. The aim of this study is to investigate the Trust-PHAL Method, which includes resolving actual conflict in five stages with five capabilities. There are five capabilities that we use in this method to resolve actual conflict: trustworthiness, politeness, honesty, achievement, loyalty. In other words, the method can be expressed as Trust (trustworthiness) P (Politeness) H (Honesty) A (Achievement) L (Loyalty). Each capability used is consistent with the five phases of positive psychotherapy. In the study, an example is given of how the Trust-PHAL Method is used in the psychotherapy process.

Keywords: actual conflict, five stages, trust-PHAL method, conflict resolution, positive psychotherapy

Introduction

When the personality structure of the client is examined, it may be seen that the person has a conflicting structure. Conflicting impulses, wants, expectations and needs of the individual create inner tension. People can reduce this tension in positive and negative ways. Conflicts do not occur only between internal psychological structures (Blatt, 2007). In interpersonal processes, people experience constant conflicts. Conflicts between people are called actual conflict in positive psychotherapy (Pesesckian, 1997). However, not every person can easily resolve these inner conflicts and may need the help of a psychotherapist.

There are many psychotherapy methods that involve examining conflicts. One of these methods is the psychodynamic approach (Herzog, 2005).

Positive psychotherapy is also a school of therapy that examines the issue of conflict. In the light of this information, in this part of the study, first of all, the subject of conflict in terms of psychodynamics is discussed. Then, the issue of conflict is discussed in terms of positive psychotherapy.

Methodology

2.1. Psychodynamic Nature of the Conflicts

From a psychodynamic point of view, the area where the conflict takes place is accepted as the subconscious/unconscious. The unconscious is an example of the path that desires take to come to the surface. Moreover, the element of the personality that has an important place in the conflict is the id. The id acts according to the pleasure principle. It seeks to get out at all costs, to get satisfaction and

relief from painful tensions (Blatt, 2007; Herzog, 2005).

The unconscious is expressed as the id. During maturation and development, a part of the id is transformed into the self as a result of interaction with the outside world. Self-preservation and finding ways to resist the pressures of the id and the demands of reality are seen as essential functions of the self. Ego gains the ability to delay the instinctual discharge or to control it by some mechanism. Among these mechanisms are defense mechanisms. The superego is seen as a development of the remnants of the child's first conflicts. These conflicts relate specifically to the parent or other authority figures and the child's identification with them. The superego is the instrument of conscience; it forms the part of the conscience that is considered unconscious. The id, ego, and superego operate unconsciously. The self, that is, the ego, undertakes the role of a regulator to meet the demands coming from the id, superego and the outside world (Sandler, et al., 1992).

According to ego psychology; the concept of subconscious conflict is the conflict between impulses or their derivatives and defensive actions directed against them. Situations in which this process occurs are seen as pressures or defenses between the id and the ego and directed by the super ego (Kernberg, 2005). Conflict is desired or feared between object relations, which are based on defensively organized internal object relations (Kernberg, 1988). This is a strong emotion that object representation creates in the self. Individuals' impulses have both desirable and undesirable aspects. As a result of these desired and undesirable impulses, feelings such as guilt, punishment, loss of love and abandonment arise.

According to the psychoanalytic point of view; another type of conflict is unconscious conflicts that arise between drives or types of drives that cause them to produce defenses against each other. This conflict is the conflict between the desire to satisfy the unconscious impulses coming from the id and the ego, which also includes the pressure of the superego. At the same time, this conflict is accompanied by the relations between internalized objects. Desired or feared objects and the prohibitions of these objects are also considered as a part of this process (Kernberg, 1988).

2.2. Positive Psychotherapy and Conflict

All persons are born with sets of capabilities that they are not aware of, though these capabilities are always present. Although everyone has gone through the same education from the moment of

birth, other people's expectations are not fully realized, as he or she will receive training in a unique way. Each individual grows up with different capabilities by adding the thought instilled in him through education to his experiences with his family and traditions, and at the same time learning to behave in the way the social environment wants. As a result, people cannot agree, conflict arises. Of course, there is no one person at the root of conflicts. Because conflicts have their own development stories (Pesesckian, 1990).

Although the basis of conflicts is growing up with different capabilities and receiving education, in general, religion, language, race, etc. There are basic capabilities common to all people without any distinction. These are divided into primary and secondary capabilities. Secondary capabilities refer to the transmission of knowledge and the capacity to know. These reflect the norms of the social group to which the individual belongs. And also; punctuality, cleanliness, order, obedience, courtesy, honesty, frugality, etc. These secondary capabilities play an important role in relationships with people. Arrogance, sloppiness, cleanliness, uncleanness, delay, obsession with conscientiousness, and unreliability lead to psychological and psychosomatic responses in addition to social conflicts (Pesesckian, 1990). Primary capabilities are related to the capacity to love. They consist of elements such as love, patience, setting an example, time, contact, sexuality, trust and hope. In addition, these capabilities have a reinforcing effect on secondary abilities (Pesesckian, 1997).

Differentiation analysis is based on the assumption that every human being has the capacity to know and love. Disorders have nothing to do with basic capabilities. There is no such thing as a bad person. If we can't stand someone, it may be because they look different than we would like. Secondary and primary capabilities can radiate their full power when they are in harmony with each other. Disorders of true abilities can develop due to a mismatch between primary and secondary capabilities, due to a mismatch of primary abilities alone or due to problems with secondary capabilities. Basically, psychological and psychosomatic problems arise as a result of insufficient realization of real capabilities. People also differ in the importance they place on primary and secondary capabilities in their lives (Pesesckian, 1997, 2012). At this point, three important types emerge:

Pure-primary type: Primary capabilities are overemphasized while secondary capabilities are

underemphasized. Primary-type people, on the other hand, value primary capabilities too much, so they constantly seek help from others and avoid taking responsibility. They are constantly altruistic and suffering, or people who preoccupy themselves too much with religious matters.

Secondary type: Overemphasis is placed on secondary capabilities, while not enough emphasis is placed on primary capabilities. Secondary type people value secondary capabilities far more than primary capabilities and therefore live with many false beliefs. They believe that they are valuable in proportion to their success and that they can do everything alone. That's why they come across as obsessive and bigoted people.

Double-linked type: Primary and secondary capabilities are randomly heeded by one or more people. Apart from these two, double-bonded types arise due to the random emphasis on primary and secondary capabilities by parents in their upbringing. These people are indecisive about almost everything and cannot decide what they want (Pesesckian, 1990, 2012).

These three different types actually stem from the education which their parents gave them as children. For example, professional mothers are basically next to the child and do what is necessary for the child. Or, because of the education she received, the worried mother tries to protect her children from all difficult and dangerous things by transferring this education to her children while raising them. All these types are the result of different forms of education. Conflict forms the basis of our behavior (Pesesckian, 1990, 2012).

2.3. Positive Psychotherapy and Actual Conflict

Positive Psychotherapy is an intercultural, dynamically oriented therapy that emphasizes the positive side of people. According to positive psychotherapy, the human capacities to know and love lead to the emergence of primary and secondary capabilities. Overuse or underdevelopment of capabilities is the cause of psychopathology (Eryilmaz, 2017, 2020; Pesesckian, 1997). On the other hand, using capabilities in a balanced way contributes positively to individuals' psychological functionality and is effective in resolving many conflicts.

In the process of positive psychotherapy, the key, actual and basic conflicts of the clients are tried to be resolved. Actual conflict is the conflict that arises in the process of interpersonal relationships (Eryilmaz, 2020; Pesesckian, 1997). At this point,

the actual conflict is also discussed with the name of the conflict.

The conflict arises from differences in values, interests and goals, and differences in preferences between individuals. A dispute that results in someone winning and the other losing is defined as a conflict (Fisher, 1990). In case of conflict, individuals give opposite reactions towards each other. Negative emotions are also activated during the conflict process (Fisher, 2000).

Conflict progresses through certain stages. At this point, at the beginning of the stages of conflict, a situation is formed that will reveal the conflict. In the second stage, the perception of conflict occurs with the emergence of various negative emotions in the individual. After the conflict is perceived, the third stage is the stage in which various negative conflict behaviors occur in individuals. At the last stage, situations in which the conflict is resolved or become stronger are observed (Robbins & Judge, 2008).

Conflict can have destructive effects as well as positive results. The disadvantages of conflict are that it causes negative emotions such as unhappiness, irritability and many psychological problems and causes deterioration in positive thinking. It also causes physical problems. The psychological and physical problems it causes can lead to loss of motivation, apathetic attitude, and even a decision to resign. As a result, conflict causes loss of various resources, time, energy and labor and increases costs (Kriesberg, 2007).

Apart from the negative aspects of conflicts, there are also positive aspects. Among the benefits of conflict are: making investigations and making efforts to solve the problem, helping relationships to become stronger, healthier and more satisfying thanks to productive strategies, and preventing negative feelings such as hostility. Additionally, conflicts also show benefits such as making the parties aware of their own needs, increasing the self-esteem of the individual, helping the emergence of new ideas, increasing efficiency and productivity (Deutsch et al., 2011).

2.4. Positive Psychotherapy and Resolution of the Actual Conflict

The approach of Positive Psychotherapy is actually a coping approach. According to the Positive Psychotherapy approach, it is seen that when people have problems and are unhappy, they cope with conflict by turning to the basic resources of Positive Psychotherapy (Pesesckian, 1997). The

following model, adapted by the author of this article from the Folkman and Lazarus (1983) coping

model, summarizes the Positive Psychotherapy approach to coping with conflict (Table1).

Table 1

Positive Psychotherapy Process in Coping with Conflict (Adapted from Lazarus and Folkman, 1984)

Causal Antecedents → Intermediary Process → Immediate Effect → Long Term Effect			
1. Individual Variable: - Capacity to Know - Capacity to Love	1.Evaluate: Experiencing actual, key, and basic conflict situations	1.Emotional Changes	1. Subjective well-being
2. Environment Variable: - Environmental demands - Environmental resources - Environmental barriers - Transient time dependent factors	2.Consulting Coping Resources: – Body – Achievement – Relationship – Spirituality/Fantasy	2.Physiological Changes	2. Health or illness
	3. Coping methods - Emotional resource-based coping: Primary Capabilities - Knowledge-Based Coping: Secondary Capabilities	3. Nature of results	3. Social functionality

When individuals encounter any conflict situation, the conflict situation has two important causal premises. One of these causal premises is the individual variable. The Positive Psychotherapy approach includes the capacities to know and love within the individual variable. Elements of the environment variable are environmental demands, resources, barriers and temporal factors. The individual evaluates the conflict situation. As mentioned earlier, three important conflict situations arise. These are the actual, key and basic conflict. In order to cope with the conflict experienced, the individual first moves toward coping resources. There are four important sources in terms of positive psychotherapy. These are the senses (body), intuition (fantasy), mind (achievement), and tradition (relation) (Eryilmaz, 2020).

Individuals tend towards one of these areas in coping with conflict. The important factor in this orientation is the individual's capital. While their bodies are an important capital for some individuals, for others, it is relationships, the field of achievement, and others consider the field of spirituality/fantasy important capital. While individuals are trying to cope in these areas, they

also use emotion-based or knowledge-based coping methods, at which point primary and secondary capabilities emerge. The fact that the capabilities are not developed means that individuals do not have mediating variables, in which case the health of the individuals is adversely affected. Too much development and overuse of talents sometimes means that individuals use their resources in an unbalanced way in conflicts, in which case the mental and physical health of the individuals is adversely affected. Using capabilities in a balanced way as coping tools creates positive effects on individuals' health (Eryilmaz, 2020).

There are many ways to resolve the underlying conflict. The foremost of these is to raise awareness of the actual conflict process in the clients. Afterwards the psychotherapist should create awareness in the clients for the examination of the elements that constitute the main conflict. Another method is to raise awareness of the actual conflict through awareness of the psychotherapist's model dimensions. Other working methods are the examination of the main conflict in terms of personality elements and the finding and

regulation of dysfunctional emotions and thoughts that arise in the main conflict (Eryilmaz, 2020).

From a psychoanalytic point of view, as in all conflict situations, in order to resolve the conflict even in the case of basic conflict, first of all, an awareness of the conflict process should be created. At this point, four important factors are effective in the formation process of the conflict. The first of these is the desire to act on sexual and aggressive impulses. This desire manifests itself when the individual turns to a certain activity or object. The second is the existence of a system that argues that these impulses are wrong and dangerous and prohibits them from taking action. Thirdly, it is the discovery of the emotions such as anxiety and depression that arise in the conflict situation. Finally, it is to reveal the defense mechanisms used by the individual (Abend, 2005).

From the point of view of Positive Psychotherapy, instead of sexual or aggressive impulses, the willingness of individuals to act on their capacity to love and know is the first stage that emerges. Next comes the phase of wanting other abilities to emerge. Third, there is the emergence of prohibitions that prevent or unwillingness to activate capabilities. The resulting emotions should be addressed and analyzed. Finally, the defense mechanisms used by the clients should be examined. In summary, asking the clients questions about the capabilities activated in the actual conflict process and raising awareness in four areas is an effective tool in the resolution of the actual conflict (Eryilmaz, 2020).

***Resolving Actual Conflict in Five Stages and
Five Capabilities Based on Positive
Psychotherapy: The Trust (trustworthiness)
P (politeness), H (honesty) A (achievement)
L (loyalty) Method***

Actual conflict is generally interpersonal conflict. Interpersonal conflict occurs when two individuals have incompatible goals, needs, and approaches in a relationship. Individuals cut off their communication as a result of these conflicts. Learning communication skills is one of the most effective solutions for resolving such conflicts (Eryilmaz, 2020).

In terms of the concepts of Positive Psychotherapy, the resolution of the actual conflict should be addressed. The most important feature of Positive Psychotherapy is that it

considers people as beings with capacity. At this point, the various capabilities of the clients can be an important tool in resolving their actual conflicts.

The method for resolving actual conflict discussed in this study is named The Trust-PHAL Method. The premise of making such a nomenclature is that it includes capabilities involved in resolving actual conflict. The capabilities of positive psychotherapy that endure the Trust-PHAL Method are trustworthiness, politeness, honesty, achievement and loyalty. Based on this fact and literature (Abend, 2005; Eryilmaz, 2020; Fisher, 2000, Peseschkian, 1997) The **Trust-PHAL** Method was developed, which includes the five phases of Positive Psychotherapy and the capabilities directly related to conflict.

Using trustworthiness: The word trustworthiness as a noun in the Turkish dictionaries (2022); "is defined as The state of being trustful", "assurance, reliability that the debt received can be repaid". As an adjective the word trustful is used. The word trustful means "trustworthy". It is also important to define trustworthiness in terms of Positive Psychotherapy. First of all, trustworthiness is evaluated within the scope of secondary capabilities in Positive Psychotherapy. In this context, trustworthiness means that individuals think and behave as: "trustworthiness is very important in business life and society", "a person you cannot fully trust can never be your friend" and "I always keep my promises".

It is important to use the ability of trustworthiness in the actual conflict resolution process, because due to the nature of conflict, people do not want to be losers in conflict resolution. At this point, using the capability of trustworthiness gives the message to the other party, "Don't worry, I think about your interests as well. We will create a conflict resolution method that both you and I will win. I will also protect your rights." In order to use the trustworthiness capability, we can make the following statements to the other party:

- I love you so much and I want our relationship to continue
- You are a very valuable friend/wife/colleague for me.
- I want to do many successful business dealings with you in the future as well.
- There are so many important things that you have added to my life.

- I have always protected and will protect your interests

Using politeness: Politeness is also used in dictionaries in various meanings. Politeness is used as a noun in the Dictionary of the Turkish Language Institution (2022). Politeness is defined as being respectful and polite to others. The concept of polite is used as an adjective. It means kind, gentle.

Politeness is also seen as a concept handled in the communication process. At this point, politeness means communicating by considering the feelings of others (Brown & Levinson, 1987). In psychology, politeness is handled in two ways, negative and positive. In the case of negative politeness, individuals face reactions such as avoidance, restraint and lack of respect. Negative politeness happens when individuals do not express themselves. Positive politeness, on the other hand, is defined as kindness that includes emotions, causes social intimacy, and includes care and approval (Brown, 2015).

It is also important to define kindness/politeness in terms of Positive Psychotherapy. First of all, politeness is evaluated within the scope of secondary capabilities in Positive Psychotherapy. In this context, politeness means that individuals "prefer to be with people with good manners". It means that the individual "always cares about the opinions of others". For individuals, it means that "it is easier to say yes than no".

In the actual conflict resolution process, using the skill of politeness has an important effect on conflict resolution. Because using the capability of politeness gives messages to individuals such as "I want to look at the conflict from your point of view, your thoughts and feelings are important to me, I care about you". Individuals who receive such messages think that they may be winning in the conflict process. As an extension of this thought, their motivation to resolve the conflict increases. In order to use the ability of politeness in the actual conflict process, the psychotherapist should ask various questions to the clients. Examples of these questions are given below:

- What do you think about the conflict we went through?
- How would you describe this conflict we are experiencing?
- What kind of feelings and thoughts did you experience during this process?
- What can you say about the future?

Using honesty: It is seen that the concept of honesty is used by many different scientific disciplines. Examples of these scientific disciplines are economics in the context of personnel selection (Ryan & Sackett, 1987), education in the context of cheating and academic honesty (Staats, Hupp, & Hagley, 2008). More so, religion in the context of an indicator of religiosity (Randolph-Seng & Nielsen, 2007) and social psychology (Sroufe, Chaikin, Cook & Freeman, 1976) in terms of perceiving it as a characteristic of attractive people also examine honesty as a subject.

Honesty is also used in dictionaries in various meanings. Honest is used as an adjective in the Dictionary of the Turkish Language Institution (2022). Honest is defined as a person who does not depart from truth in his words and actions. In a figurative sense, it is defined as honest, in compliance with the rules and without mistakes. As a noun, the word honesty is used. The meaning of the word honesty is examined as the state of being right and honest, behavior worthy of the right one, justice.

The definition of honesty is also important for Positive Psychotherapy. First of all, honesty is evaluated within the scope of secondary capabilities in Positive Psychotherapy. In this context, honesty means that individuals are open. Individuals when they believe that "openness and honesty are more important than being respectful to others", when they "like people who express their opinions in a very open and direct way" and "prefer to express their opinions openly", it means that they use their honesty capability at a high level.

To resolve actual conflict, the psychotherapist must teach the client to use the skill of honesty. At this stage, the client needs to present information to the other party in order to resolve the actual conflict. The client should openly present information about his/her wishes and expectations to the other party in an authentic way. Clearly presenting information about our own wishes and expectations to the other party helps the other party to understand our point of view. In this case, the uncertainty disappears. As a result of this situation, people will adjust themselves mutually.

Using achievement: Achievement is also used in dictionaries in various meanings. Achievement is used as a noun in the Dictionary of the Turkish Language Institution (2022). As a noun, the word achievement is defined as "success". As an

adjective, the word achievable is used. The word achievable means "achieved, overcome".

It is also important to define achievement in terms of Positive Psychotherapy. First of all, success is evaluated within the scope of secondary capabilities in Positive Psychotherapy. In this context, achievement means that individuals think "being lazy usually has bad results", "I see myself as too focused on work and success" and "I don't feel good when someone is lazy". At the same time, achievement is considered as a source of coping with conflict in the context of the business. Accordingly, individuals in the field of achievement; it means thinking and acting like "I prefer to work harder when I have problems", "I forget my problems while working" and "performance is the most important thing to me, especially when I have problems".

>From the point of view of positive psychotherapy, using the capability to achieve in order to resolve the conflict in the actual conflict process means to handle the conflict in accordance with the problem solving steps. At this point, the psychotherapist teaches the problem-solving steps to the clients. In particular, generating multiple solutions to resolve the conflict is an important success criterion. Also, it is necessary to present an option to the other party and wait and see its reaction. If the selected option does not work, it is good to go for the other option.

Using loyalty: Loyalty is also used in dictionaries in various meanings. Loyalty is used as a noun in the Dictionary of the Turkish Language Institution (2022). Loyalty is defined as "sincere devotion". The second meaning of loyal as a noun is "solid and strong friendship".

It is also important to define loyalty in terms of Positive Psychotherapy. First of all, loyalty is evaluated within the scope of secondary capabilities in Positive Psychotherapy. In this context, loyalty means that individuals "expect their spouses to always be loyal to them", "believe that loyalty/loyalty is indispensable for a good human character" and "when they make a decision, they must protect it no matter what".

In terms of positive psychotherapy, using the capability of loyalty to resolve actual conflict means making a deal with the other party. If an agreement has been reached, it is necessary to work to strengthen this agreement. The psychotherapist teaches the client that it is the ability to focus on the possible empowering

options in the future, to share those options with the other party, and to use the ability of loyalty.

2.5. Case example for resolving actual conflict with The Trust-PHAL Method

In this study, a case example of resolving actual conflict within the framework of Positive Psychotherapy capabilities is given. The client is a 45-year-old mechanical engineer who is married and has two children. A friend owes him debts. However, he does not receive the money from his debts. This is an actual conflict situation for the client. After the Trust-PHAL method is taught to the client, the client prepares to meet with the individual who owes them. For this, the client and the therapist play a role. The psychotherapist represents the individual who is indebted to the client. The client and the therapist progress in the process step by step as follows.

Stage 1- Using trustworthiness:

Client: We have been working with you for a long time. I love you as a human. I respect you too. I also want our relationship to remain positive at a certain point. At the same time, I do not want our families' perceptions and love for each other to change. I don't want to run out of opportunities to do business with you in the future.

Psychotherapist: Thank you. You are important for me too. I think the same about you.

Stage 2- Using politeness:

Client: Now I want to ask you some questions. My questions:

- What do you think about what I said?
- What are your future plans?
- How can I help you with these plans?
- How can you contribute to my work?
- What do you think are the differences between us?

Psychotherapist: The psychotherapist asked how do you think your friend would answer these questions?

Client: The client gave each of the possible answers.

The answers are not given here so that they do not take up too much space.

Stage 3- Using honesty:

Psychotherapist: The psychotherapist asked the client to provide information about what he thought of his friend.

Client: I want people to get to know you more positively because as long as our disagreement continues, people are moving away from you. I don't want this. I want you to open your business.

I want your reputation not to be damaged. I even want your reputation to increase financially and morally. I also want the obstacles in front of you to disappear and your path to be opened. I want to be a facilitator for you, not a hindrance.

Stage 4- Using achievement:

Psychotherapist: They resolved the actual conflict with the client by going through the problem-solving stages. The psychotherapist asked the client to indicate the two most appropriate solutions.

Client: We will apply to the court. What will be the positive and negative aspects of this? Damage to reputation, financial loss (which will last three or four years) and the result of the court will not be of use to anyone and the product will become obsolete.

Psychotherapist: How can there be an agreement that neither of you will lose:

Client: Let's structure old debts, write them down and make them official, and I'll give you the work license by waiving my rights in the product.

Stage 5- Using loyalty:

Psychotherapist: The psychotherapist asks what the client will do to strengthen the agreement.

Client: Indicates that my friend will get his money as a result of his income. He says that he will get the relevant dates from his friend for this. He states that he will sign the mediation agreement and wait for the process to end.

Ultimately, the client talked to his friend to resolve the actual conflict. He stated that both he and his friend got very angry when he approached the conflict with his previous attitude. However, he stated that handling the conflict with this method did not produce negative emotions in either of them. He said that his friend met the situation quite calmly, and at the end of the interaction, both parties parted very happily.

Discussion

The aims of psychotherapies are to increase the functionality of clients. Negative emotions, thoughts and behaviors of clients impair their functionality. Especially conflicts in interpersonal relationships produce negative emotions, thoughts and behaviors. Analytical oriented therapies approach conflicts from a structural perspective. The use of capabilities, which are important structures in Positive Psychotherapy, in conflict resolution is compatible with the

theoretical structure. In addition, a capability-based conflict resolution method strengthens the structural aspect of psychotherapy. In this direction, the conflict resolution method the Trust-PHAL, which is discussed in this study, is quite structural and functional.

The conflict resolution method the Trust-PHAL discussed in this study is highly compatible with the five phases of the positive psychotherapy approach. According to the Positive Psychotherapy approach, the principle of consultation means carrying out psychotherapy in five stages (Eryilmaz, 2017, 2020; Peseschkian, 1997). These stages are observation-distance, inventory, situational encouragement, verbalization, and expansion of goals. At this point, during the observation phase, the client is expected to distance himself from the problem. The trustworthiness capability in Trust-PHAL, which is a conflict resolution method, helps the client to focus on the problem objectively, to establish a therapeutic alliance between the client and the therapist, and to establish a relationship of trust. The politeness capability corresponds to the inventory stage. Asking questions to understand the client is the most important indicator of using inventory. Using the honesty capability corresponds to the situational encouragement phase. By providing information, clients are encouraged to resolve conflict. Using the achievement capability corresponds to the verbalization phase. The therapist makes an action plan to resolve the conflict with the client. Using the loyalty ability coincides with the expansion of objectives. The psychotherapist sets common goals that will strengthen the solution in conflict resolution (Table 2).

Table 2

The adaptability of the capabilities in the Trust-PHAL method with the positive psychotherapy stages

Stages of Positive Psychotherapy	Capabilities used in Trust-PHAL method	Main point
Observation-distance	Trustworthiness	a) Helps the client to focus on the problem objectively b) To establish a therapeutic alliance between the client and the therapist c) To establish a relationship of trust
Inventory	Politeness	a) To be empathetic b) To take perspective c) To take care
Situational encouragement	Honesty	a) Sharing information b) Being objective c) Presenting our point of view
Verbalization	Achievement	a) Using problem solving skills b) Being rational c) Producing more than one solution
Broadening the goals	Loyalty	a) Being determined b) Believing that the solution found is a good solution c) Believing that both parties win

The Positive Psychotherapy school is an approach that emerged before positive psychology studies. At this point, it is seen that Peseschkian (1997), who put forward the theory of positive psychotherapy, has a deep perspective. From the perspective of cross-cultural psychology, it is very important to be connected with others in eastern societies (collectivist cultures) (Kitiyama & Cohen, 2010). The important point that expresses this connection is the manifestation of human characteristics. The deep philosophy and religious beliefs of the East see humans not as machines but as organismic beings. It is stated that the qualities that make a human are also capabilities. In fact, according to Islamic belief, the reason why Prophet Adam was expelled from Paradise is the development of human capabilities. With these features, especially in eastern societies, the importance of capability-based conflict resolution becomes more evident. In this respect, it can be said that the actual conflict resolution method discussed in this study is culturally sensitive.

3.1. Recommendations for Clinical Practitioners

It is necessary to underline a few points while applying the Trust-PHAL method discussed in this study. First of all, clients' capabilities must be sufficiently developed to be able to use the Trust-PHAL method. At this point, after clinicians develop their clients' capabilities, these capabilities need to be transferred to the conflict resolution process. Secondly, psychotherapists should convey to clients the use of these capabilities in actual conflict

resolution through psychoeducation. Third, before using the Trust-PHAL method in real life, psychotherapists should enable clients to perform the role-playing technique and stages in the psychotherapy process.

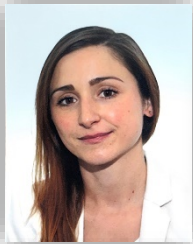
Conclusions

The aim of psychotherapies is to help individuals get rid of psychopathologies and enable them to realize themselves. The problems brought to psychotherapy may be related to the internal conflicts of the individuals as well as the conflicts arising from interpersonal reasons. Positive psychotherapy, especially of an analytical nature, has strong theoretical explanations for actual conflict. Strong theoretical explanations also need to be supported empirically. In this study, it has been shown that actual conflict can be resolved in a way that both sides gain five important capabilities in accordance with the five phases of positive psychotherapy. At this point, this study has provided empirical evidence for resolving actual conflict that is theoretically explained in positive psychotherapy. At this point, the Trust-PHAL method can be used as an important tool for resolving actual conflict from the perspective of positive psychotherapy.

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NEED-ADAPTED AND INDIVIDUALIZED PSYCHOCARDIOLOGICAL INTERVENTION IN PATIENTS WITH MYOCARDIAL INFARCTION TO REDUCE CONSEQUENTIAL PSYCHOLOGICAL DISEASES

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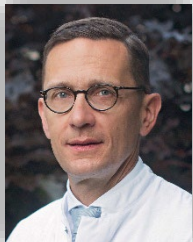
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Abstract

A heart attack is often a very drastic, sometimes even traumatic, life event for patients, which is frequently associated with fear of death. Not only is the body under enormous stress, a heart attack also means stress for the psyche. "Stressful life events are part of human existence and are compensated for with individual coping strategies or defense mechanisms. However, if the strain is overwhelming or the possible solutions are subjectively exhausted, pathological reactions may occur."(1) From a psychosomatic perspective, an acute myocardial infarction is a "significant biographical breaking point with far-reaching psychological consequences."(2) This pilot study investigates whether a psychocardiological intervention integrated into standard therapeutic care in the form of a structured conversation with a biopsychosocial model (in the sense of the WHO understanding of health), adapted to the patient's level of need, can have a positive effect on quality of life and on psychological comorbidity in the short- and long-term course of recovery. 45 patients with acute myocardial infarction (13 female, 32 male), who were randomly assigned to two intervention groups, were followed for six months after the cardiac event with individualized and collaborative psychocardiological interventions and tested for mental illness. The results of the study show that such individualized care with additional screening for psychological comorbidities in the early phase after a myocardial infarction can significantly help patients to help themselves, provide early indications of the presence of a psychological disorder, and accelerate the initiation of adequate treatment. The integration of a psychocardiological component into the standard therapy of myocardial infarction patients in the early phase after the cardiac event seems to be a valuable contribution to the therapy and should receive encouragement in the future. Furthermore, this pilot study offers new and interesting approaches for future research.

Keywords: psychocardiology, myocardial infarction, depression, anxiety, Balance model, psychological comorbidity after myocardial infarction, positive psychotherapy

Introduction

Patients often experience an acute myocardial infarction (MI) as a drastic and life-threatening event that can trigger fears and place enormous requirements for change on their daily lives. Uexküll (2002) already coined the term "adjustment disorder" to explain the development of illness: "When there is something new, people have to adapt. Sometimes it is successful, sometimes not. And because the environment changes faster and faster, more and more adaptations have to be made on all levels." The more drastic the event, the more resilience we need in order to be able to adapt adequately.

After experiencing cardiopulmonary resuscitation, cardiac catheterization, or cardiac bypass surgery, patients may develop post-traumatic stress disorder (PTSD). Psychological processing of the event varies and depends on numerous variables. Some patients survive the event without lasting mental illness. However, nearly 50% of cardiac patients develop an adaptation disorder (lasting approximately 12-18 months), 13% suffer from PTSD, and one in five patients develops depression, which is associated

with increased overall mortality. Nevertheless, only about 25% of those with mental illness are successfully identified in "routine care" (Amin et al., 2006; Hermann-Lingen, 2019; Melle et al., 2004). This leads to corresponding adverse short- and long-term consequences in terms of quality of survival, compliance, and prognosis of patients. In addition, the biopsychosocial integration and life satisfaction are also affected by the cardiac disease (Badura, 1987).

About 40 years ago, research began to put more focus on psychosocial factors of cardiac diseases in the course of the disease and treatment.

According to results of survey studies (Badura, 1987) and case studies (Speedling, 1982; Sprenger et al., 1988), it was already proven at that time that medical counselling of MI patients showed enormous deficits, especially in the areas of communication of non-somatic risk factors. Detailed education about the impact of the cardiac event on everyday life, such as physical limitation, job loss, financial losses, etc., played a minor role.

Psychotherapeutic interaction in the hospital in order to improve the prognosis, was considered inevitable even back then (Klapp et al., 1988). Since then, influences of the psyche on the

autonomic nervous system and the cardiovascular system (Hummel 2022) have been shown again and again, but little has been investigated with regard to a possible positive influence of an overall medical-therapeutic supervision.

In addition to the standard therapy with medical-clinical guideline-based interventions, lifelong medication, support in lifestyle optimization and follow-up treatment, patients with psychological treatment needs should be connected to professional outpatient care facilities as early as during the rehabilitation period. In practice, this means finding psychiatrists and psychotherapists nearby, depending on the disorder and local availability.

However, a seamless transition to outpatient psychotherapeutic care correspondent to the patient's needs poses a major problem in most cases and has not been feasible to date (Ladwig & Fritzsche et al., 2013). Average waiting times for an outpatient psychotherapy treatment slot in 2019 (before the COVID-19 pandemic) ranged between three to nine months (Federal Chamber of Psychotherapists, 2019). It should also be considered that psychotherapy is only responsible for clinically manifest diseases, but there are no facilities for "lifestyle counseling" and biopsychosocial "optimization" in the sense of preventive action before clinically manifested anxiety or depression occur. In line with that, Albus and Fritzsche (2018) have already proposed basic psychocardiological care and a basic structure for psychocardiological consultation.

In summary, the abovementioned facts lead to the hypothesis that a psychocardiological intervention integrated into the standard therapy, adapted to the patient's degree of need, could have a positive effect on the quality of life and on psychological comorbidity in the short- and long-term course of therapy. Considering all the facts in the literature and studies summarized above it can be recognized that more than 50% of the patients with myocardial infarction have a psychological comorbidity. For one, this has a negative influence on their continuing quality of life and the course of disease. Furthermore, the risk of a new infarction and the associated mortality is increased (Albus et al., 2018). Considering this it becomes apparent that it is of great relevance to address these psychological issues of the patients. Corresponding calls for further knowledge in this field have been increasing strongly. Yet, to the authors' knowledge, no other studies have been

conducted in the way that this study has. Therefore, it seems very important to continue the research and to find all the information and possibilities to help these patients in the best possible way.

1.1 Psychocardiology

"Psychocardiology encompasses the knowledge regarding psychosocial factors in the development, course, rehabilitation of, and recovery from cardiologic diseases." (Jordan, 2001) It thus represents an interdisciplinary interface of the fields of cardiology, psychotherapy, psychology, and many other disciplines (Schubmann et al., 2018).

Since about 1950, numerous studies have been conducted to add the psychological component to the purely physiologically oriented "risk factor model." In this context multiple researchers investigated different behavioral patterns or behavioral types (e.g. hostility, reaction to work load (Siegrist et al., 1998), A-type (Roseman, 1980), D-type (Denollet, 2000)) and their connection to coronary heart disease. Overall, as Jordan (2001) describes, "there is no doubt that coronary heart disease is a multifactorial somato-psychic/psycho-somatic event of great complexity."

Psychosocial variables that are seen to be relevant for the course of coronary heart diseases include affective disorders such as anxiety and depression and the (high) quality of social relationships. The following factors were already identified to be relevant in the context of cardiology in 2001 (Jordan et al.):

1. social class
2. stress, strain, gratification crises
3. vital exhaustion before cardiac event
4. anxiety, depression, negative affect
5. family and social support
6. processing of the coronary disease
7. effectiveness of psychological interventions

These above-mentioned factors can be found in the four pillars of Peseschkian's balance model (1977). This model, which originates from psychotherapy, is used in this pilot study to assess the patients' quality of life and thus includes these aspects identified as fundamental for therapy of heart attack patients (see *Figure 1*).

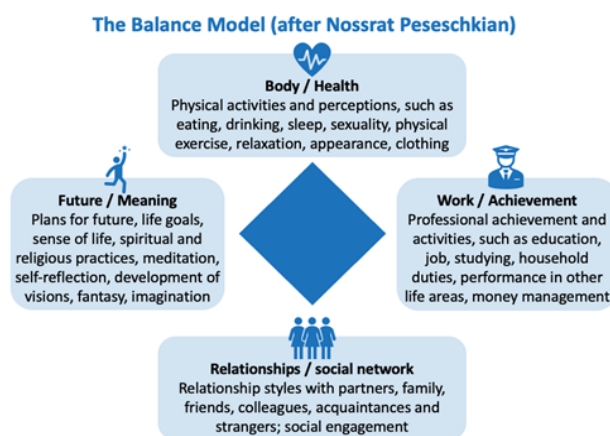


Figure 1. The Balance Model after Nossrat Peseschkian (adapted by Christ & Mitterlehner following Peseschkian & Remmers, 2020; extracted from Christ & Raisch, 2022)

Another position paper on the importance of psychosocial factors in cardiology (Ladwig et al., 2013) could confirm the abovementioned points and shows positive effects regarding the effectiveness of psychosocial interventions in secondary prevention with respect to quality of life, health behavior, somatic risk profile, and cardiovascular comorbidity and mortality. Also, a 2018 update of the position paper lists that short-term psychotherapeutic interventions during the acute postinfarction phase in the hospital have a positive effect on the reduction of depressive and anxiety symptoms (Albus et al., 2018).

In an article in the "Deutsche Ärzteblatt", Weber (Charite Berlin) and Gundold (Leipzig Heart Center) pronounce a lack of psychocardiological care. "While psycho-oncological approaches have been established long ago, a psycho-cardiological approach is still generally lacking" (Meissner et al., 2011).

Methodology

2.1 Study design

The study was conducted in a monocentric setting at St.-Josefs-Hospital in Wiesbaden, Germany. It is a prospective, clinical trial in which patients were single-blinded and randomly assigned to an intervention group (IVG) and a mini-intervention group (MIVG) between 2016 and 2019. Simple randomised controlled trials are the gold standard of clinical research (Schulz & Grimes, 2007) to ensure that all potential confounders in the patient groups which are being compared have identical distributions. So randomization is the random allocation of patients. The aim is to exclude unconscious and conscious influences of the treating and

documenting investigator on the choice of therapy depending on the individual condition of a study participant. The patients did not know which group they were assigned to at any time during the study. This single blinding should lead to a reduction of bias and thus to results being independent of the patients' expectations (Schulz & Grimes, 2002). A total of 45 patients participated, 34 of whom completed all times of measurement. Thus, a total of 18 patients in the IVG and 16 patients in the MIVG completed the study. Subjects were enrolled in the study three to five days after the cardiac event, still during the acute hospitalization (t0). A brief introductory interview was followed by an explanation of the study design and completion of a demographic survey. A positive ethical approval for this pilot study was given by the ethics committee under the condition that every patient of both groups receives both an interview and intervention.

2.1.1 Intervention for the IVG

The IVG was called in after two (t1) and four (t2) months for a 45-minute modular intervention each. A modular scheme was conducted due to comparability and independence from the investigator herself. The interview focused on possible psychosocial consequences of the MI and the impact of the event on daily life in the four domains of life according to the Balance model after Peseschkian (2003): Body, Work, Social Network, and Values. The possible development of a concomitant mental illness, such as depression and anxiety, was also assessed. The psychological findings, staging of the interview, and countertransference were recorded.

In addition to the initial interview, the IVG received the guidebook "What's on Your Mind?" by Prof. Nossrat Peseschkian. By pointing out relevant chapters that addressed the individual needs and problem areas of each subject, the intention was to provide a guide for dealing with the psychosocial effect of the MI and to encourage the patient's ownership of it. IVG patients were encouraged to actively design the time between interventions in terms of a health-promoting psychosocial individualized lifestyle. Possibilities included maintaining social contacts, exercise and sport, and stress, anxiety and depression management. In the course of this, they received appropriate exercises at the second intervention appointment (t2). These were tailored to the problem areas of the individual that had been identified in the initial interview and were

intended as an orientation for the next few months.

2.1.2 Intervention for the MIVG

The MIVG received a so-called "mini-intervention" after two (t1) and four (t2) months. This included a short questionnaire on the influence of the cardiac event on everyday life, especially in the four areas of life according to the Balance model: body, work, social network and values. The survey on the four areas was conducted in order to allow a comparability between the two groups. This was done without addressing individual problem areas or working out a psychocardiological background with the patient. The MIVG was not given a guidebook or other assistance in the form of individually tailored exercises. Nor was she explicitly advised of a health-promoting lifestyle and active personal initiative. The focus here was on the different ways of processing the MI between the two groups with and without assistance.

2.1.3 Measurement of dependent variables in both study groups

After a follow-up period of six months (t3), each participant of the IVG and the MIVG was invited to an individual 60-minute final interview.

To assess the possible development of an anxiety disorder or depression after the cardiac event, standardized instruments from psychological test diagnostics were used. These were completed by all subjects during the second session (t1) and during the final session (t3). The results of the first questionnaire evaluation (from t1) were used at the interview appointment (t2) only for the IVG and could thus be incorporated into the intervention and exercise recommendation. No results were discussed within the MIVG at this time (t2).

The goal was to examine changes in quality of life and the occurrence of possible mental illnesses such as anxiety or depression throughout the six-month period using the questionnaire results so that a valid conclusion could be drawn. The comparison of the overall test results were discussed in the final patient session.

2.2 Measures

In the course of the study, a standardized questionnaire was used in both groups to detect the first signs of mental illness two (t1) and six months (t3) after the MI. The main goal was to

identify and assess affective psychological disorders such as anxiety and depression. To record the life situation and quality of life, the *Akademie-an-den-Quellen* questionnaire (AQ-questionnaire) was used, which is aimed at surveying the central areas of life according to the balance model after Peseschkian. The measures used in this study are described in more detail below.

2.2.1 Hospital Anxiety and Depression Scale, German version (HADS)

The HADS-D is a screening procedure for identifying anxiety and depression in patients with somatic diseases. Self-assessment is used to determine the severity of anxiety and depressive symptoms. Severe psychopathological symptoms are deliberately excluded, which contributes to the very high acceptance of the questionnaire in target groups (Snaith et al., 2011). The HADS-D and its translations have been extensively validated. The two-factorial structure with one anxiety and one depression factor each has been confirmed in various publications. The two subscales are sufficiently valid and sensitive to change.

2.2.2 Akademie-an-den-Quellen questionnaire (AQ questionnaire)

This is a screening tool that is intended to test the stress factor in various areas of life and the associated quality of life. Partly, it is based on the standardized *Maslach Burnout Inventory (MBI)*, which is intended to provide a statement about stress at work. Furthermore, other areas of life are queried in the sense of the bio-psycho-social model according to the WHO using questions based on the balance model by Nossrat Peseschkian. The subscales correspond to the four areas of the Balance model: body, work and performance, social network, values and norms. The *AQ questionnaire* was compiled by Christ and Mitterlehner, both lecturers at the *Wiesbaden Academy for Psychotherapy (WIAP)*, who attempted to construct a questionnaire in collaboration with Peseschkian based on the balance model, thus allowing for standardization.

For the present study, these questions surveying the four life areas of the balance model were used.

2.2.3 Feedback questionnaire

At the end of the study (t3), the subjects had the opportunity to assess to which extent the study had provided them with personal assistance. At this final interview, participants were invited to name all aspects of the study that had been perceived as appealing or helpful. Furthermore, they were asked to assess whether (early) psychocardiological support in the therapy of MI patients was useful and whether they would recommend a similar procedure to be offered to other affected patients.

2.3 Psychocardiological intervention

The psychocardiological interventions took place according to a modular scheme to ensure the greatest possible independence from the person of the investigator. This scheme is intended to allow a need-adapted and individualized approach for the patient, which has already been shown to be very effective in past studies (Angermann et al., 2012).

The balance model according to Nossrat Peseschkian is used as the underlying model for recording the life situation of the individual patient. This model has proven itself for decades in basic psychosomatic care and brief intervention by general practitioners, e.g. in counseling, coaching and psychotherapeutic support. A similar model has been described by Petzold (1993) in his five Pillars of Identity. According to Peseschkian (2015), "According to the balance model, a healthy person is the one who tries to distribute his energy evenly among all four areas." This is also in line with the WHO (Ottawa-Charta, 1986) understanding of health: "Health is not the absence of disease, but the social, emotional, physical and mental well-being while living, playing and working."

For this study, the balance model was used to explain, visualize, and later analyze the individual psychosocial level of the subjects in the four domains: Body/Health, Work/Performance, Social Network, Values/Norms. This made it possible to make statements about the quality of life of the individual at different points in the study and to compare them.

Results

The data collected were stored electronically in pseudonymized form in compliance with privacy regulations. The statistical analysis of the data was

conducted using the statistical analysis software IBM SPSS Statistics, Version 27.

3.1 Sample

The sample included a total of 45 patients admitted as inpatients to St. Josefs Hospital Wiesbaden (Germany) with STEMI (ST segment elevation myocardial infarction) or NSTEMI (non-ST segment elevation myocardial infarction) between October 2016 and June 2017. Of these, 29% (13) were female and 71% (32) were male. The age of the patients ranged from 35 to 82 years ($m = 61.78$, $SD = 9.64$). Because of missing data at t1 and t2, a total of 11 patients had to be excluded. Thus, 18 subjects in the IVG and 16 subjects in the MIVG could be considered for the statistical analyses. Among these 34 (75.6%) subjects who fully completed the study, 18 (52.9%) patients (6 female, 12 male) belonged to the IVG and to 16 (47.1%) patients (4 female, 12 male) were classified as MIVG. Analysis of the comparability of the two groups in terms of descriptive parameters showed no significant differences the demographic variables such as age, sex, marital status, etc.

3.2 Inferential statistical analysis

At t1, before the beginning of the intervention, both groups showed no notable differences on the HADS-D Anxiety subscale or the AQ questionnaire. However, the two groups differed significantly in their symptom severity in terms of depressiveness ($t(36)=1.80$; $p<.05$). Thus, the IVG showed significantly more severe depressive symptoms than the MIVG before the start of the intervention ($m_{IVG}=4.48$, $m_{MIVG}=2.60$). Statistical analyses revealed that IVG's scores on both scales (AQ questionnaire and HADS-D) did not change significantly from t1 to t3. For the MIVG, on the other hand, there was a significant reduction for both HADS-D subscales (anxiety and depression) from the first time of measurement (t1) to the second (t3; see Table 1). When both intervention groups were analysed together, there were no significant differences across the intervention groups from t1 to t3 on any of the scales examined.

Table 1.
Scores at t1 and t3, t- and p-values for the minimal intervention group on both subscales of HADS-D

Subscale	t1	t3	t(15)	p
Depression	2.75	1.88	2.05	.029
Anxiety	5.56	3.38	3.69	.001

Statistical comparison of the two intervention groups at t3 revealed that at t3 the IVG had significantly higher scores in the HADS-D depression subscale and marginally significantly higher scores in the anxiety subscale than the MIVG ($t(32)_{\text{anxiety}}=1.58$, $p_{\text{anxiety}}=.062$, $t(32)_{\text{depression}}=2.10$, $p_{\text{depression}}<.05$). When analysing the feedback and evaluation questions collected at t3 after the completion of the intervention, it is noticeable that the IVG patients were significantly more likely to report "living more consciously" as a result of study participation and intervention than the MIVG subjects ($t(32)=2.85$, $p<.05$).

Discussion

In summary, the evaluation of the HADS shows that the IVG compared to the MIVG initially shows more depressiveness, and that the groups do not differ with regard to general anxiety initially. At t3, the MIVG continued to show significantly lower scores on the depression scale of the HADS-D than the IVG. In addition, the scores of the MIVG and the IVG on the anxiety scale of the HADS-D at t3 differed marginally significantly in terms of lower scores of the MIVG. The course analysis of the HADS-D scores also revealed that the scores of the MIVG on these two subscales decreased significantly from t1 to t3.

An improvement of symptoms of a depression or anxiety disorder when using a psychotherapeutic treatment depends on many factors - duration of symptoms, genetic disposition, exhaustion, structural level of the patient, the patient's attitude, environment, personality structure - so that no statement can be made about a uniform standardization of the therapy's success. It can be assumed that in some subjects, especially in the IVG, some of the above-mentioned factors played a role and thus had an influence on the results.

Furthermore, when considering the results of IVG, it is important to keep in mind that a psychotherapeutic treatment may well initially result in a worsening of condition, but that this should be viewed as a development within the therapy process (Neurologen und Psychiater im Netz). However, the fact that a sensitization must have taken place through the concrete confrontation with the MI was clearly evident from the results of the AQ questionnaire, especially in the IVG. Overall, the patients presented themselves as "living more consciously"

and were thus better able to assess their own situation, but at the same time this meant that they were also more sensitive to grievances and physical symptoms as well as their mental state. This could be used as an explanation for the fact that the patients in the IVG initially showed no improvement in their symptoms on all scales studied, while the participants in the MIVG reported a stabilization of anxiety and depressive symptoms according to the subscales of the HADS-D.

Taking into account the gender distribution of the samples, it is noticeable that male participants predominate. This circumstance could also imply a bias in the results with regard to a truthful response to the questionnaires. According to the subjective perception of the investigator, some of the male participants did not show much concern in the interviews at first. It appeared that the "male role" as the main breadwinner and strong person in society influence their answers to the questionnaires, in a way that items, that "projected weakness", were not always answered truthfully. These impressions are consistent with research by Kessler et al, who found in four large-scale studies, that among men with depressive symptoms, there was a lower rate of treatment due to a mismatch between need for support and seeking it (Kessler et al., 1981). In this context, social gender role is a risk factor in mental health problems and their timely treatment. "It is argued that social norms of traditional masculinity produce barriers to help-seeking via inhibition of expressivity, already influencing symptom perception as the first step in the help-seeking process and controlling responses to symptoms." (Möller-Leimkühler, 2000)

If the drop-outs of the study are included in the overall analysis, it is noticeable that mainly those patients completed the study who showed more conspicuous values in the questionnaires at the beginning and made an overall more strained impression in the interviews. A targeted analysis and working on individual problems were apparently considered useful here, which is also reflected in the statements made in the feedback form. A distortion of the results due to this apparent systematization in the drop-out cannot be completely ruled out.

Due to the small sample size and the associated low statistical power, it can also be assumed that the detection of significant differences was made more difficult. Furthermore, for ethical reasons it

was not justifiable to form a control group that only answered the questionnaires without being supported by personal interviews. The influence of a significant comparison can therefore not be ruled out and it can be assumed that this is reflected in the results of the two groups.

When interpreting the present results, it should be kept in mind that this study is not without limitations. The different baseline values suggest that the IVG was significantly more strained even before the intervention. It is also probable that the observation period was too short, especially for the more severely stressed IVG: while the study took six months in total, there were only four months between the first and the second answering of the questionnaires (t1 to t3). It is possible that a longer processing and treatment process could have helped to detect an improvement due to the intervention. In addition, the small sample size as well as the fact that the study was only single-blinded and conducted by one single investigator could lead to a distortion of the results and therefore poses a limitation of the study. It will be the assignment of future research to replicate the findings using a larger sample and an even more controlled and double-blinded study design.

There are also several aspects that emphasize the quality and relevance of the present study. For example, the chosen study design, a longitudinal study, offered the possibility to draw causal conclusions. Due to the use of well-validated and standardized questionnaires from the fields of psychotherapy and psychology, validity and reliability can be assumed to be high. What's more, the use of the balance model to analyze individual strengths and weaknesses in the four areas of life proved to be very practical and valuable. Furthermore, the analysis of the descriptive variables shows that the two groups are well comparable considering those parameters at the beginning of the study.

As the present study is a field study with high practical relevance within the holistic therapy of MI patients, these results can be seen as further indication of the need for integration of psychocardiological care into the standard MI therapy.

Conclusions

Heart attack patients often suffer from psychological complaints and cognitive dysfunctions. Simultaneous treatment of cardiac

and psychological imbalance is important for a good survival prognosis after MI. Screening for psychological comorbidities should be standard in MI patients in the early phase after the cardiac event. In this study, even minimal interventions were able to reduce abnormalities in the area of anxiety and depression. Patients in both groups were grateful for the possibility of conversational sessions. Thus it could be shown that even the possibility of a therapeutic conversation can support the processing and thus contribute to the improvement of the quality of life. To the knowledge of the authors, this study represents the first indicator that such interventions could be useful: they contribute to the promotion of self-help and awareness of mindfulness and should be considered to be incorporated into the standard therapy of heart attack patients. It is incumbent on further research to pursue this and investigate it in larger selected samples and over a longer study period. With the remaining variables or patient characteristics collected, it would be possible to subsequently perform exploratory data analysis to identify correlations and, if necessary, examine them more closely. The findings collected open up further questions and thus new and interesting approaches for further research in the field of psychocardiology.

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SYSTEMS OF REFERENCE FOR PERSONALITY STRUCTURE: PESECHKIAN & ZUBIRI ON SYSTEMS OF REFERENCE



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Abstract

The Spanish philosopher, Xavier Zubiri, wrote a major work titled *Sentient Intelligence* wherein he analyzes the human act of intellectual knowing. In this work he delineates the importance of a system of reference (SoR) which serves two important functions: providing a direction for intellectual inquiry and providing an experience. The Iranian born psychiatrist, Nossrat Peseschkian, creator of Positive Psychotherapy, which originated in Germany in 1968, also mentions the importance of systems of reference (SsoR) for psychological knowing and personality structure. In this article, I expound upon and develop this construct, showing how humans have many SsoR which we use in interpreting psychological experience which form our unique personalities, based upon what we learn in our environments-of-origin. These SsoR become foundations for individual personality characteristics and provide insights into personality structure. I apply Zubiri's construct to Peseschkian's psychological system of reference, drawing out elements of Peseschkian's contribution to personality theory. SsoR which we learn as infants can be modified and differentiated to create healthier ones and knowing them are important for psychological understanding. Furthermore, all approaches to psychotherapy and theories of personality can benefit from knowing of these SsoR.

Keywords: positive psychotherapy, structure, systems of reference, psychological experience

Introduction

Nossrat Peseschkian defined the process of Every psychological and psychotherapeutic theory has implicit or explicit philosophical underpinnings. Similarly, many philosophical approaches have implicit or explicit psychological implications. Some philosophical constructs can be more easily applied than others, and latent within them may be psychological aspects not yet developed. In a similar vein, theories of personality and philosophical ideas are based on a system of reference (SoR) or different systems of reference (SsoR). A SoR means that there is a previous body

of knowledge that the creator of the philosophy or the theory refers to, uses, and builds upon, elaborates, modifies, or develops what is latent into something different. A SoR, psychologically speaking, is one's family or environment-of-origin, in as much as it is from our families and primary environments that we learn our psychological values and begin the process of developing a psychological sense of self, psychological capacities, personality structure, and are socialized. When we have an emotional response or make a value judgment, e.g., based upon what we learned in our families—in spite of, or to spite what we learned—we use some SoR to evaluate the

phenomenon and act. Evaluation is not always fully conscious and is often emotionally laden.

Methodology

Two thinkers still largely unknown in the US, though both influential in their respective fields in Europe, one a philosopher, the other a medical doctor, psychiatrist and psychotherapist, provide insights into the importance of a SoR for knowing and perceiving the world. In this article, I will illuminate this concept from these two SsoR and using Zubiri's philosophical system, apply it to psychological knowing and its importance for personality development. This is done to draw attention to these thinkers' contributions as well as to demonstrate how personality theory and research, as well as psychotherapy, as a field with its' various methodologies for understanding 'the human condition' can benefit from knowing them.

The late Xavier Zubiri (1898-1983), a Spanish philosopher who studied under José Ortega y Gasset, as well as completing a postdoctoral position with Edmund Husserl and Martin Heidegger from 1928-1930, was a Catholic philosopher who took issue with the 'pure phenomenology' of Husserl and Heidegger and wrote his magnum opus on *Sentient Intellection* (1980). Earlier works include *On Essence* (1962) and *Dynamic Structure of Reality* (1968); the latter work was composed to develop the dynamic aspects of his thought when his work rethinking essence was criticized as being too static (Zubiri 2000, p. xii). The Iranian-born Nossrat Peseschkian (1933-2010) was a specialist in neurology, psychiatry, psychotherapy and psychosomatic medicine. He lived in Germany from 1954 until his death in 2010 and created a cross-cultural, integrative, psychodynamically-oriented therapeutic approach which he termed Positive Psychotherapy (PPT). PPT has a body of literature consisting of 26 books written by Peseschkian, a well-developed training program accredited by the European Union, and over 30 local, regional and national centers worldwide. PPT is a new SoR for psychotherapy and his 'balance models' provide perspectives on personality structure; Peseschkian asserted that it is a metatheory.

I will explain Zubiri's philosophical thought primarily to assist in developing explicit and implicit perspectives within Peseschkian's PPT and to demonstrate the importance of realizing and comprehending one's SsoR for comprehending personality. In fact, one facet of Zubiri's

contribution is how it enables us to discern the creation and development of bodies of knowledge as intellectual methods of understanding reality. What I find exciting about Positive Psychotherapy is that it is clearly an 'open system', meaning that as a metatheory it is a SoR open to other modes of therapy, personality theory, scientific discoveries, spiritual insights, and even cultural traditions. I assert that Peseschkian provided a sound theoretical foundation, solid therapeutic structure grounded in daily life-as-lived and experienced psychologically, within which others can work, develop, and contribute to constructing a more encompassing system of therapy and self-help by better understanding elements of personality structure not fully considered by other approaches. PPT is also a method of psychoeducation in which the therapist enables the client to modify or re-create his/her personality by equipping the client to learn new skills and differentiate existing skills and capacities for self-help and to assist the members of the client's family or social networks.

Discussion

3.1. Systems of reference

As stated above, a system of reference (SoR) is an existing body of knowledge upon which one builds further knowledge. Zubiri, in his analysis of the act of intellection, avers that a SoR is the first step in the method of intellectual knowing. A method, *methodos*, is "the mode or way of approaching things...the road which brings us to things" (Zubiri 1981, p. 15). And, "Depending on whether one adopts one or another reference system, the road embarked upon, the meta of the *methodos*, will always be a 'way', an opening of a path, but of a different 'mode'. And this is essential. It is not the same to have 'things' as a system of reference as to have 'persons', or other types of field reality" (Zubiri 1999 IR, p. 244). Any method begins with an existing SoR which serves two specific intellectual functions: 1) it provides a direction for inquiry, a sketch of what something 'could be' based upon the representations provided by the SoR, and 2) it provides an experience. Any SoR contains ideas—concepts or percepts that are taken by subsequent thinkers in different directions to build on, develop a refined approach, or become very different from the original SoR.

Thus, Eisner (2000) informs his readers that "the number of psychotherapies has more than likely surpassed the 500 mark" (p. 185), and each method has prior systems of reference (SsoR) they use and

often seek to establish a new SoR for the practitioner. Moreover, theories of personality have come from psychotherapeutic SsoR; thus students learn of Freud's, Jung's, Adler's, Horney's, Fromm's, Sullivan's, etc. (Ewen, 2003). Personality is considered as deriving from developmental, biological, traits, cultural and emotional dimensions (Dumont 2010). Experienced therapists use many SsoR, depending on the clients' needs and personality aspects requiring attention. Someone consulting a therapist who uses 'past life regression' may indeed have an experience of their 'past lives' if they are inclined to believe in such; someone using 'inner child work' would experience their 'inner child' and learn ways to come to grips with this dimension. Hinduism and Buddhism, as religious SsoR espouse reincarnation; a psychological theorist, following these directions or those discerned in the SoR of Carl Jung and his archetype theory, may develop a therapeutic approach to help the client 'understand the influence of past lives on the present life' or archetypes operating as formative influences in personality.

An experience does not imply, empirically speaking, that what is apprehended is ontologically real—though we know the significance of imagination—thus psychological reality differs from ontological considerations. We see clearly, in many thought systems, how the originator's concepts are taken in directions never contemplated by her or him. It is quite easy to grasp how there are so many types of mathematical explanations, therapeutic systems, philosophical methods and even systems of logic that purport to explain facets of reality.

My purpose is not to explicate the systems of reference of any one of these systems, but to indicate the importance of a SoR for intellectual inquiry and for providing a direction for it as has been done in psychotherapy. This holds valid in any area of human inquiry, without which there would be no intellectual knowing. "The system of reference is for the construction of a system of possibilities. Each possibility is only making possible within a system together with the rest" (Zubiri 1999 IR, p. 222). Only because the psyche was imagined to have a dynamic structure was it possible to discuss the potential conflict between id, ego or superego of Freudian thought, the shadow, anima, animus, archetypes, etc. of Jungian psychoanalysis, the 'field' of relationships with its boundaries of Gestalt, or any other view of psychic structure,

personality, and psychological functioning. Moreover, because of the influence of the superego within the psychic hierarchy, the id was repressed in order for the individual to be psychologically healthy or ill (depending on the theorist) and successfully adapted to society. What was imagined to be unconscious, 'could be' how early psychological thinkers thought it was. It could be otherwise as well.

The very notion of an unconscious was made possible only because of prior SsoR that used this term, these systems being initially philosophical (Vial, 2009; MacIntyre, 2004; Hassin, Uleman & Bargh, 2005; Nicholls & Liebscher, 2010) and taken up by those attempting to create psychology. Moreover, based upon any given SoR, an individual was imagined to experience something that was previously unconscious, either personally unconscious or collectively unconscious as the case may be. Only because there was conceived to be an unconscious, was it possible that there could be unconscious processes, contents, or dynamics that could be brought to conscious awareness and experienced consciously. Ellenberger (1981) avers that the unconscious was 'discovered' by Europeans, while Waldron (2003) asserts that Buddhist thinkers demarcated a realm of unawareness of which they became aware, in the fifth century CE. On the other hand, deconstructionism affirms that the unconscious is merely a fiction constructed by language.

The role of the unconscious in contemporary personality theories demarcates ancient systems from ours—historically there was no unconscious, though there was some 'inner reality', however imagined. Psychic or mental illness was imagined to be the result of spiritual influences, breaking some social taboo, improper thinking, imbalanced humours, a curse, or other unseen forces which altered human personality, though not due to repressed unconscious processes.

As stated, Zubiri's philosophical use of the concept 'system of reference' was to affirm its importance for any intellectual knowing and for the possibilities it provided and the direction further intellectual inquiry might take into consideration realities that lie beyond our ability to apprehend with our senses.

With the concept of the unconscious, one could now imagine and 'experience' personality dynamics and development, how it functioned and perhaps interfered in healthy psychological growth, and how libido and drive energy affected

psychodynamics. Psychoanalytic thought followed this direction of inquiry and attempted to develop an understanding of psychological functioning, with contributions by later thinkers taking this approach in new directions: Jungian, Adlerian, object relations, Kleinian, ego-psychology and self-psychology, naming a few which influenced western theories. These and many other methods have developed comprehensive bodies of literature supporting and explicating their conception of the unconscious and proffering to those who accept it certain experiences, insights, concepts of personality and understandings. Personality profiles have been created based on these and other SsoR.

Surely, we have experiences we forget—most of us, anyhow—that become unconscious yet form important components of our personality. In fact, the first years of our lives, so formative of our personalities, are mostly unconscious to us. But what is this concept of experience, when attributed to something that is beyond our ability to perceive, to unconscious dynamics? What does it mean to experience id-ego or id-superego conflicts, for example or to experience the effect of anima within one's psyche? Experience is a term not easily defined, though used in its nominal sense similar to the early 14th century meaning, "actual observation; observation as a source of knowledge." This meaning derives from the Old French *esperience* (13c.) "experiment, proof, experience," from Latin *experientia* "knowledge gained by repeated trials." The entry in *The Encyclopedia of Philosophy* (Borchert 2006) indicates how fraught with difficulties this term is when used philosophically. And, while Zubiri took a philosophical approach, I need to explicate his notion of experience briefly and then will later apply it psychologically.

Basing oneself upon a SoR, one searches for what the in-depth reality of something might be. 'In-depth' reality is that dimension of reality beyond our unaided senses, be it an atom and the family of subatomic particles, the wave frequency of colors, certain neurophysiological responses that are defined as emotions, or unconscious mental processes or perceptions, even mental states of others and ourselves that go into making one's unique personality. In the first case, technology and theory have aided humanity to experience atomic reality; in the second, color is determined by a particular frequency of light; in the third instance, technology also allows us to observe brain functioning (with an MRI, fMRI, SPECT or EEG) and

define certain observations as indicative of an emotion. Masked stimuli are known to activate brain regions which an individual cannot consciously confirm, and arouses an emotion (Whalen, Rauch, Etcoff, McInemey, Lee & Jenike, 1998). Likewise, technical advances have contributed to broadening the concept of unconscious as Hassin, et. al. (2005) demonstrate.

Clearly, our sciences affirm that humans experience unconscious mental processes, processes that are in-depth and beyond our ability to directly apprehend; they are inferred, hypothesized to be, partially constructed, and based upon different SsoR, they have spurred many fields of knowledge and theories of personality. Theory of mind in psychology asserts that infants begins developing theories that others have intentions, beliefs, desires, and motives just as the infant does, though different from their own. Behaviors are observed, intentions are attributed based on experience.

Experience is a testing of the sketch, or outline, of what we think 'could be' the foundation and reason of the observed phenomena. We have a sketch, based upon the SoR used and following the direction given in this SoR, and we see if our sketch is realized by reality or not. It is indeed possible that the unconscious, as sketched by many thinkers, acts as they postulate that it does, and as evidence used to confirm it indicates. What is sketched are the possibilities of what something 'could be'. It is possible that there are processes referred to as id, ego and superego as sketched by Freudian psychoanalysis that are the sources of conflict within an individual. Any sketch 'could be' how the human mind functions and personality forms, or it 'could be' merely neurochemical functioning that gives rise to unconscious dynamics. Depending on the SoR used, the experience one has will be interpreted as either fulfilling the sketch, disconfirming it, partially confirming it, being in conformity with it, going beyond it, or obvious that this is how it is. One has an experience of something that they seek to understand: an overwhelming negative reaction to adult male figures with authority. Based on Freud's SoR, object relations theorists infer that the introjected object of the father or other important male figure and their abusive, demanding behaviors creates an internal object that is experienced as frightening and painful, and reactivated in relation to many elder male figures, e.g. Based on a Jungian SoR, on the other hand, one may affirm that the father

archetype is being experienced, as colored through the unique personal history of the individual.

To recapitulate and clarify: in order for us to know, we need a system of reference. This SoR provides us a method, a way to more fully access what we directly apprehend and what in-depth reality 'could be'. Based on this SoR, the possibilities of what 'could be,' of that which we cannot apprehend with our unaided senses and gives rise to what we do apprehend, is sketched. This sketch allows us to speculate what this in-depth reality could be and to design personal and scientific experiments as a way of testing if it is a viable explanation or not. If experiments confirm what we have sketched, we can then experience what the in-depth reality 'might be'. If experiments do not confirm what we have sketched, then another SoR may be of use to give another direction for search; in this case what we thought it 'could be' does not seem to be a viable explanation. Viability does not mean that this is ontologically how it is, but how it is intellectually comprehended by us and how the SoR allows us to understand it. New systems of reference enable us to intellectually apprehend other possibilities. What was latent and only inchoate in one SoR may be expanded by someone using a different SoR, leading to different directions of knowledge.

3.2. *SsoR and the 'capacity to love'*

Moving now to consider how Peseschkian uses the term system of reference (SoR) allows me to focus attention on the possibilities imagined by Positive Psychotherapy (PPT), develop what is latent in it, and show why it is important to become aware of the SoR an individual implicitly or explicitly adopts.

As a method of psychotherapy with a theory of personality structure. PPT provides a well thought-out structure and process for assisting individuals seeking balanced mental health. PPT explicitly adopts the construct of unconscious, and it is imagined to serve specific functions: "it is the locus of the as yet undeveloped, undifferentiated capacities and of human energy. Thus, in the unconscious rests everything which is latent in the person but not yet unfolded, because the time for maturation has not yet arrived" (Peseschkian 2000, p. 111). The unconscious is also the "locus of repressed and suppressed actual capacities and modes." The possibilities for human development may be unconscious and can be differentiated and enhanced.

As in any psychological SoR, it is clear that an individual's psychological health is in part determined by personal dispositions, environment, as well as the person's DNA, all dimensions influencing personality formation. Genetics is as influential as epigenetics, and both are dynamic processes dependent upon the environment and internalized by the infant. Peseschkian (2000) identified two basic capacities that influence development: one based on love (emotionality), and one based on knowing (cognition in a wide sense). From these basic capacities, actual capacities are manifested, inhibited, suppressed, or undeveloped dependent upon environmental conditions. Actual capacities are referred to as either primary capacities, capacities for bounding and forming relationships based on affectivity, and secondary capacities based on socialization processes and learned concepts that we use to organize relations. I will develop this more fully below.

The capacity to love has various dimensions: emotional relationships with significant others, affective reactions as to how self and others are treated in the family system (if there are siblings); one's 'internal working model' (as attachment theory of John Bowlby calls it) of parent-parent interaction; demands for environment-family interaction (socialization pressures) as well as social norms; and one's worldview. I assert that these are different emotionally-toned SsoR that impact personality formation and development. The acquisition of knowledge comes to us through four modalities: the body and senses, through reason (logic and rationality), via tradition, and our imagination/fantasy and upon these we construct SsoR as well. The SoR for Peseschkian's use of these four modalities is derived from the Baha'i religion of which he was a member. What may not be widely known is that this delineation of the 'four modes of knowing' were first presented in Islamic culture in the 9th century CE by a Jewish philosopher. More will be said about this later.

Often an individual has one dominant mode of knowing with someone being more rational, another more imaginative, etc., though we can use all four to better ascertain reality. The two basic capacities of emotionality and learning are dynamic interacting structures of psychological functioning. The essential relationships with significant others for personal development is well-known in psychological theory and a foundation of most approaches of therapy; the founding relations

between parents, siblings and significant others form the matrices for neurophysiological, emotional, mental, and psychological growth. These founding or bonding relations are integrated with organizing relationships; emotional development occurs with social development and learned behaviors. The emotional relations with significant others become vital experiences of personality that are often transferred to other people to whom we relate.

Transference is defined as a “shift onto another person—usually the psychoanalyst—of feelings, desires, and modes of relating formerly organized or experienced in connection with persons in the subjects past whom the subject was highly invested in” (Mijolla. A. 2005, p. 1776). Transference happens with others whom an individual establishes emotional bonds; this definition highlights the therapeutic dimension acknowledging that it happens ‘usually [with] the psychoanalyst’. It also happens with others who resemble, in some fashion, significant others with whom the individual has had a relationship. Therapeutically it becomes an important aspect of psychological healing and personality change; working with the transference and countertransference dynamics allows both parties to gain insight into the SsoR which the client implicitly uses, which may have been adaptive but may no longer be so.

A diagram will illustrate four SsoR, four modes of the capacity to love that are psycho-emotional systems; later I will expound on the capacities of knowing and the actual capacities as other SsoR:

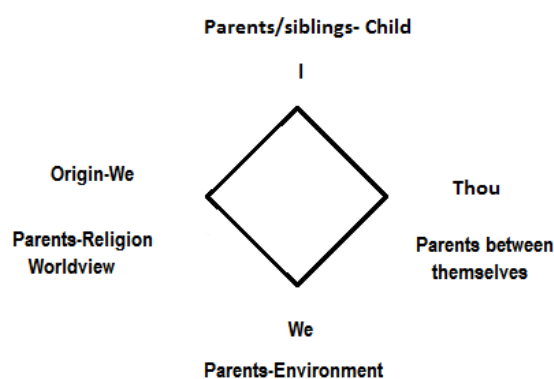


Figure 1. Psycho-emotional systems of reference (based on Peseschkian, 2000)

This model dimension created by Peseschkian and used in PPT illustrates the relations which one has learned, those which one currently may have, and those that one may have in the future. Past, present, and future, the temporal modes in which

humans exist and imagine, provide the foundation as well as the possibilities for experience. In explicating this model dimension, I am merely drawing out one possibility and application of Peseschkian's SoR and following one direction intimated by it. In discussing this, I will begin at the top of the diagram above (Fig. 1) and proceed clockwise.

In the past, the infant learned how significant others related to him/her: was the child loved, conditionally accepted, nurtured, treated differently from other siblings, despised, abused, neglected, abandoned, etc.? “The basic question, ‘Am I accepted or rejected?’ is decisive...In the process a first discovery is made, which, to a certain degree, can become a system of reference for later developments. It may be presumed that this initial discovery influences the later development of self-worth” (Peseschkian 2000, p. 116). The parent-sibling relationship is crucial to psychological functioning, personality formation and self-definition. These are aspects of the “I” dimension: this becomes a SoR in relating to the self, parents, and siblings. How many adults have unresolved sibling rivalry issues? How many adults have experiences any or all the Adverse Childhood Experiences (ACE's) identified by the US study conducted in 1995-1997?

Formative experiences will significantly influence the later parenting of children as well, in that, as a SoR, many often repeat what they experienced from parents or change it. Next, the “Thou”; a child develops an internal working model of the parents in relation to each other: do the parents argue often and do so loudly or violently; do they never argue in front of the children; do they show and express affection or ignore and mistreat the other; do they praise or belittle the other; is there faithfulness and fidelity to one another or do jealousy and infidelity mark the marriage, etc.? This forms a SoR for self-in-intimate relation and through this, “behavioral forms of tenderness are imprinted” (Peseschkian 2000, p. 117) which shape personality for being-in-relation.

Likewise, one experiences how significant others related to other people, “We”: friends, relatives, neighbors, colleagues, community members, those of different social or ethnic groups, social institutions, professional associations, ‘foreigners’, etc. Was the family open and inviting to others; did they often have guests over or was the comment of Benjamin Franklin used explicitly or implicitly, to wit, “Guests and fish stink after three days”; were the others trusted, feared,

respected; were they of the same or different belief system, thereby influencing interaction; was socializing regulated by many norms or proscribed patterns and traditions that carry emotive contents, etc.? This provides a SoR for contact and social interaction.

Finally, what did the significant others teach the child about life, the "Origin-We", one's Weltanschauung: does life have any meaning; is this a purely material world; is every event guided by some creator-deity; does one believe in 'original sin', or the inherent nobility and dignity of people; is humanity an evolved primate or is there an essential difference based upon genetics or spiritual reality, etc.? Here is the SoR for one's worldview and Peseschkian avers that, "Even if religion is rejected, the Origin-We remains the basis for other systems of orientation which are expected to provide meaning contents" (2000, p. 121).

Though I have presented these individually, one can discern that they exist in a dynamic matrix of mind-psyche and neurophysiological functioning. One example will suffice: "I feel noble and respect myself, my partner, and others as I do because my parents modeled this. They showed great kindness and warmth to others, and besides, it's an important tenet of the religious tradition I grew up with, though I no longer adhere to it."

These learned emotional and psychosocial interactions are passively inherited and taken for granted by infants and influenced greatly by one's social and cultural background. PPT is an inherently integrative, cross-cultural approach to understanding psychological dynamics (Cope 2010). These past experiences become different unconscious SsoR until one questions or differentiates them and intentionally adopts different SsoR. Personality can change and there are many methods designed to do so, psychotherapies being some.

We must embrace the present: what was learned passively becomes a matter of conscious choice if one so desires: "I have learned from my family that girls are not as important as boys, therefore I felt inferior, but no longer do I accept that!" a young woman may assert. "My father told me boys are superior and my mother and sister treat me as such. I expect this from them", a young man believes and acts. There are myriad permutations to the SoR of the "I" dimension one can decide to have or become aware that they have.

As well, the "Thou" dimension is open for modification in the present: "My parents often fought and since being in relationship with my partner, we argue often. I am learning to change this pattern." "I never saw my parents fight in front of us children, but I realized that I didn't have the skill to effectively negotiate differences with my partner, thus I learned ways of communicating my disagreements in a healthy manner to give my children a different pattern. We do at times argue when our children are around but do so constructively and respectfully."

When considering the dimension of the "We", the parents-environment dynamic, if one has learned that the family of origin does not invite guests over, this pattern may persist unless consciously changed: one brother to another asks, "Is it ok if I bring my best friend along, you know, Jack, who has been my best friend for over 35 years, who was with us last time we went golfing?" The other brother replies, "No, I really don't like strangers coming over, you know, I'm a rather private person." After a few minutes, he says, "Well, I know mom and dad didn't invite people over, but I guess it's time to change this." In another family, one has learned that it is normal and expected to entertain others, to provide food and hospitality to strangers and painfully endures it when guests come over unexpectedly, but prefers to be notified in advance. One's personality may be more introverted, timid and insecure with others, or extroverted, sure, and confident due to one's personal dispositions as well as family influence.

Finally in considering the "Origin-We", one may consciously accept, modify, or reject what was learned: "My parents were Catholics, and I feel guilty much of the time for what I do or don't do. How would I act if I did not feel so guilty?" "Everyone around us was of another religion, thus my parents taught us we should never talk about our different beliefs. However, I realized there is no need to do so anymore since I live in a different, more tolerant environment. I feel and act so much differently now."

Thus, we passively learn these model dimensions when young in the environments where our personality develops. We can choose to alter our thinking about these, which affects our present. Likewise, we can choose to create different patterns in the future in each of these dimensions. In all temporal respects, these patterns become one's SsoR for interaction. "I treat myself like I was treated" and yet, "I can treat myself very

differently than I was treated” is a possibility. Based upon the SsoR one has learned, one acts or reacts accordingly. These SsoR provide, as Zubiri affirmed, a direction for inquiry, a sketch of what ‘could be’ based upon the psycho-emotional representations one has. We have an implicit sketch of how to respond and deal with the self, with another in relationship, with those in societies and for one’s imagined place in the world and in the cosmos. These implicit sketches can be considered cognitive-emotional schemas that have neurophysiological implications and become patterns of interpretation of observed behaviors, filtered through the unique structure of our personalities.

Based on how she was treated when young, she treats herself with great respect and love, kindness and patience, with disdain, neglect or self-abuse and deprecation, in the present. Mentioning the “Big Five” personality characteristics, openness, neuroticism, conscientiousness, extroversion, agreeableness (or their opposites), each develops based on our response to self, parents, others, and imagination. Each unconscious choice and adaptation has neurophysiological implications, and psychopharmaceutical theory attempts to help change the chemical effects of negative emotional patterns on the neurotransmitter level, thereby hoping to alter personality functioning.

Based on this “I” SoR, the possibilities for further development stand open, are inhibited, defended against, or closed off: “That’s how I am, I’m depressed but what can I do about it?” “That’s how I was treated, but there’s no reason I should continue to do so, is there?” “I can understand now why I act and feel this way and why I treat myself like I do and want to change it for my future.” In each dimension of the model dimension of PPT we can think of examples, both positively and negatively, psychologically healthy and unhealthy, to consider how the SsoR a person has learned and uses, enables them to discover and create what they and others ‘could be’. As stated, the SoR used may inhibit such realizations as well, and patterns learned become limitations and firmly entrenched defense mechanisms which keep these SsoR fixed and personality stable. One may have a fixed or growth mindset.

Peseschkian has developed many questions that can be asked in each domain to explore and differentiate the underlying, learned SsoR. Psychotherapy is a useful method when needed to clarify and then help clients to differentiate their SsoR, creating new ones for themselves, altering

aspects of one’s personality and thereby open the possibility for different experiences.

3.3. Experience and SsoR

As stated above, Zubiri affirmed that the SoR one uses provides an experience. I need to expound a bit more on a psychological application of this in order to consider the importance of knowing one’s SsoR and their influence in personality. Recalling the model dimension and the four aspects, I shall indicate how each dimension provides an experience of something based on these SsoR. As above, there are myriad examples that could be provided for each dimension, and those given serve to merely to indicate a few possibilities, not to assert any judgment but to demonstrate the depth and import of psychological SsoR.

Regarding the “I” dimension, if a child had a positive, nurturing, supportive and encouraging relationship with caretakers and siblings (if there were any) when and if there is a failure when attempting a new undertaking, it is likely to be experienced as a temporary setback and just something one needs time to master. Though there may be frustration, it passes quickly. They have a growth mindset. On the other hand, if the childhood environment was threatening, punitive, abusive (verbally and physically), deriding, etc., any failure might be experienced as a personal weakness, character flaw, source of shame, or personal deficit. Failure may lead to depression, anxiety, self-harm, isolation, or other unhealthy behavior. A fixed mindset dominates the interpretive structures.

The particular event which just occurred is neutral, though it is interpreted based on one’s SsoR, can be described by personally meaningful concepts and actual capacities involved, based on previous experiences. One person, who is physically an endomorph, was made fun of by his siblings and protected by parents who tried to assuage sadness by comforting with food. In another family the child was not treated thusly. Further incidents or comments based on physical weight and self-identity, self-image and self-evaluation will be experienced differently, with different emotions, imaginations, behaviors, thoughts, and neurophysiological reactions. These can be changed.

Considering the “Thou” dimension, if one’s parents frequently fought or one partner was a substance abuser contributing to physical violence in the family, the child would assume that this is ‘normal’ and likely to recreate this pattern when choosing a partner, or consciously choose to be

different. Alcoholic children are prone to experience and develop co-dependent behavior and may assume that physical abuse was somehow 'deserved' by them. Whereas in another case, the same parental dynamics contributed to the child's intentionally avoiding any such substances and potential partners who use them and may experience disdain or anxiety for anyone they care about who uses these substances even moderately. Similarly, a child growing up with a positive model of parent-parent interaction as a SoR may find it easier to create a healthy relationship for themselves and better able to choose a partner who also had a healthier background, and can resolve problems better when they inevitably arise.

Thinking about the "We" dimension, the parents-environment dynamic, it can be easily seen that the parents' interaction with others impacts the child's experience of others. Growing up in a multicultural city such as New York, in a neighborhood highly integrated with much daily interaction with different racial groups, provides different experiences than one growing up in the same city in an area with great social tension, fear and interracial fighting. One's parents may have been social activists intentionally nurturing interracial harmony and frequent interracial gatherings, and therefore when one encounters a person from a different social or ethnic group one experiences interest and not fear or anxiety. Contrarily, one growing up in a small rural area in China that is exclusively composed of a Uighur ethnic group of N.W. China that avoids interaction with those from the dominant Han ethnicity; if such a child goes to Beijing, for example, he/she may experience feelings of being unsafe, anxiety, and distrust.

Finally, the worldview that one was taught as a child, the "Origin-We", serves as an important SoR. One who was born in India and educated as a Hindu believing in reincarnation or transmigration of the soul depending on one's action in this life and one's past karma will likely experience death of a significant other and shape one's personal identity differently than one who was reared elsewhere in a different religious system premised upon a heaven and hell, or one without any faith who was taught that life comes to an end upon death. Both may weep and mourn, but the meaning of such experience of death may differ—as one believes in the continuation of personality beyond death in a future new life on earth, while another believes

personality continues in another world, or death terminates personality as well.

It can be seen how the SsoR we learn as children, the experiences we have based on these systems, and the diversity of human experience are important to consider as personal psychological realities. Zubiri's philosophical explication of a system of reference for knowledge and my application of it to the SoR of Positive Psychotherapy contributed by Peseschkian may enable us to see more clearly the significance of understanding how our psychological experiences and assumptions impacted our personality in the past, influence our present and unless changed, shape our future. In order to understand any observed phenomena or experience, we refer the phenomena encountered to some previously held SoR so as to better comprehend it.

Neuropsychological and neurophysiological studies indicate strongly that these implicit, unconscious patterns instantaneously activate brain regions and neurotransmitter systems, as well as emotional imagery and one's behavior. Indeed, they are forceful psychological SsoR shaping who we are.

3.4. Basic and actual capacities as SsoR

Peseschkian derived his view of human capacities from various psychological theories and Bahá'í religious thought. "There is hardly a book on psychotherapy, psychosomatic medicine, social psychology, psychiatry, or pedagogy which does not refer, implicitly or explicitly, and in one way or another, to the actual capacities" (Peseschkian 2000, p. 86). PPT makes a distinction between actual capacities and basic capacities, as mentioned. The basic capacities identified in PPT are the capacity to love and the capacity to know. These basic capacities are comprehensive categories underpinning primary and secondary capacities. They are concrete contents of psychosocial interactions as well as psychodynamic processes.

Primary and secondary capacities are the actual capacities; actual because they are actualized in daily life in myriad forms, and actually affect an individuals' life and personality. They are no mere abstractions, but dynamic interacting psychoneurological realities that often cause conflicts for and within people. The basic capacity of love is manifest in the primary capacities, referring to the fact that these are emotional and form the foundation to the secondary capacities;

the basic capacity to know manifests in secondary capacities. Suppressed, undeveloped, or one-sided development of these capacities cause challenges and difficulties in inter- and intrapersonal relationships. One learned through experience, e.g., that there is a specific time for eating, for sleeping, for playing, for relating with parents or siblings, etc. As an infant, one does not know that this (knowledge of the reality of time is secondary), one experiences it as primary needs — psycho-emotional, physiological or social, are either met or unmet in a timely manner, based upon one's own needs or upon those determined by others in one's environment. One's responses influence personality formation, development, and maintenance.

Peseschkian (2000) asserts that these actual capacities manifest as: social norms; family norms; patterns of behavior; value systems; conflict sources (internal and external); causes and triggers of illness; socialization variables; signs of group membership; masks of behavior; weapons and shields in relationships; expectations of others behaviors; personality attributes; justifications of behavior; capacities for development; criteria/standards of judgment; they also have flexibility-fixation and active-passive dimensions. These capacities actualize as potential sources of conflict between any two parties who value them differently. They also can be actualized as possibilities for one's psychosocial development. These capacities are given in Table 1.

Table 1

Actual capacities (based on Peseschkian, 2000)

PRIMARY CAPACITIES	SECONDARY CAPACITIES
Love/acceptance	Punctuality
Modeling	Cleanliness
Patience	Orderliness
Time	Obedience
Contact	Courtesy
Sexuality	Honesty/Candor
Trust	Faithfulness
Confidence	Justice
Hope	Diligence/Achievement
Faith	Thrift
Doubt	Reliability
Certitude	Precision
Unity	Conscientiousness

The name of this psychotherapeutic approach derives from Peseschkian's use of the Latin word *positum*, given by him as: factual, real, and 'given'. In any relationship what is given and factual are not

just conflicts, but possibilities that can be developed. The capacities and possibilities may need to be differentiated to be developed, however.

However, when I have looked to find a source for Peseschkian's defining *positum* as above, definitions supporting his usage have not been forthcoming. The etymology of this Latin term refers to "something that is posited or laid down". I admit there might be sources I don't know about and trust someone will illuminate me who does know that he derived his usage from. But it is true that not all facts are given and not all that is given are factual. The capacities are actualized in an individual's life through their personality and become important for the formations of their systems of reference for interaction.

These primary and secondary capacities become different SsoR for what is considered 'normal' or 'expected' behavior from self and others. Based upon what is known as obedience, e.g., one is observed as fulfilling or not fulfilling the standards of obedience, since one has a direction given in this SoR to look for it: "obedience is shown thusly." Taking two other capacities: one's standard of cleanliness just doesn't quite match that of another, which may exist as a function of orderliness; something isn't really clean unless it has a proper order, as tidy encapsulates clearly. Cleanliness must be done in a proper order as well: dusting before sweeping, sweeping before mopping, e.g. Hands must be washed before eating or after going to the bathroom, etc.

Other capacities serve as SsoR as well in our experience and judgment of what is acceptable and tolerable in our interactions with others and ourselves. One example may be valuable: Though one has learned that being punctual is very important and the consequences of being late unpleasant, as it was enforced through punishment, cleanliness is also highly valued and likewise imposed through strict discipline. One becomes compulsive about obedience and anxious over being clean. In a situation when something must be cleaned—because someone is coming over, or to avoid the anger of a parent or spouse—but taking the time in doing so may result in one being late for an important meeting, ambivalence or anxiety, stress or even a psychological malaise may develop. Obsessive-compulsive behaviors can also be attributed, in part, to such internal conflicts over mundane, daily needs.

By differentiating these actual capacities, individuals are able to comprehend how they

experienced these capacities as children and how their personalities were formed and influenced by these same capacities, how they affect them now, and thus how they can be developed into new possible ways of being and as SsoR, broadened. As Peseschkian discovered and researched, these capacities and the conflicts one experiences based on them, have profound psychological, psychosomatic, psychosocial and even cognitive repercussions. Scientific studies have confirmed their importance (e.g. Tritt, Loew, Meyer, Werner & Peseschkian 1999; Peseschkian 2009).

A person may anxiously avoid another, may harshly threaten another if their clothes or house are not 'just right', clean and tidy. Something may be clean and tidy even if it does not sparkle, smell like bleach, has a slight stain, or be in an exact spot, e.g., though someone may feel it must satisfy exact requirements. Thus, considering these capacities as well as modes of interaction, one becomes fastidious.

Remember, a system of reference (SoR) is an existing body of knowledge upon which one builds further knowledge; knowledge is not just intellectual but also cognitive-emotional and behavioral. A SoR is the first step in the method of intellectual knowing, a method, being "the mode or way of approaching things...the road which brings us to things" (Zubiri 1981, p. 15). One approaches real things: others, situations, objects, and events, based on different methods. There is a method, a way of being reliable, being courteous, orderly, punctual, or being patient, trusting, confident and hopeful that are unique to each individual, based on their past ways of emotionally knowing and experiencing reality. A person who is leery of a situation, and does not trust others, or feels unaccepted in such a setting, may approach cautiously or avoid approaching. These capacities give us a direction of what the apprehended real thing 'could be'. Recall that a SoR provides a direction for inquiry, a sketch of what something 'could be', based upon the representations provided by the SoR, and an experience.

Someone is seen on a street corner holding a hand out, holding a cup. Based on past knowledge, this is interpreted as a beggar; it could be a poor person begging for money. Another person, based on a different past, interprets this to be a monk begging for donations. The first has learned the importance of thrift and reliability and imagines the person to have been unreliable in handling money—"why else would they be begging now", is

contemplated. They experience sadness and/or anger at seeing what 'could be' a beggar. One wants to help, but feels conflicted based on their SsoR. The second knows it is common for monks to beg and out of courtesy and acceptance (love), gladly offers funds, knowing obedience to vows prohibits this monk from having any money for himself. This person experiences gladness and gratitude at an opportunity to be conscientious here.

I hope this suffices and provides a sketch that can be further developed to grasp how these capacities function as psycho-emotional SsoR for daily interactions depending on the unique structure of one's personality. I affirm that these are systems of reference valuable for psychological and psychotherapeutic knowing. PPT provides therapists and clients with specific therapeutic and psychoeducational tools for altering personality characteristics which are problematic and unhealthy, some deriving from a cognitive-behavioral approach, similar to a 'Dysfunctional Thought Form', or psychoanalysis and psychosomatics. As a cross-cultural approach, PPT uses stories from different cultures as a means of by-passing psychological defenses and encouraging a client to talk about something not directly, though implicitly related to his/her own life. Stories serve many functions in PPT and illuminating their SsoR regarding these capacities is one.

Another important contribution of PPT created by Peseschkian is not just a consideration of major traumatic events, but what he called microtrauma: the daily minor conflicts that arise in our interactions with others, in our inner conflicts over which capacity takes precedence, and which over the passage of time build up and can become highly caustic in relationships as well as within oneself. As an example: one values precision but a co-worker just doesn't quite meet the standard you have set. Their work satisfies the boss, but not you. It annoys you and though you have tried to 'educate' the person 'the right way to do it', he/she just doesn't care to satisfy your higher demands. You want to be polite, so kindly mention it only infrequently. Over time, this annoyance builds, angers you and may erupt and affect the relation with the co-worker or others. When any event, mostly neutral in reality itself, arouses our attention and stimulates us significantly enough to provoke a conflict or emotional reaction, the microtrauma-as-such, provides clues where one can develop and further differentiate the actual capacities. These little events happen so regularly that they need to be

acknowledged as real phenomena of psychological life and personality demanding explication.

The primary and secondary capacities, deriving from the basic capacities, are aspects of the 'in-depth' psychological functioning which we humans endure and maintain. We observe many behaviors and interpret others doings based on these SsoR and our own theory of mind. Let me now present and consider the SsoR based on the capacity of knowing to complete this article.

3.5. SsoR and the 'capacity to know'

Peseschkian (2000, p. 99) distinguishes four modes of this capacity to know, based upon his Baha'i religious affiliation and an Islamic-Baha'i epistemological framework. In PPT, this is diagrammed in Figure 2 and which I am terming cognitive SsoR to indicate that these are not just about 'knowing' in an intellective sense, but 'cognitive' as used currently referring to memory, attention, decision-making, problem solving and language use; they are also criteria or standards of judgment. Any of these styles of knowing can be developed one-sidedly and contribute to dogmatic assertions of correctness and evaluation, and are also dynamic interacting phenomena representing our personality. Of course, the possibility of using more than one mode remains open.

rise...to an affect or emotion; that is to say, the infant responds to it according to its emotional as well as physical effect on her” (2004, p. 56). This becomes one foundation of cognitive-emotional knowing. If one has learned, for example, that one’s body odor is bad and ‘unclean’ and contact has been rejected by others due to this, one may use antiperspirants, perfumes, colognes or other such products to prevent or cover the odor, may change clothing and shower frequently and feel uncomfortable, angry, or even anxious if this cannot happen. It is easy to see how one’s relation to and processing of information from the body becomes a critical SoR for personality and social interaction. A scent stimulates our nostrils, evokes a memory and/or physiological response that become a basis upon which we react to self and judge others. Different races have different body odors, quite natural and neutral in reality, though problematic if undifferentiated. Similarly, examples can be thought about for each sense modality within the complex of daily life experiences: “I just cannot sleep if there is the slightest noise around me and become quite irritated if there is not complete silence. If it’s not very quiet, I can’t even really concentrate when working. When I was a child, I had to creep around the house on my tiptoes so as to not wake my father who worked nights.”

When we consider the dimension of reason, it “functions as an active mediator between inner needs and motives and the physical and social environment. Through speech, it becomes the vehicle of interpersonal relationships” (Peseschkian 2000, pp. 102-3). Considered in a psychological sense, we use our reason to solve problems, test reality, judge situations we find ourselves in, and even determine what we desire to achieve. Based upon the apprehension of the same phenomena, people judge it differently depending upon experience, presuppositions, and motives, each contributing to the SoR reason provides. Through our reason we achieve understanding and control over facets of life. In some instances, reason becomes a useful measure and standard assisting psychological growth: “I know that someone with white skin isn’t inherently threatening, but when I was young my parents taught me to never trust someone white. Now, when I meet a European who is white, I notice discomfort initially, but have learned to override my initial response by applying logic.” Statements made by individuals reflect their reasoning, often colored by affective reaction. Daily decisions are made regarding who deserves our justice; with whom we spend our time; what sort of

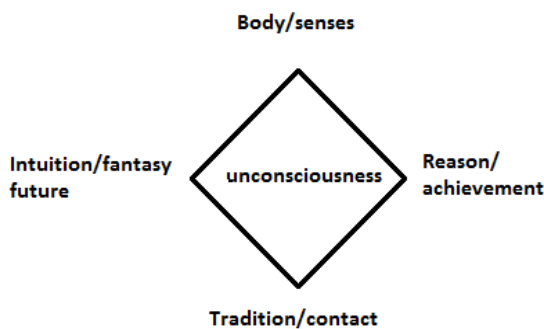


Figure 2. Cognitive systems of reference

As done previously, I will explicate this model dimension beginning at the top and proceeding clockwise. "Every human being first experiences himself and the world around him directly through his senses. He touches, he sees, he hears, he smells, he tastes, etc. Likewise, he has senses which transmit to him information about the condition of the body and of the individual organs" (Peseschkian 2000, p. 100). A newborn experiences the sensations and develops an emotional response to them. It is, I concur, as Greenspan and Shanker express in their book *The First Idea*: "each sensation, as it is registered by the child, also gives

behavior is or is not acceptable; when we go to sleep or arise; and with whom and when it is best to be honest or best to be polite, etc.

Traditions are powerful forces shaping personality, behavior, and cognition, regulating what one thinks and even what types of questions are acceptable to ask. We learn social traditions, communicated through education, stories, fairy tales, or myths, as well as family traditions which have been handed down, perhaps through generations. There are traditions regarding acceptably prepared and consumed food, physical markings, or adornment; what sort of job is approved or disregarded; with whom one can interact or marry; and even ancient traditions regarding the future. Some traditions inhibit development, "We've always done things this way and it's worked just fine. There's no need to change!" Others restrict social interaction, "The people in the neighboring village fought against our ancestors, therefore we never have had any dealing with them since. It is forbidden for you to go there." Traditions become fixed, perhaps stagnant and regressive to social advancement but can be relativized and contribute to development. A person may judge others through their traditional mores and decide what goals are worthy to pursue based on them as well. As a SoR, tradition has kept people separated due to different belief systems that were created to bring unity, shaped and twisted personalities, as well as hindered healthy personality formation.

This brings me to the final dimension, that of fantasy and future, also concerning intuition. One need only have read the works of mystics, poets, or philosophers such as the Sufi Ibn 'Arabi, Arthur Schopenhauer, William Blake, or Henri Bergson, to name a few, to grasp the power of this dimension as a SoR. Anything coming through imagination or intuition is regarded as correct and firmly adhered to in spite of reason or sense perception. Fantasies find an outlet through works of fiction, art, and dreams, among other means. Delusions or hallucinations are not uncommon, visionary experiences happen through the faculty of imagination, and their powerful influence and emotional impression are hard to disabuse in the one who experiences them. Though we rely upon our senses or reason, imagination accompanies what we apprehend: we apprehend a stick-like figure on the ground and the image of a snake arises automatically. One apprehends a person of a different colored skin or different speech and may

imagine all sorts of things depending on what was learned and experienced with another similar person. These imaginings could be positive: "First time I met an Indian, she was so nice and hospitable. Now when I see a person from India, her face comes to my imagination and I greet the stranger warmly, thinking of her."

Considered therapeutically, to understand these dynamic modes of the capacity to know helps one to be empathetic to how a person processes information and the strength of any mode as a SoR. While one mode may dominate, others can be enhanced through education, differentiation, and training. Dominant personality patterns form based upon one mode, but can be broadened. A wide range of psychological disorders can be understood and attributed to these modes of knowing, developing into unhealthy SsoR, and a few are shown in Figure 3.

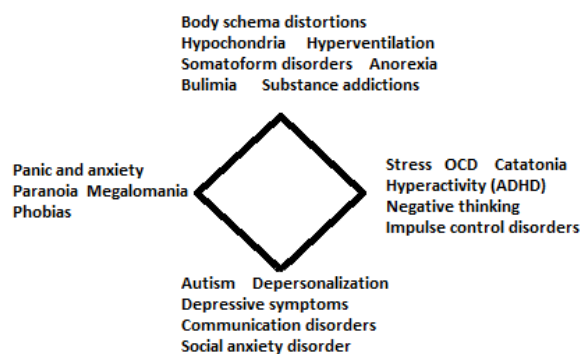


Figure 3. Four dimensions of symptoms

Conclusions

I have attempted to demonstrate and illuminate the importance of a system of reference using the philosophical system of Zubiri. His magnum opus, *Sentient Intellection* (1999) is a philosophical explication of intellection as an act of knowing reality. Our intellection is sentient, and our sensation is intellectual, he states. Through our senses and brain we actively construct our reality and interact emotionally with these realities, thereby becoming individuals with unique personalities. Zubiri avers that he has merely 'analyzed this structure, not erected concepts upon concepts, but analyzed the act of knowing. He provided a SoR that I have used here and in other works to reconsider some thoughts in psychology and psychotherapy.

Likewise, the SoR known as Positive and Transcultural Psychotherapy created by Peseschkian was presented in many countries in the 1980's and is well-established in Europe. He

provided a method of understanding psychological functioning, personality structure and psychodynamic processes grounded in daily life. The basic capacity of loving along with the basic capacity of knowing manifest in the actual capacities. These capacities are fundamental structures of psychological life; they are modes of learning and making sense of reality (self and other) as well as modes of approaching what we apprehend in reality. The more we comprehend the SsoR we have learned and experienced, the more they are differentiated and clarified, perhaps therapeutically if needed, the more possibilities we can develop for healthier psychological functioning. Learned passively, these capacities affect today and tomorrow, and can be changed to create different tomorrows.

Understood in a psychological sense, these SsoR function implicitly and largely unconsciously. They are beneficial to understand for all approaches to psychotherapeutic knowing, contribute to personality theory and need to be further explicated. I am merely drawing attention to them here. They are valuable for interdisciplinary and cross-cultural approaches to understanding personality differences and therapeutic metatheory.

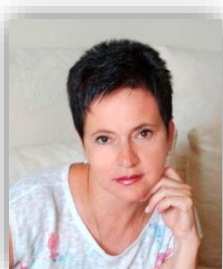
The conflicts of daily life, the macro- and microtrauma experienced can be changed only if we understand how we learned them. This is one thrust of PPT. Understanding is not just intellectual, it is also emotional and social, and based on the SsoR we have learned, many of which have served to divide rather than unite us—within our own psyche and collectively. As dynamic psychological realities, these capacities influence our interpretations of and responses to others and our own reality. Differentiating these capacities assists healthy psychosocial dynamics and cross-cultural understanding. Explicating these as systems of reference, as Peseschkian asserted, draws out a feature of his contribution that remains latent and offers a dynamic systems approach to psychotherapeutic discourse

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THE CONCEPTUAL FRAMEWORK OF INTERPERSONAL CONFLICT AS INTEGRATION OF 7C PLAYFULNESS AND POSITIVE PSYCHOTHERAPY

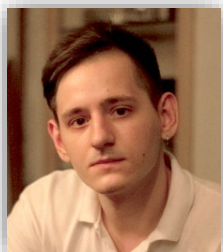


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Abstract

This article presents the conceptual framework of interpersonal conflict as an integration of the concept of 7C playfulness and positive psychotherapy. The conflict is based on M. Smith's three-component attitude structure. The interpersonal conflict as a dynamic process occurring between at least two interrelated parties (individuals and / or groups), is described by cognitions, which make up the sphere of controversy (cognitive component); emotions covered by three possible ways of processing the key conflict (emotional component); behavioral patterns of ludic positions in balance or in their polar manifestations (behavioral component).

Keywords: interpersonal conflict, 7C playfulness, ludic positions, positive psychotherapy, key conflict, attitude

Introduction

Philistines alone may believe that conflicts and problems exist to be resolved. Both of them have other tasks in everyday life and in one's life history, which they perform regardless of their own permission. Also, not a single conflict has ever existed in vain if time does not resolve it, but replaces it in form and content with another.

Georg Simmel (Simmel, 1968)

The phenomenon of social conflict has been a subject of research in social and humanitarian knowledge for over a hundred years starting with the works of the German philosopher and sociologist Georg Simmel (Simmel, 1968). It is his conclusions that formed the basis of this work «The Functions of Social Conflict» (Coser, 1956) of the German-American sociologist Lewis Alfred Coser, one of the founders of the conflict theories.

The traditional subject of the psychological study of conflict is its intrapersonal and interpersonal levels. The current interest in the theoretical and practical aspects of conflict is due to increasing tensions in various spheres of social life (Oi-Ling, Phillips, & Tat-Wing, 2004; Kittusamy & Buchholz, 2004; Raak & Raak, 2003; Jehn & Mannix, 2001; Hahn, 2000). A certain contradiction has emerged between the practical demands for effective conflict management and attempts to conceptualize it (Rahim, 2010; Wilmot & Hocker, 2007; Jehn & Bendersky, 2003; Simons and Peterson, 2000).

The purpose of the present article is to develop and present a conceptual framework of interpersonal conflict within the psychological and psychotherapeutic approach to comprehension and management of interpersonal conflicts, understood primarily as social situations but taking into account the «key conflict» construct.

Methodology

Based on theoretical and empirical studies of the scientists, whose subject of study is interpersonal conflict (Bao et al., 2016; Brule & Eckstein, 2019; Trötschel et al., 2021; Majer et al., 2021; Welch et al., 2022, Donohue & Cai, 2022); analysis of component scales of questionnaires

designed to study personal predisposition to conflict behavior and identify certain styles of conflict resolution (Thomas & Kilmann, 1974; Rahim, 1985; Straus et al., 1996.); the two-dimensional framework of interpersonal conflict of H. Barki and J. Hartwick (Barki & Hartwick, 2004); the concept of key conflict in the frame of method of positive psychotherapy (Peseschkian, 2016) and the concept of 7C playfulness (Gordiienko-Mytrofanova & Hohol, 2022), the structure of interpersonal conflict was built as a result of integration of the 7C playfulness concept and the method of positive psychotherapy.

In accordance with the objectives of the study the following theoretical methods were used in the work: theoretical and methodological analysis of scientific sources, generalization and synthesis of the data obtained from the analysis, their systematization, classification, conclusions and modeling; the experience of carrying out ludic competence training sessions on the basis of H.S. Skovoroda Kharkiv National Pedagogical University, at the Department of Psychology, since 2016.

The ludic competence training focuses on the development of effective interpersonal conflict management skills and is designed for one academic term. However, over the course of three years we carried it out for ten months in the frame of educational experiments. During this period, more than 350 people aged between 20 and 40 took part in the training. The training involved the use of educational video content (its author's title is «Filmography of Playfulness») which was created by both the facilitators of the training and the participants. It was aimed at recognizing the ludic positions. Literary and video content, the case study method, and effective feedback during the training process in the form of video interview made it possible to significantly expand the repertoire of each ludic position. More than 1,000 conflict «scenarios» were analyzed.

Results

3.1. Three aspects of conflict dynamics

Introduction. The proposed structure of interpersonal conflict is described by three aspects of conflict dynamics, by the three components:

cognitive, emotional and behavioral. These three components were first described by M. Brewster Smith in his three-component attitude structure: *a cognitive component* (awareness of the object of social attitude); *an affective component* (emotional evaluation of the object); *a behavioral component* (behavior towards the object). All the elements of the attitude structure are closely interconnected, and a change in one of them involves a change in the others (Smith, Bruner & White, 1956). These components traditionally describe the «I»-concept in the humanistic paradigm (Lodi-Smith & DeMarree, 2017).

7C Playfulness. Before moving on to describing the components of conflict mentioned above, it is important to outline the concept of 7C playfulness in some theses:

1) **playing** is creation of one reality within another (Sauta, Gordiienko-Mytrofanova & Hohol, 2021);

2) **playfulness** is a stable personal trait aimed at transforming the problem space of interpersonal interaction into a ludic one. This implies mobilization of the whole creative potential of an individual and allows one to perceive any difficult situation as a challenge rather than a threat (Gordiienko-Mytrofanova et al., 2022);

3) **ludic competence** is a system of inner resources to which an individual turns in the context of problematic interpersonal interaction in order to find the best balance point between his or her individuality and the external conditions of the social environment on the basis of positive emotions of interest and / or satisfaction, often in their affective expression accompanied by tension or excitement (Gordiienko-Mytrofanova & Hohol, 2022);

4) **four types of playfulness** (Sauta, Gordiienko-Mytrofanova & Hohol, 2021);

5) **7C playfulness** is represented by conjunction of its two essential attributes:

- seven self-motivated abilities, which form the basis of ludic positions of conflict management in interpersonal interaction: sensitivity – «Empath»; humour – «Real Humorist»; lightness – «Equilibrant»; imagination – «Sculptor»; flirting – «Diplomat»; impishness – «Frolicsome Fellow»; fugitiveness – «Holy Fool»; first four components (and the corresponding ludic positions) represent *transformation resources*, while the last three form *the ludic space of solutions*;
- the transformation of the problem space into the ludic space is carried out in balance within one of the three ludic positions: «Diplomat», «Frolicsome Fellow», «Holy Fool» (Kobzieva, Gordiienko-Mytrofanova, Udovenko & Sauta, 2020).

The main participants or actors in the problem space (conflict) are the direct opposing parties: the *Player* and the *Other*, where the *Player* is the person who manages the interpersonal conflict / solves the problem by means of 7C playfulness and the *Other* is the *Player's* opponent who can be represented by one or several individuals. Further in the text, the *Player* and the *Other* are written in capital letters.

The cognitive component (cognitions) of the conflict / problem is described by **the problem space (PS)**, fig. 1. The content of the problem space consists of: values, attitudes, beliefs, needs, etc., as well as cultural / racial / national / religious / professional / age / gender / sex and other differences between the parties of the conflict / problem. And the greater the divergence between the expected and the observed, the higher the conflict stress and the more tangibly it is experienced by the parties of the conflict.

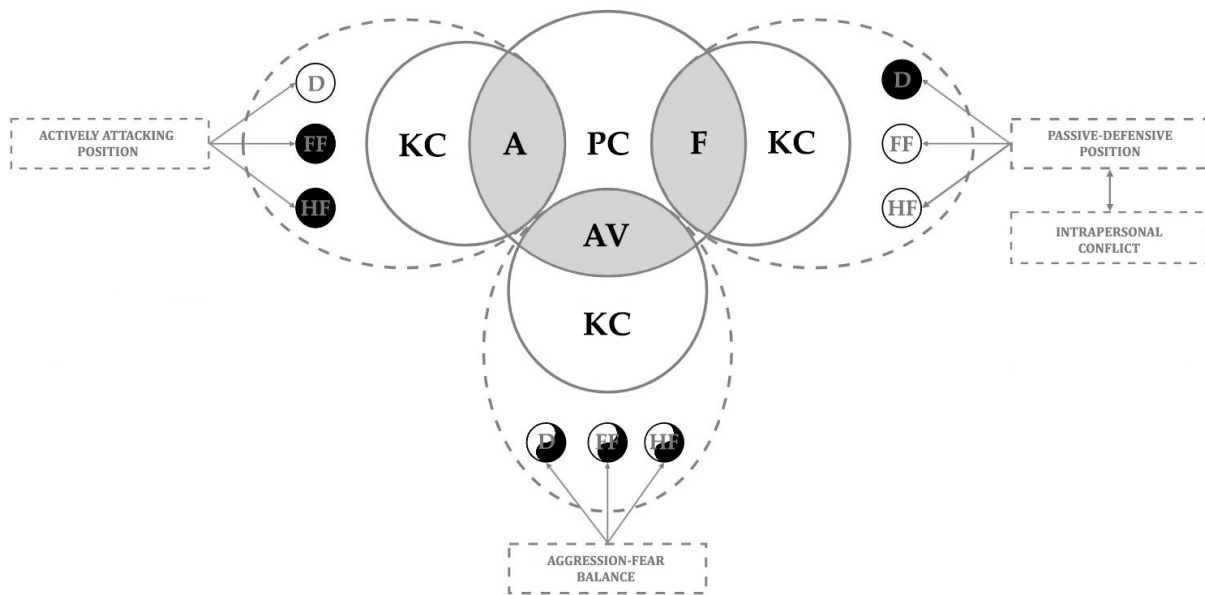


Figure 1. The structure of interpersonal conflict of integration of the 7C playfulness concept and the method of positive psychotherapy

1 conventions:

blem space.

' conflict.


ession.


equale verbalization.


: position Diplomat.

c position Frolicsome fellow.

ic position Holy Fool

d.  ation of balance of ludic position.

de.  ation of deficit of ludic position.

at.  of redundancy of ludic position.

The emotional component (emotions) of the conflict / problem is described by **the key conflict**. In the method of positive psychotherapy, the key point «excessive politeness (courtesy) – excessive directness (sincerity)» is the most vulnerable place for the following pattern of symptom / problem emergence: the reactions of excessive politeness / courtesy in the endocrine and mediator mechanisms of the central nervous system correspond to the reaction of fear; the reactions of excessive directness / sincerity in the central nervous system correspond to aggression (Peseschkian, 2016: 34). More details about the content of the core conflict and the three possible patterns of its processing can be found in our works (Sauta, Gordiienko-Mytrofanova & Hohol, 2021).

The key conflict is a conflict of conflicts. It is also **a perceived internal conflict** between the need to express one's own interests (directness / sincerity) and thereby remain in contact with oneself (congruence) and the need not to take the risk of

other people's attitude and due to it remain in contact with them (politeness / courtesy).

Thus, the basis for communication within interpersonal relationships is politeness and sincerity. The actual ability of «sincerity» in social relations is understood as openness and directness. It is important to say what we think to be right, but to say it in a way that does not offend your partner. N. Peseschkian notes: «It is also important to remember, that the degree of sincerity is not the same in all spheres of life». The actual ability of «politeness» is understood as the ability to build interpersonal relations. The form of its manifestation is behavior that observes socially accepted rules of behavior, such as tactfulness, respect for the partner and oneself, modesty (Peseschkian, N. & Peseschkian, H., 2013: 141-145).

According to M. Goncharov, the key conflict arises whenever there is a perceived choice tension: to say about a significant contradiction of interests or to hide it (Goncharov, 2015: 54).

Since interpersonal conflict is an *expressed struggle between at least two interdependent parties*, effective conflict management requires participation of another party: either another person or another need of this person. To do this, the content of the conflict must be perceived and

verbalized, which gives a chance for adequate perception of the conflict by the other party.

Therefore, we can identify three possible patterns of processing the key conflict (Goncharov, 2015: 52), fig. 2.

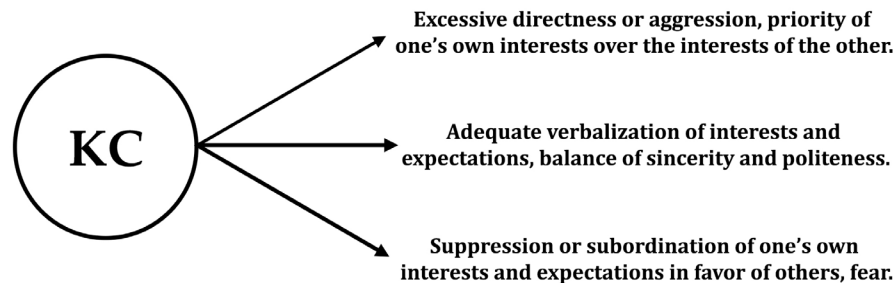


Figure 2. Three possible patterns of processing the key conflict (Goncharov, 2015: 52)

Here we only think it is important to draw attention to two points. The first has to do with so-called ethical emotions which regulate behaviour in conflict.

Referring to Aristotle's doctrine of virtues and the golden mean doctrine (Aristotel, 1983), we can conceive of the balance of «excessive directness» – «excessive politeness» as the optimally developed abilities between two poles (fig. 3)



Figure 3. Polar forms of «sincerity» / «politeness»

At one pole of politeness there are *lies* (fear), i.e. excessive politeness: on the straight line from *politeness* to *lies* hypocrisy, pretense, servility, inability to say «no», guilt, fear, etc. are «located».

At the other pole of *politeness* there is *rudeness* (aggression), i.e. deficit of politeness: on the straight line from *politeness* to *rudeness* there are selfishness, ambition, arrogance, tactlessness, incivility, vulgarity, impudence, insolence, loutishness, cynicism, aggression, etc.

The golden mean of *politeness* is the manifestation of such primary actual abilities as love

/acceptance of oneself and the other, and self-confidence in their various externalizations: culture, respect for the other, good manners, delicacy, friendliness, tactfulness, etc. (Gordienko-Mytrofanova & Hohol, 2022).

The second point has to do with the spectrum of emotions. According to the conflict structure which we propose, the emotional spectrum is quite broad (Fig. 3), in contrast to the conflict structure described by H. Barki and J. Hartwick, where the emotional component is described exclusively by negative emotions such as «fear, jealousy, anger, anxiety, and

frustration, that have been used to characterize interpersonal conflict» (Barki & Hartwick, 2004: 5-6).

Among the emotions that characterize interpersonal conflict, interest and satisfaction play an important role in our concept.

N. Peseschkian's structure of key conflict – three possible patterns of working with key conflict - allows us to distribute the full range of emotions experienced in interpersonal conflict into three large groups.

The behavioral component (behavior) of the conflict / problem is described by the behavioral patterns of one of the three ludic positions – **Diplomat, Frolicsome Fellow, Holy Fool**, which correspond to such components – self-motivated abilities of playfulness / ludic competence as flirting, impishness, fugitivity (Sauta, Gordienko-Mytrofanova & Hohol, 2021).

Now we come to the need to give a brief description of the ludic positions in the frame of interpersonal conflict management. The first of these, is Diplomat.

Diplomat. The «Diplomat» ludic position is the ability of the *Player* to direct the attention of the *Other* through the techniques of **making a good impression in order to establish and maintain a relationship based on a sense of emotional connection**; to «move» the *Other* in the desired direction.

The «Diplomat» ludic position reflects exclusively the playfulness of an adult, the Adult state (mature personality) in E. Berne's terminology. It in general implies a proficiency in verbal and non-verbal means of communication, freedom and creative spontaneity in complex situations and, in particular, developed skills of adaptability and self-regulation. The latter allow the *Player* to estimate a situation quickly, avoid frustration and tension of the *Other* and not to be afraid to take non-standard decisions – «to play with the situation». But «playing with the situation» always means maintaining a directness (aggression) – courtesy (fear) balance, which is expressed by the *Player* in adequate verbalization of his emotions, interests and expectations.

Frolicsome Fellow. The «Frolicsome Fellow» ludic position is the ability of the *Player* to control the attention of the *Other* by purposefully **creating situations of «self-testing»** when interacting with the *Other* as a subject of tricks, for getting **peaking experiences**, for example, when dealing with the theme of inhibitions.

Within the concept of playfulness that we are developing, situations of «self-testing» are

understood rather narrowly. These are often situations with extreme conditions which demand self-overcoming when dealing with the theme of inhibitions (taboos) in social interaction.

In the situations of «self-testing» the *Player* interacts with the *Other* «on slippery ground» – on the edge of what is permissible and thus on the edge of directness (aggression) – courtesy (fear) balance towards the involving risk of aggression: «How far can I go to understand what I can and cannot do in relation to the *Other*?». Adults associate such forms of childish behavior as tricks and self-testing with childhood experience of the mischievous, frolicsome child (Fomintseva, 2001). That is why it is so common for the *Player* to fake his style of behavior imitating a child (Gordienko-Mytrofanova, Kobzieva & Sauta, 2019).

We understand taboos (taboo themes) as violation of laws / rules / regulations and/or agreements accepted in a particular large / small social group, e.g. society / social institution / subculture, etc.

Violation of rules can be characterized by extreme conditions, which are defined as a sudden threatening situation or a situation that an individual subjectively perceive as threatening to his / her life, health, personal integrity and well-being or those to the people who are significant for him / her.

Holy Fool. The «Holy Fool» ludic position is the ability of the *Player* to *manipulate the attention of the Other* due to «deliberate effort to appear stupid or insane» which is reflexed by the *Player* himself and observed by the *Other*, in order to enhance the sense of identity.

By «deliberate effort to appear stupid or insane» we mean: 1) the simulation of a mental disorder or altered states of consciousness; 2) a state with reduced or absent reactions to the surrounding world, sleeping, unconsciousness, death; 3) use of allegory as a means of structuring social relations often in an eccentric, flamboyant form.

It is necessary to make clear some points. According to the typology of L. I. Spivak and D. L. Spivak, altered states of consciousness include the following: *artificially induced states*: coursed by psychoactive substances or procedures; *conditioned by psychotechnics*: religious rites, Schultz autogenic training, lucid dreaming, hypnotic trance, meditative states; *spontaneously occurring under normal conditions*, such as significant tension, listening to music, playing sports, etc. or *in unusual but natural circumstances*, e.g. normal childbirth, or in *unusual and extreme conditions*, e.g. peak experiences in

sport, near death experiences of various etiologies (Spivak & Spivak, 1996).

In social interaction, allegories are seen as a means of understanding the *Other* and a means of structuring social relations. In the context of self-understanding, allegories are seen as a means of self-definition, that is, the verbal designation of oneself, one's place in society, one's personality, as well as the objectification of one's psychological experience. Due to allegories, the psychological experience of one individual becomes understandable to others (Trunov, 2000: 16).

Allegories of the «Holy Fool» are biased and deliberate, which makes his behavior excessively incongruous. For the *Other*, the behavior of the «Holy Fool» is seen to be aimed at doing harm to the other, whereas the true intention of the «Holy Fool» is to do good to the Other (Lihakhev, Panchenko & Ponyrko, 1984; Klibanov, 1992).

By strengthening the sense of identity, we mean the ability of the *Player* to keep a balance of two realities in problematic situations involving strong pressure from the external environment: the reality of the «Self» (individual identity) and the reality of the environment. For the «Holy Fool», strengthening the sense of identity may manifest itself, among other things, in communicating his values to the *Other* by means of allegory. That is an *allegorical madness*, so to speak.

The simulation of the other «Self» as «taking possession» of a new identity (a fool / insane / a person in an altered state of consciousness) determines the genre specificity of the «Holy Fool» ludic position: on the one hand, variability of its cognitive, affective, behavioral manifestations (in general) and verbal and non-verbal characteristics (in particular), and on the other hand, the stereotyped behavior in the form of reproducing the «symptoms» of the simulated states (stupidity / madness / altered states of consciousness) (Gordiienko-Mytrofanova & Sauta, 2021).

The «Diplomat» ludic position corresponding to the *flirting* component is the basic one. The Diplomat, who starts to deal with taboo themes, shifts to the «Frolicsome Fellow» ludic position (corresponding to the *impishness* component). The Frolicsome Fellow, who «deliberately tries to appear foolish or insane», shifts to the «Holy Fool» ludic position (corresponding to the *fugitivity* component).

Adequate verbalization of one's own feelings / emotions / states / interests / expectations is manifested in maintaining the *aggression – fear* balance, that is, the balance of “*sincerity*” (*excessive directness*) and “*politeness*” (*excessive courtesy*), as

optimally developed abilities between the two poles. Adequate verbalization is embodied in the behavioral pattern of one of the three game positions – **Diplomat, Frolicsome Fellow, Holy Fool**, which are manifested in the balance of abilities that correspond to them – flirting, impishness, fugitivity. Thus, adequate verbalization provides for *effective conflict management*.

It is important to note that adequate verbalisation involves using both the verbal and non-verbal means of communication.

Aggression (A), sincerity (excessive directness), exacerbates the conflict by demonstrating *the priority of one's own interests over the interests of the other*. Aggression is embodied in the polar manifestations of ludic positions: **Diplomat** in deficit, and **Frolicsome fellow** and **Holy Fool** in redundancy. Thus, aggression implies an *actively-attacking position* towards the opponent.

Fear (C), politeness (excessive courtesy), is manifested in *suppression and subordination of one's interests and expectations in favor of others*. Fear is also embodied in the polar manifestations of ludic positions: **Diplomat** in excess, and **Frolicsome fellow** and **Holy Fool** in deficit. Fear implies a *passive-defensive position*. In addition, excessive courtesy consciously suppresses aggression and thus creates internal tension, which leads to formation of **intrapersonal conflict**.

This year we carried out game competence training sessions in the frame of the Game Psychological Techniques course (for four months, 156 hours, twice a week in two groups of 20 people each) at H. S. Skovoroda Kharkiv National Pedagogical University in the Department of Psychology. We tried to relate the patterns of working with the key conflict to five conflict behavior styles according to the conflict management model of Kenneth W. Thomas and Ralph H. Kilmann.

The TKI (Thomas-Kilmann Instrument) was developed to help people deal more effectively with conflict situations, and was based on 40 years of the authors' research (Kilmann, 2014).

When developing the questionnaire, the authors kept up to the idea that people should not seek to avoid conflict at all costs, but on the contrary, they should competently manage it.

The TKI (Thomas-Kilmann Instrument) identifies five different styles of conflict: *Competing* (assertive, uncooperative), *Avoiding* (unassertive, uncooperative), *Accommodating* (unassertive, cooperative), *Collaborating* (assertive, cooperative), and *Compromising* (intermediate assertiveness and cooperativeness).

The TKI assesses a person's behavior style in conflict. This questionnaire shows a typical reaction of a person to a conflict, its effectiveness and expediency, as well as providing information about other possible ways of dealing with a conflict situation.

However, we saw that this model is not acceptable within our concept. As was mentioned above, the main tool for developing playfulness / ludic competence is use of educational literary and video content and the case study method. More than 300 conflict situations («stories») were analyzed in the frame of this training. Based on the results of the analysis, our working group came to the conclusion that each behavioral pattern we identified in conflict situations («Diplomat», «Frolicsome fellow», «Holy Fool») as well as the patterns of working with a key conflict («Aggression», «Fear», «Aggression-Fear Balance») could relate to each of the five styles.

It should be noted that, to complete the characteristics of the behavioral component of interpersonal conflict, effective management of interpersonal conflict involves keeping up to:

1. Aristotle's golden mean doctrine (i.e. to be and act «in balance, not at poles») (Аристотель, 1983: 81);
2. Principles of active listening by K. Rogers (Rogers, Farson & University of Chicago, 1957);
3. The model of «self-propositions» (self-messages) by T. Gordon (Fromm & Gordon, 1997: 73-78);
4. The concept of Ego States by E. Berne (i.e., reflexive control of both one's own and the opponent's Ego States) (Berne, 1964);
5. The «stroking» techniques by E. Berne (Berne, 1964).

From our point of view, the mentioned above strategies cover in particular those formulated by a team of Chinese scholars – Yingshan Bao, Fangwei Zhu, Yue Hu, Ning Cui – in the work «The Research of Interpersonal Conflict and Solution Strategies» (Bao et al., 2016).

A more detailed description of these strategies is the topic of our next publication.

Summarizing the description of the structure of interpersonal conflict we just have to note here that it is Aristotle's golden mean doctrine that describes the behavior strategies in conflict as well as emotions experienced in conflict (Fig. 3), not separately but as components of the behavioral / emotional continuums. This removes the issue of a so-called «point» manifestation of the balance and poles of both behavioral acts and emotions.

Conclusions

Thus, the described structure of interpersonal conflict which is based on M. Smith's three-component attitude structure, is an integration of the concept of 7C playfulness and the method of positive psychotherapy.

The interpersonal conflict is a dynamic process that takes place between at least two interdependent parties (individuals and / or groups); it is described by:

1) *cognitions*, i.e., the problem space or otherwise the sphere of disagreement. At this stage of our research, an algorithm for detailed descriptions of cognitions is being developed;

2) *emotions*, which are covered by three possible options for processing the key conflict (excessive directness / sincerity (aggression), excessive courtesy / politeness (fear), aggression-fear balance). The three possible patterns of working with the key conflict allow the whole «emotional palette» to be grouped into three large clusters: «Aggression», «Fear», «Adequate verbalisation»;

3) *behavioral patterns of ludic positions* (*Diplomat / Frolicsome Fellow / Holy Fool*), in their polar manifestations or balance. The positions described in the article made it also possible to distribute all possible behavior strategies in conflict into three large groups – «Diplomat», «Frolicsome Fellow», «Holy Fool» and to obtain nine behavioral patterns (each ludic position in its balance and polar manifestations).

A distinctive feature of the presented conflict structure is also the actualization of the emotional / behavioral continuum, which allows us to consider emotions / behavior not separately but as components of a continuum.

The greater the divergence between what the conflict participants expect and what they observe, the higher the likelihood of conflict escalation is (the conflict stress is higher).

Of course, the proposed structure of the conflict implies, firstly, the differentiation of cognitions, i.e., the problem space of disagreement: it concerns motives, needs, attitudes, values, interests, opinions, goals, etc.

Secondly, it implies the differentiation of affective states that are «involved» in the key conflict: it is manifestation of aggression – selfishness, ambition, arrogance, impudence, vulgarity, pushiness, insolence, rudeness, cynicism, anger, jealousy, etc. or fear – hypocrisy, pretense, servility, inability to say: «no», guilt, anxiety, etc.

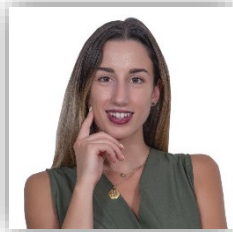
Finally, it implies the differentiation of various forms of embodiment of behavioral patterns of the three ludic positions.

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APPROACHES TO CONFLICT IN THE 5* HOSPITALITY INDUSTRY IN GREECE THROUGH A POSITIVE PSYCHOTHERAPY PERSPECTIVE



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Abstract

The purpose of the current study was to understand the nature of the conflict reactions that employees of 5* Greek hotels that belong to the higher management levels tend to present. The research aimed to find out if there is any connection between special primary and secondary capacities described in PPT and conflict reactions in people who have higher management roles.

Keywords: positive psychotherapy, conflicts, hospitality

Introduction

Conflict is defined as a difficulty of one individual or more to decide upon a particular process or option and the resulting disturbance of the decision making which that can cause (Can, 2005). Wherever there is the human factor, conflict may arise and thus organizational conflict is also a spectrum of conflict equally researched in recent years. Organizational conflict is defined as a dispute between two or more co-workers or groups who are requested to functionally work in co-dependent positions that may however differ in status, management level, value, or perception (Nicotera & Dorsey, 2006). Conflicts as a natural and inevitable aspect of human interaction may

cause functional or dysfunctional consequences according to the way they are managed. Cupach and Canary (1995) reported that those who are capable of allocating and dealing with conflict through effective communication techniques will experience productive and positive results. Conflict management and conflict resolution ought to be seen as highly important characteristics which an employee is to bring to his/hers working environment and one that can potentially lead to increased work well – being.

Robbins (1987) stated that, on its own, conflict does not have negative meaning. It is, however, the way that it is settled or nurtured within an organization that may have significant negative consequences. Hence, it is only logical to expect pervasive effects to come from the different

conflict management styles in the organizations, that may lead the employees to an ongoing conflict experience.

To what degree, though, is this conflict affected by different factors? According to research, conflict levels are affected by the amount of stressful situations in the organization (Friedman, Curall & Tsai, 2000). This is also seen to work vice versa, where conflict levels affect the amount of stress in employees. Moreover, it has been presented that people with different dispositions are seen to create different social environments for themselves, when at work (Friedman, Curall & Tsai, 2000). Thus, it can be hypothesized that persons with different reactions to conflict, higher levels of stress or anxiety, or lower resilience and patience could also affect conflict, either increasing or decreasing it. A person's situation then will not only depend on external conditions but also on internal approaches towards his/her own problems or other people.

1.1. PPT and conflicts

Positive Psychotherapy (PPT) according to Peseschkian integrates humanistic, psychodynamic and cognitive – behavioral factors into a framework of inner capacities in individuals that may unfold a lifetime process of differentiation (Peseschkian, 1977). The approach takes into consideration not only the correct diagnosis of the symptoms but also the strengths of the patient and his/her inner, underdeveloped resources. It emphasizes activating these personal resources, supporting the individual in the process, and elaborating on his/her fantasies. It is an evidence and theory-based model with clinical applications, that has been operating among psychotherapists and medical doctors for decades (Dobiala & Winkler, 2016).

PPT is also characterized as conflict-centered. It emphasizes what is being “given” to the patient and works on that in order to overdevelop the right capacities for dealing with the conflicts of life (Cope, 2013). There are times when these capacities can become a source of the inner conflicts, as they receive different values or emphasis due to different cultures, time periods or even personality traits (Peseschkian, 2000). These conflicts are seen as microtraumas, daily infractions that are causing distress. They are also seen as value judgments based on concepts that are formed within everyone regarding our capacities (Kennedy et al., 2012).

It can be evident that the conflicts arise partly from the individual's values learned inside the family system and hence may originate from these capacities learned inside this system. The difference between PPT and other psychotherapeutic approaches is that PPT will not focus on the symptom but, instead, will aid to broaden the client's concept regarding these values, establish newly gained counter-concepts about them, and present to the client the past where he learned all of these reactions (Cope, 2013). The notion here is for the patient to understand how these patterns are affecting him/her in the present and to become his own creator in consciously working ahead to change any future reactions. It is an opportunity to comprehend that the symptoms may not be generalized and connect the incidents of the past with the repetitive patterns and behaviors of the future, to relieve the client.

There are numerous cases in which PPT has been utilized to provide further help and understanding. Cases of group therapy and family therapy have been explored for internal conflict situations, as well as child and adolescent situations. There is established research in medical environments where PPT has been proven helpful to the trainers, practitioners and doctors in establishing a psychosomatic method. Evidence also supports the efficacy of PPT in providing information and training in schools for vice – principals, school psychotherapists and teachers, speech therapists and groups of parents. PPT has also been used in organisational environments and management trainings, individual and group coaching and mentoring, ‘stress surfing’ (Kirillov, 2013) as well as in developing management techniques for operational and managing directors.

1.2. WIPPF

Peseschkian has presented some well-tested inventories for understanding the internal conflicts and conflict contents of the individuals. One of them is the WIPPF, Wiesbaden Inventory for Positive Psychotherapy and Family Therapy, which is an 88-question inventory that make sense and establishes the meaning of these capacities, while also providing information about conflict resolution, family relations as well as the active-passive dimension to capacities (Cope, 2013). WIPPF's main function is the examination of the individual's characterological and personal

characteristics (primary and secondary abilities), where the conflict reacts inside the client, based on the Balance Model and the four areas, while also presenting the psychodynamics that are underlying every personality concept and trait (Serdiuk & Otenko, 2021).

WIPPF is formed by 27 inventory scales. They all assess the significance of the personal characteristics of the individual in the three basic areas: the actual capabilities that are primary in relation to themselves and secondary to their behaviour, the conflict reaction in the four areas of the balance model as described above and the perceived parameters of the model of relations. For the purpose of the present study, not all of the items of the questionnaire will be used.

The inventory has been used mainly in psychotherapy and has been focused on clients who need to create a higher self-assessment and start negotiating their internal sources and conflicted models (Serdiuk & Otenko, 2021). There is no research testing the inventory in an organisation to aid the employees to acquire business knowledge and improve their in-between relationships.

Methodology

2.1. Objective

The study will use quantitative methods to explore the research question. Personality traits will be investigated in order to evaluate their role in creating competition or avoidance within the organizations and working environments.

2.2. Research Question

The research question for the present study has been denoted as: "What is the level of conflict created in employees at the higher level of management in the hospitality industry in Greece, based on personality traits?"

For the purpose of the study and for running the data in order to determine the findings, some research sub-question are to be taken into consideration, as: "Will personality traits and standard reactions to conflict play a crucial role in dealing with conflict situations?"

2.3. Participants

30 participants were collected for the purpose of the study. The participants are employees at the higher-management level from a variety of 5* hotels in Greece. As the data were collected during summer 2022, which is the high season for hotels in Greece and employees tend to work increased hours (6/7 days a week, approximately 10 hours

per day) it was difficult to gain more participation as the individuals were not willing to take part. The participants were from hotels in Corfu, Santorini, Crete, Mitilini, Athens and Thessaloniki.

The researcher contacted the HR Manager of each of the above Hotels in order to firstly gain their permission. Then, either the HR Manager or the researcher would contact the participants individually, in order to explain some information regarding the research and why their participation is important. The respondents were informed that the data to be collected would be used only for the purposes of the current study and that their data will be maintained confidentially. Once they were informed of the confidentiality and ethical issues, they were given the self-administered questionnaires to fill in, which were transferred into a Google Form for their convenience.

The mean age of the participants was 29.20 years, while the majority of them was between 30 to 35 years of age. The employees were 43.3% male and 56.6% female. Exactly half of them have a University degree (50%), while only a percentage of 26.6% have a Masters degree.

2.4. Instrument development

The study's hypothesis is that there will be correlations between conflict and social norms or personality traits. The study used two different questionnaires: a) for personality traits, capacities and reactions to conflict: the WIPPF Questionnaire and b) for conflict resolution: the Conflict Resolution Questionnaire (CRQ).

The research consisted of three parts. The first part had questions regarding the agreement to participate and information about the research, also ethics. Gender, age and education level were also gathered as information on this first part.

Section 2 contained the WIPPF questions (Remmers, 1996) that presented the levels of primary and secondary capabilities, also conflict reactions in the areas of the body, achievement, contact and future / fantasy which the participants observe in themselves.

Section 3 consisted of the Conflict Resolution Questionnaire (McClellan, 1997a). The CRQ was developed by a higher education provider in the United States and can offer some greater insight to individuals regarding their self-awareness of conflict, while also giving the participants a better understanding of how to solve existing or potential conflict situations in their daily lives. Here the participants were asked to rate themselves regarding how they respond in different conflict situations.

Results

For the purpose of the study, age, gender, education level, secondary and primary capacities, reaction to conflict have been selected to be the independent variables and conflict resolution to be the dependent variable. Statistical analysis was conducted with SPSS version 28.0. Statistical Package for the Social Sciences was employed for testing the respondents' demographic characteristics, descriptive statistics, reliability analysis, correlation analysis, and regression analysis.

For the purpose of the study, multiple regression analysis and a simple regression analysis was used to examine the data. Multiple regression was used as it aided conducting the analysis between our dependent variable and our several independent variables. Hence, the researcher could predict the value of the single dependent variable and how each predictor is weighed (Moore et al., 2006).

3.1. Normality check

First, a normality check was performed for the two variables of interest: competition and avoidance, along with all the other measurements of orderliness, cleanliness, punctuality, politeness, honesty, achievement, seriousness, reliability, thrift, obedience, justice, fidelity, patience, time, contact, trust, hope, tenderness, love acceptance, faith, body senses, work achievement, contact conflict and future fantasy and demographics: age and years of formal schooling. Based on the criterion Shapiro-Wilk and the normal plots, all aforementioned variables are normally distributed except for years of formal schooling, conflicts in the contact area and body senses area.

3.2. Initial correlation analysis

Correlation analysis using parametric statistical test Pearson r revealed no significant correlation patterns between demographics (age and years of formal schooling) and the two variables of interest: competition and avoidance.

Additional correlation analyses between avoiding and further measurements of conflicts in the areas of body senses, work achievement, contact, future fantasy, and patience, time, contact, trust, hope, tenderness, sexuality, love acceptance, faith, meaning of life, orderliness, cleanliness, punctuality, politeness, honesty, achievement, thrift, obedience, justice and fidelity failed to reach significance, with a small negative

correlation with seriousness – reliability [$r(30) = -.363$, $p = .035$], while equivalent correlations with competition revealed only a significant small negative correlation with justice [$r(30) = -.376$, $p = .040$].

3.3. Regression models

Finally, two distinct regression models were conducted. In the first multiple regression model competition was entered as the variable of interest and justice as predictors. The selection of this factor was based on the fact that its measurement revealed significant correlations with competition. The model predicting competition from justice was significant [$F(2,29) = 6.575$, $p = .005$]. Within this model justice ($\beta = -.337$, $t = -2.127$, $p = .043$) was significantly associated with reduced competition values. The total model explained 27.8% of variance (adjusted $R^2 = .278$) (see table 1).

Table 1
Multiple regression with competing as the criterion and trait anxiety and justice as predictors

Predictors	B	SE B	B
justice	-	.179	-
	.381		.337*

$R^2 = .328$, adjusted $R^2 = .278$

** $p < .01$, * $p < .05$

Conclusions

The purpose of the present study was to examine the conflict reactions of employees at the higher level of management in the hospitality industry in regards to factors such as the age, gender and education. Personality traits were examined through the method of Positive Psychotherapy using the WIPPF questionnaire, which gave the researcher the opportunity to observe the primary and secondary capabilities along with the conflict reactions and check for correlations.

The study contributed to the generally under-researched area of the hotel industry and conflict management aspects among Heads of Departments (HODs). It provided a greater insight into potential factors that create organizational conflict situations. According to the literature review, there is no previous research that has investigated this hospitality environment, and there is also a gap into looking at this subject from the perspective of positive psychotherapy. This research provided an opportunity to observe a great area of PPT, the conflict reactions, and granted insight into the two conflict management

styles discussed above – avoidance and competition – and where they are related in terms of the personality traits and stress factors.

The results of the WIPPF scale presented results of medium significance in response to the personality traits of the participants. The two conflict styles were both correlated with one personality capability. First, **avoidance was correlated with seriousness – reliability**, which was seen as belonging to the secondary capabilities of the participants. This relation is of significance for our research, as it provides an input to distinct personality traits of highly avoidant individuals when in conflict situations. Considering the meaning of the trait, it is seen that in conflict situations, participants who tend to follow an avoidance style are often seen to have higher levels of seriousness and reliability. These results could have a positive interpretation if they are to be elaborated according to the statement that individuals who present increased stress because of work are often seen to avoid it, in order to find the right balance in the work. Hence, seriousness and reliability are key capabilities that help the individual to judge the situation and decide on its desired outcome (Averti et al., 2004). According to the WIPPF questionnaire and based on the concepts of conflict reaction that are seen in Positive Psychotherapy, it is estimated that seriousness is a trait and capability of individuals that promotes autonomy and self-determination (Serdiuk & Otenko, 2021).

The competition style in conflict situations was significantly correlated with justice, which also belongs to the secondary capabilities of the WIPPF questionnaire. According to Serdiuk and Otenko (2021) justice promotes personal growth but may also make contributions to autonomy and self – determination, in the same way as seriousness and reliability can. That means that justice is a moderator and if it is in place, it can possibly affect the conflict reactions, and regulate the level of either the competition or avoidance which an individual will present.

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Study limitations

The current study presented some important limitations regarding the sample size, the age rankings (generations), the self – conducted reports, implications due to the summer season in Greece and heavy workloads and the low investigation and research of WIPPF Questionnaire.

LEARNING FROM THE MASSAI WHY PSYCHOTHERAPY MUST BE TRANSCULTURAL



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Translated by Dr. Dorothea Martin



Sexualmedizin 4/1982

In the face of the variety of educational systems, the differing economic conditions, the immense number of different life experiences, the individuality of each person, the specificity of his/her needs - in the face of all these factors, is it possible in any way to develop one rule for education and psychotherapy? There are also innumerable interests, communities, nations, races and peoples in this world who shape the thoughts, views and opinions of individuals according to different customs, flavors, temperaments and moral positions. Would we then not have a system

of education and of un-education (psychotherapy) which could be equally valid for all, and which must become a last over which all are beaten? The opposite would be that the diversity of the social and individual circumstances would actuate social conflicts of unheard-of proportions. All this leads to two basic questions: How are people different? and what do all people have in common?

In that positive psychotherapy deals with elementary human capacities, it is in a position to address people of all languages and levels of society and to work through transcultural problems

effectively.

Psychopathological motivations

In order to understand observable behavior, we need background information which gives us yardsticks for the judgment which will come later. This means that as well as considering the transcultural conditions, the conditions of the person's life history which first gave a behavior a meaning must also be considered.

We emphasize the significance of the psychosocial background against which the specific conflict dynamics develop and try to broaden our view of the concept of the illness and to complement and broaden it with the view of new, therapeutic possibilities. Taking positive measures also means that we try to take the broadest possible view of the interpretation of a symptom or of the illness with the purpose of influencing the patient's and his/her family's understanding of the illness and of him/herself and to control disturbing interference from the premedical area.

Transcultural concepts and their effects: For example, the Massai

Among the Massai it is common to pierce the ears in many locations, to wear many earrings both set in and dangling. The lower ear lobe is pierced and gradually covered with larger and larger objects. This custom, which we understand as coming from the Massai tradition, is also no stranger to the European tradition, as unbelievable as it may seem on first sight. So I found an aphorism which is probably a hundred years old but belongs to the tradition that goes back to the Middle Ages:

*"Little ring in the ear,
No, more piercing will not I,
But if it wards off deathly sick,
I may do it bye and bye."*

We see that a folk-medical justification is used here. People try to prevent illnesses. In the case of the Massai, it is used to strengthen the important bodily functions such as sight, which are extraordinarily important for survival on the steppe. Even if our scientific neurophysiology has not yet developed a clear explanation for this, another traditional branch of learning, namely, Chinese acupuncture, has been able to embrace this folk-medical behavior in different ways. Many

medical programs in the developing countries have failed because people only looked at medical problems from a scientific point of view, rather than seeing the people rooted in their cultures. According to the Oriental motto:

*"Give a man a fish and he can eat for a day,
Teach him to fish and he can eat for a lifetime."*

Sociological bases for a transcultural psychotherapy

In Germany, when someone goes out for a walk and meets someone he/she knows, a question comes up just after the greeting: "How are you?" and is answered with: "Thank God, and how are you?" In the Orient this repartee goes a little differently: "How are you? How is your family?" The question about the family simply belongs there and is seldom forgotten.

It seems that cloaked in these different rituals of polite greeting are different concepts of identity. In the West the ego is considered the reference point of one's own identity. It is accepted that if the ego is in order, it must also be all right with the family, the work, etc. The Oriental concept offers another balance: When my family is all right, then I am also all right. The family is part of one's own identity and self-worth. When the Massai in Kenya meet one another, they greet each other with the following words: "I hope your cattle are fine!" The cattle are their only livelihood. They take the greatest care and concern for their cattle and from them obtain their three staple foods: meat, milk and blood.

Among the Asmat, a tribe from southwestern New Guinea, there is a mythology of the isolated existence of people. To take a guest into one's family group as one's own child opens a glimpse into the most intimate sphere of life. A certain ritual takes place which symbolically offers the guest protection and safety. The wife approaches the guest and as a sign of friendship, shows him her naked breast and indicates that he should drink from it. Thus the guest is symbolically adopted and the host demonstrates his readiness to accept the guest as his own child and to care for him as such. The meaning of such an adoption ritual is in the elimination of any social tension. Likewise, however, with the adoption, responsibility is also transferred; from now on the guest must look out for the well being of the family. Both the family and their "adopted" guest are aware of their duties and responsibilities toward one another.

These concepts have their pros and cons. In my work it is not a question of proving that one view or the other is correct. We wish to examine the conditions in which these concepts have

developed, describe the consequences which they entail and look for possibilities for moving with them therapeutically toward self-help (cf. Peseschkian 1980).

Life history and way of life



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The Massai live in small settlements which are spread throughout the broad area. Each settlement consists of a certain number of families who pool their resources and help each other with their daily needs. The low huts have provided the families from time immemorial with welcoming and safe accommodations and they can also serve as stalls for young or sick cattle.

The Massais' love for their children is very great. A mother carries her child on her shoulders everywhere. She breastfeeds her child often and continues until the child is two or three years old. The warm, constant physical contact and the tender, motherly care are the first and basic elements of the trust which a child places in his parents. Among the Massai, this also creates the basis for the unconditional devotion to family and clan which will come later. The body (even of the babies) is rubbed with an oaker-colored mixture and with mutton fat which provide protection from the heat and insect

bites. The Massai warriors particularly take special care of the ornamentation of the face and of the body. The motifs are rich in variation and principally come from the imaginations of the individuals. In time of war they have the purpose of presenting a terrifying face to the enemy. During peacetime the decorations serve to make others awestruck, particularly the young ladies.

Under their grandmothers' loving eyes the children play in front of the huts in the settlement.

The firstborn and the last born have the same rights and the same esteem. The Massai make no difference between children of different ages and this is also true for children who weren't born into the family but were adopted. The Massai do not place any particular value on being the biological fathers of their children. Childhood sexuality passes without interruption to puberty. The parents do not try to suppress their children's sexuality, so there is neither castration anxiety nor Oedipus conflict.

*"Ye are all the flowers of one branch and the fruits of one tree"
(from the Baha'i religion)*



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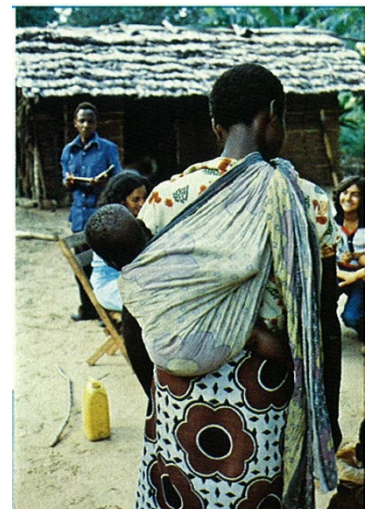
The different types of labor are strictly divided between men and women. The building of the hut is entirely woman's work and she also takes care of any other domestic work. The man manages and cares for the cattle. During breaks they play an African game or fashion colorful, classical jewellery.

The nature of the Massai, their existence as nomads and shepherds, has shaped their political and social structure. This is based on a division of the male population into age groups. With the passing of the years, individuals receive special rights; those of advanced age are afforded the greatest rights and more authority.

When the young Massai enter the first youngest adult age group, they are called "moran" or junior warriors. They are in service to the community. During this period they learn their people's traditions, the hunt, the dances and the singing. Before they become "senior warriors," they can neither marry nor possess cattle.

The haircut is a business that takes place within various ceremonies. In order to be beautiful and accepted, the women must go around with completely shaven heads. The young "moran", on the other hand, bedeck themselves with long hair gathered into plaits which are ornamented with an enhancer made of fat and red clay.

When evening comes to the small settlements, the people and animals return to the fenced enclosure and the entrance is locked. Perhaps it is easy for someone to feel the desire to gather and to give a thought for Enkai, or God, who appears to the Massai as wind, rain and thunder. Perhaps a person might think of the last day, the one on which he or she, like all the others, would be wrapped in an oxen skin, would be brought to the Savanna and be left there under Enkai's free heaven. He/she would be left on the bare earth and not buried, for the ground is holy and must not be defiled by human hands.



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Practical consequences of a transcultural psychotherapy

Yet, observing the Massai raises the question: Does not a modern person of the 20th century also long for a higher culture which is carried forward by partners on a basis of equality, a culture in which all their capacities would be developed? a culture in which we would feel related to all other people on earth, and unity with all life and with the Creator of everything? Does not the modern person wish to recapture the inner life of such people as the

Massai, though coupled with the external life of science and a new ethos?

Learning and understanding

During the last 50 years we human beings have murdered 70 million other human beings, human beings whom we did not even know by name. We have denied the essential difference which raises us above the animals. We have sought to live in their world, which has benefited us as little as if the animals had turned into trees and the trees into

stones. We spend our time concocting elaborate excuses for our behavior, for which we always hold somebody else responsible and from which we believe someone else should rescue us.

Once again we see that nothing in these cultural systems is good in itself. Their qualities are only proven by the effects which they have on the people who live within them and to the extent to which the rules of their game allow for constructive engagement with other socio-cultural systems and with their members (cf. Peseschkian, 1979). So there is much which members of different cultural systems could learn from one another, if they could only learn to understand one another.

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MENTALITY OF KAZAKHSTANI PEOPLE THROUGH THE EYES OF THE METHOD OF POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY



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Abstract

The article provides the reflection of Kazakh culture and mentality in the context of Positive psychotherapy. The author is a Kazakh woman who was born and grew up in a traditional Kazakh family, is also a Basic consultant in Positive psychotherapy, lived and studied offline in Turkey, Finland, South Korea and Russia. Positive psychotherapy is the method that is based on a transcultural view. It covers both eastern and western cultures. The mentality of Kazakh people, values, culture, and tradition are reflected in the article by using the Conflict model, the Balance model, primary and secondary capabilities, and a family treatment model of Positive psychotherapy. The key conflict for most Kazakh people is in being polite and not telling about their true feelings and thoughts. The concept that "talking a lot is bad" is widespread among Kazakhs. An example of a general conflict model of Kazakh people is presented in the article.

Keywords: positive and transcultural psychotherapy, Kazakh mentality, Kazakh history, Balance model, Conflict model

Introduction

Republic of Kazakhstan originated in 1465 when Zhanibek and Kerei khans united the clans throughout the Kazakhstan territory into one country and called it "Kazakh khandygy". The Kazakh nation had a nomadic life style before the Soviet Union came to Kazakhstan. Therefore, most of the Kazakh traditional life depends on cattle breeding. The Kazakh mentality is closer to the Eastern way of thinking than to the Western. However, globalisation is having its effect on the youth of the country. There are no barriers between cultures for Kazakh people. At the same time, youth tend to be patriotic and to modernise old Kazakh culture. Today the manner of

appearance, clothing with old Kazakh images is trending, for example.

Positive psychotherapy is the method that is based on a transcultural view. It covers both eastern and western cultures of the world. As the author Nossrat Peseschkian says himself, it is better to use eastern wisdom and western rationalism. He uses oriental stories in his psychotherapies as a tool for healing patients.

As the mentality of the Kazakhstani population comes from the eastern culture, the oriental stories are very widely used to teach and explain anything to everyone from children to elders. If we look at the methods in this transcultural psychotherapy, through the balance model, Kazakh people tend to place greater value on the spheres of contacts and future.

In the late 8th century, when the Islamic lifestyle came to the Kazakh land, people used to write in the Arabic alphabet and in the 13th century the alphabet used changed into Latin letters. From the 1940s until now the Cyrillic alphabet has been used. During all these changes, it has been hard for people to master a new type of alphabet. They tend to learn everything by heart and pass on knowledge by reading poems, proverbs, storytelling and singing songs. The Kazakh nation has many writers, poets, singers and orators. One of the main reasons why I was impressed by this method of using oriental stories in psychotherapy is this. We have grown up on stories. Even when a Kazakh mother is trying to explain to her child that he has done something bad, she uses Kazakh proverbs and stories.

Methodology

The transculturality of the method also points out the values of a person and his family. I will try to show this for the population. This is the reflection of Kazakh culture and mentality in the context of positive psychotherapy. I am a Kazakh woman who was born and grew up in a Kazakh family with all the traditions and mentality. Also, I am a basic consultant of positive psychotherapy who has lived and studied offline in places such as Turkey, Finland, South Korea and Moscow.

I will try to reflect the mentality of Kazakh people, their values, culture, and tradition by using the conflict model, the balance model, primary and secondary capabilities, and the family treatment model of the positive psychotherapy method.

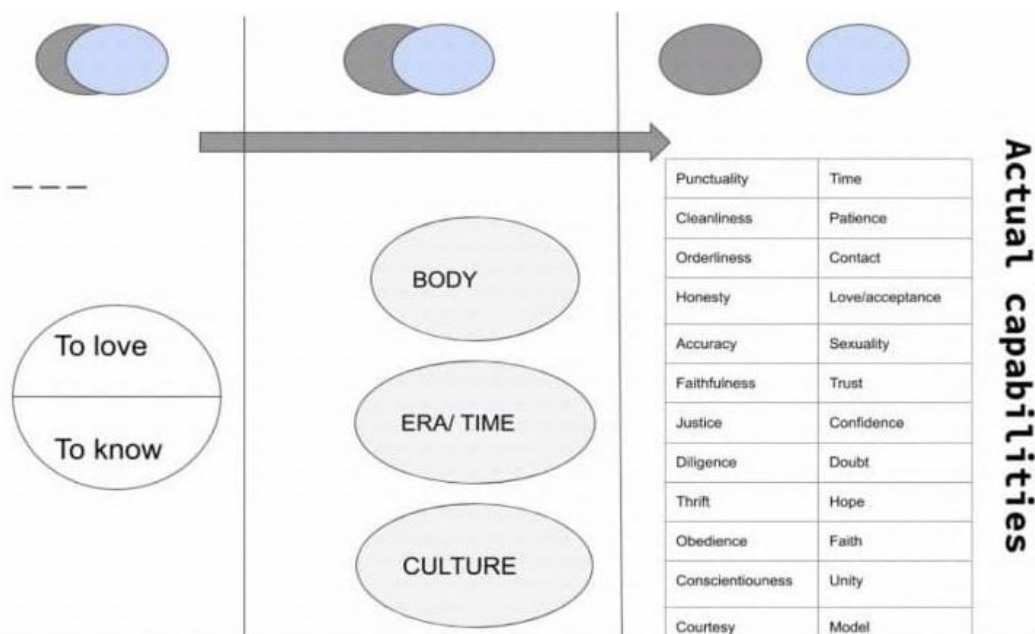


Figure 1. Actual capacities (based on Peseschkian, 2016)

Positive psychotherapy offers to consider two main categories of capabilities of a person (Fig. 1.), they are love and perception. If we look into how babies are nurtured in a culture, we can see which is more important for that nation. Babies are lying in the cradle in a shelter in order to protect them from other people who are not family. Because Kazakh people have lots of guests in their homes, here we can accentuate “Courtesy” as one of the main factors in describing Kazakhs. But, a newlywed mother is also limited somehow, she cannot hold her baby every moment, because the baby is tied in his/her cradle. The mother is raising

the child without taking him/her in her arms. The baby is hearing everything, smelling Mom but lying in an independent place. Kazakh children are not physically attached to their mothers and family, since they are independent from birth. However, they are very patriotic and always attached to their families in a moral way. For example, they can easily study abroad or in another city far from home, as they are very adaptable, but never cut their ties with their family, country and nation. It all starts from “the cradle”, actually.

As for Kazakh parents, they see their children as a mission and are very afraid to pamper them, so they generally give their first children to their own parents to raise. Thus, the first baby of the family is generally brought up by the grandmother. That is why parents cannot easily curse the firstborn, and the oldest child is greatly respected in the eyes of younger ones. One of the main values for Kazakh people is “respecting elders”, which is comparable to the secondary capability of “Obedience” in positive psychotherapy. The eldest child has his own duties toward the youngest ones, Kazakhs call them “the frontest wheels of a carriage”, they wish each other to have a firm “front wheels”, because rear wheels will follow them anyway. Another capability of the method is “Responsibility”.

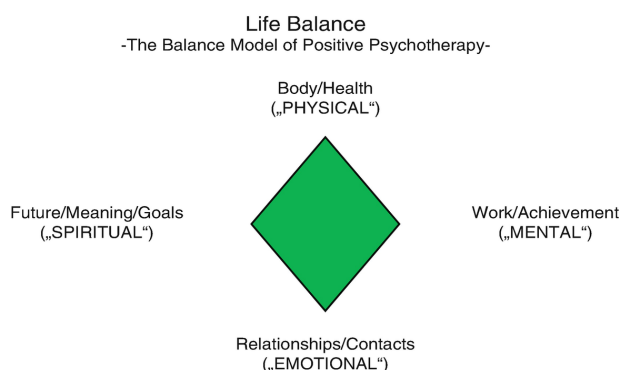


Figure 2. Balance model (Peseschkian, 2016)

The Kazakh nation is more spiritual and emotional than Western nations. (Fig. 2). The lifestyle is more focused on contacts and meaning. However, the Kazakh people tend to work hard, they easily get bored or like to "ease the shore." That's why this people mostly call themselves lazy. Most Kazakhstanian working people are brilliant in "thinking professions" rather than doing, executing. They are good ideologists. In the context of the physical sphere of life, the lifestyle has nomadic roots, cattle breeding rules and there was no time or energy to tend to the needs of the body. For example, while sheep breeding a person is horseback riding. When one wears a Kazakh

national outfit and accessories it holds the spinal cord straight and the belly tight. Hunters kept their eyes, arms, and legs healthy by archery and eagle launching. Kazakh people eat cow, sheep and horse meat. They believe that meat improves muscle, drinking soup helps to improve skin. For that reason, there are many boxers and sportsmen from Kazakhstan. We have many boxers but a very few football players.

In the workplace, the sphere of achievement, most Kazakh professionals do not work for money but for power and title. Therefore, they may have a very low salary but a high title. Being a teacher, a doctor, a scientist, a minister is more honourable than being a freelancer or a businessman.

Although being rational is preferable for Kazakh people, we are an emotional nation. That is why we have a lot of artistic professionals, famous artists, poets, writers, dancers, singers, and composers.

Lastly, about "Spirituality", the Kazakh nation is very superstitious. There are lots of traditions that no one knows the reason for but can list thousands of profits. One of them is "karma", and that is the reason for the importance of the capability of "Justice".

Most Kazakh people used to live exactly as their parents and families did, so most conflicts are between parents and children. Although conflicts take place, most people have great difficulty with changes in their lifestyle. Once I was lecturing a seminar about raising a child and how to have good communication with Kazakh teenagers. A father of a primary-school student advocated not telling them about foreign literature. He said: "no one died because their father had beaten them in childhood or none of the women sitting there as mothers became bad persons". Actually, we were talking about the same thing with this father, but in different ways. This is the story of how I started to explain about the positive psychotherapy method as not being foreign-based but transcultural. A general example of the conflict model with Kazakh people is given in Fig. 4.

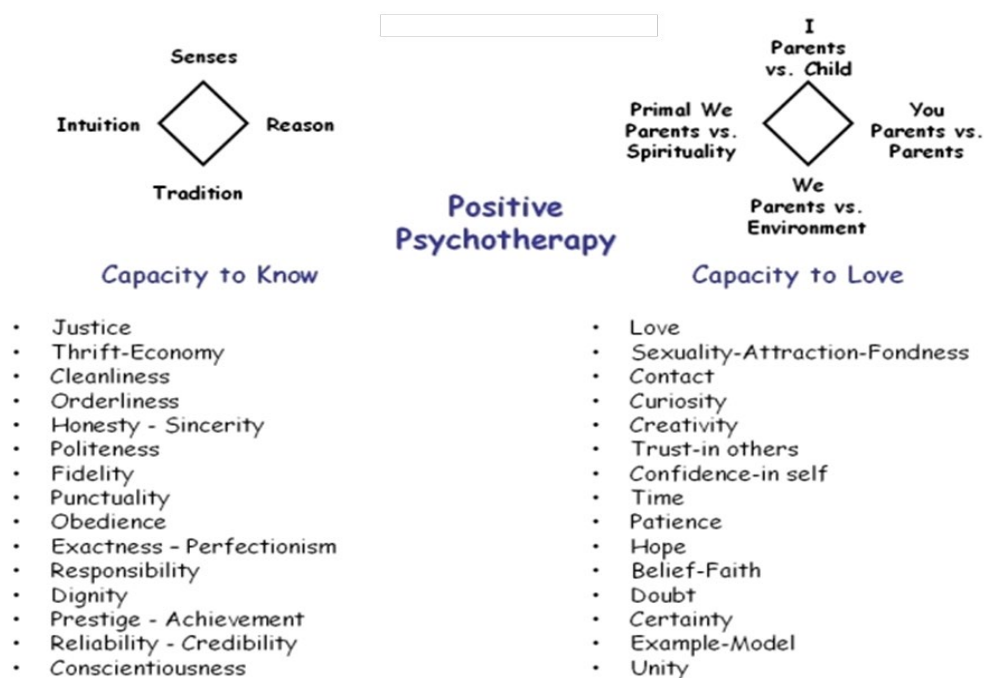


Figure 3. Main PPT concepts and models (based on Peseschkian, 2016)

For the Fig. 4, imagine any middle-aged or even young Kazakh man or woman. He/she may be married or not, it doesn't matter. In both situations, they may have issues with their parents. Most of them have chronic health problems, especially those that appear when one cannot express one's feelings and emotions verbally. This happens because there is no place for such words in our mentality. We love talking, we are sociable but not about our feelings. That is not so good in Kazakh culture. People cope with it mostly through Sublimation. They sing songs, they draw pictures, they write poems, novels, and books. Back in the past, daughters could not visit their parents' houses after marriage and could not tell them anything, so they sewed carpets for their parents to express their feelings. Kazakh culture is described by only a musical instrument called Dombra, they played 'kuis' on dombra, and it was music without words. Especially "bad news" was expressed to people by these 'kuis'. There is a story about a 'khan' (emperor) who felt the approaching death of his son who had gone to war. He threatened to kill any person who would bring him this "bad news". The messenger passed the news through this "kui" (music without words), of course

it sounds very dramatic, also expressing how the emperor's son died. This is another example of the lack of the capability of "Sincerity" among Kazakh people.

If they want to be sincere, it will be accepted as being disobedient, disrespectful. So, most of the psychosomatic cases among Kazakhs are Asthma, Chronic coughs, Allergies, Skin problems (Lack of sensitive Love), thyroid problems.

The Model of Conflict among Kazakhs shown above illustrates that the Conflict in the Sphere of Contacts affects the body through psychosomatic expression and also goes to the Sphere of Future. This is young people's fear of living the same life as their parents and they escape to the Sphere of Achievement. They mostly become nervous, fearful and aggressive after any actual conflict with parents. In order to cope with this, they work hard and mostly become successful. They fulfil their relationship with their parents by making them proud of being successful, rich, or famous. The problem starts when they have to separate from their parents, either by the parents' death or by living far from them because their life has been built on receiving acknowledgement from their parents.

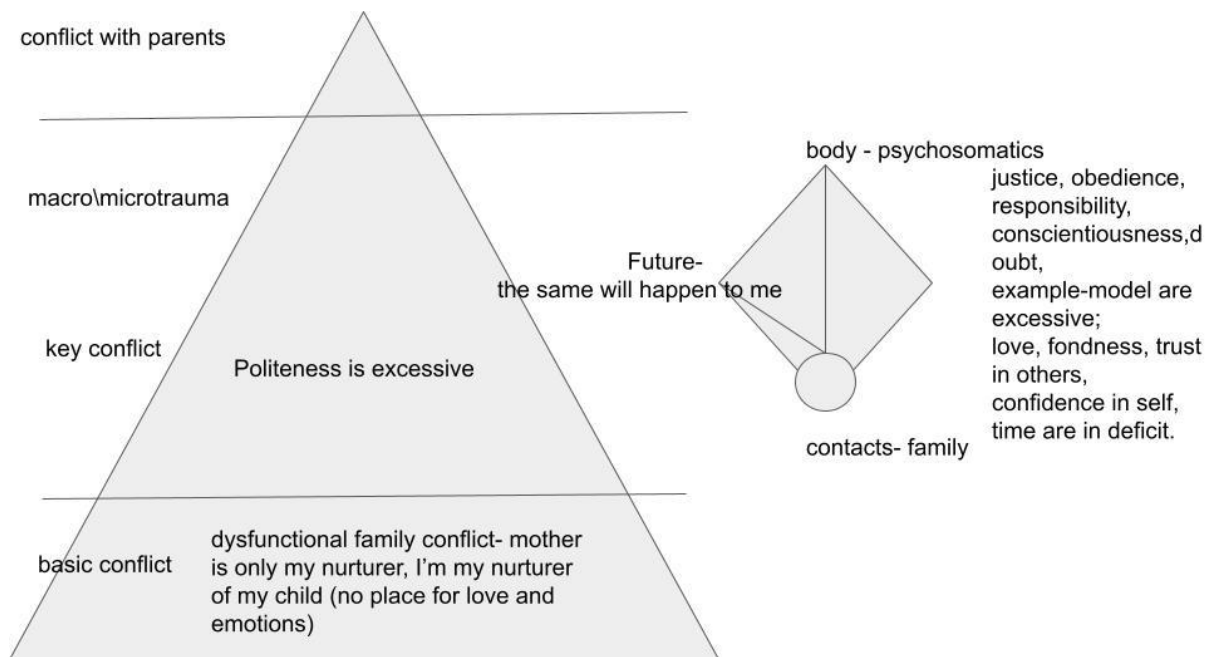


Figure 4. Conflict model of Kazakh people (based on Peseschkian, 2016)

Discussion

The Kazakh nation focuses on Perception rather than Love. Their lifestyle accentuates the /Spheres of Contacts and Spirituality. Their conflicts happen mostly in the Sphere of Contacts and in processing in the Emotional and Body spheres. The capabilities in deficit are love, fondness, trust in others, confidence in self, time and honesty; excessive capabilities are justice, obedience, responsibility, conscientiousness, doubt and being a model/ example for others. The key conflict here is being polite and not telling one's true feelings and thoughts. Basic conflict appears to be as "being afraid of experiencing the same thing as your parents" or " what you do to parents will happen to you" in the "I" sphere, which is built on an interaction of your parents with you. Chances are that Kazakh people's' need for Love is not satisfied. On the other hand, all their success was built on satisfying needs of Perception.

Conclusions

Although my reflection needs further study, I have tried to analyse it by using my own culture and my knowledge about positive psychotherapy, also I used my experience of counselling. The Kazakh nation is not widely known in other

countries except the bordering neighbours of Russia, Kyrgyzstan, Tadjikistan, Uzbekistan, China, Turkey from Europe, and Mongolia. That is the main reason I tried to write this reflection. I want to help this method to be used widely in Kazakhstan as well.

The Kazakh nation is very open to learning new things, as there are many people who wish to improve and develop. As I have said above, Kazakh people are focused on a capability of perception. They work hard, read books, do science, and study throughout their whole lives. This is more like escape to Achievement because of the great deficiency of the Capability of Love. This is the greatest need which the therapy sessions treat.

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TRANSFERENCE AND COUNTERTRANSFERENCE



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Abstract

Psychodynamic therapists use the interpersonal experience in therapeutic relations to understand the subconscious background of a client's disorder, use it for diagnosis, treatment plans, interventions and supervision. Transference and countertransference were defined and described in the article. In the presented article the five skills of the therapist were distinguished in the five stages of therapy, beginning with the perception of one's own feelings in the transference.

Keywords: transference, countertransference, positive psychotherapy, five stages of therapy

Introduction

*"Every person transmits experiences unconsciously to new situations and people and each patient transfers to their therapist".
(Gerd Rudolf 2004 p. 142)*

Conflict is defined as a difficulty of one individual or Psychodynamic therapists use the interpersonal experience in therapeutic relations to understand the subconscious background of a client's disorder, use it for diagnosis, treatment plans, interventions and supervision. The feelings, body sensations, impulses to act or memories of former relations and persons coming up in the therapist, as well as intuitive imaginations and fantasies in the therapist are subjects of the interactive transference and countertransference process. The mainly subconscious or preconscious sensations in the therapist are described as countertransference. They represent a mixture of the therapist's own ideas and experiences in life, and of the ones that are specific for the encounter

with this unique client. The contents of countertransference can represent a specific subject, a conflict content, a relationship pattern or specific characteristics of the client's and the therapist's personalities.

Transference is defined as the way a client unconsciously perceives the therapist as a feeling, acting, interacting and reacting person, comparable to a situation or person in the client's earlier life.

Verbalization of the contents of transference and countertransference helps to understand and work with conflict contents and personality structure, resistance and defense mechanisms, specific relationship patterns and phases of development that are subconsciously reflected and restaged in the therapeutic interaction.

Methodology

Transference reflects experiences of earlier interactions that are unconsciously projected onto the therapist. Transference includes, above all, **repressed expectations, fears, longings, desires,**

experiences, drive impulses, relationship needs, relationship patterns and interaction stereotypes.

The following **questions to yourself** are suitable for recognising typical transference patterns:

- **Whom** does my counterpart see in me, how/who will I be for my counterpart in therapy? (Role, family constellation, reference person)
- **What** does my counterpart see in me, as often in certain others? (Content, conflict issues, relationship patterns)
- What does my counterpart **expect from** me, as often from others? (Wishes, needs, fears)
- Which of my patient's **reactions** seem inappropriate, distorted or incomprehensible to me in relation to the therapeutic situation?
- Does my patient talk about feelings, wishes or views of third parties that could also apply to our therapeutic situation or to me as therapist?

The challenge to the other person to recognise the transference is the subject of therapy:

- Which feeling, which person, which episodes, which wishes and fears does my person and our encounter remind the patient of? (Affects, recognition of situations and persons).

The analysis of transference and interaction makes the patient and therapist aware of the significance of current relationship patterns that used to be helpful, protective, functional for certain situations, but which today can become dysfunctional relationship patterns. The expectations, experiences, conflict contents contained in them can also be seen as abilities in therapy and thus become new resources. The corresponding question is, for example, "When in your life has this experience helped you, been useful, protected you from something? In this way, patterns of interaction can also be recognised together in the encounter with each other and finally modified in the therapeutic relationship.

Transference is linked to "models" (Freud 1912), to "imagines" such as father, mother, brother or sister imago... Freud emphasises that the patient "inserts the doctor into one of the psychic series which the sufferer has hitherto formed" (Laplanche and Pontalis 1972). - Arlow (1979): Transference phenomena are characterised by a considerable rigidity with which patients distort the inherently ambiguous reality of the therapeutic relationship from the point of view of feature similarity with early attachment figures. - transference is "a specific illusion that occurs in relation to another person and that, without the subject's knowledge, represents in some of its features a repetition of the relationship to a significant figure of one's own past" (Sandler et al. 1996, cited in Wöller, Kruse 2001). The emphasis on transference in the "here and now" of the therapeutic situation has been in the foreground since Gill et al. (1982). - Kohut (1971): Mirroring self-object transferences arise from the need for a self-object through whose feedback to the patient the self can continue to grow. This can result in a self-object countertransference in which the therapist feels the patient as a part of him/herself. Fosshage (1994): "In treatment, too, the patient comes with self-object needs,...and sooner or later directs them towards the therapist in the expectation that the therapist will deal with them in a way that promotes development." "At the same time, the patient also harbours fears that his negative experiences could be repeated again in the relationship with the analyst, some patients virtually expect this" (after Hartmann H. P., W. Milch 2000)

"Positive transference phenomena: Positive characteristics are attributed to the therapist without knowing him/her any better...."

Negative transference phenomena: patient expects that therapist will condemn, despise or not take him seriously for what he says....

Erotised transference phenomena: conviction of the patient to be desired by the therapist or to present him/herself as an attractive sexual partner" (according to Wöller W, J. Kruse 2001).

Countertransference includes all the sensations, actions, communication patterns and associations that arise in the therapist on the occasion of a therapeutic encounter and are typical for this encounter.

The perception of a countertransference can be dressed up in questions like:

- What does this patient trigger in me?
- What am I thinking while I am with this person, what am I doing differently than usual?
- What do I experience differently in the interaction with this person than usual?

- What do I wish for this patient and myself, what fantasies do I have?
- What do I fear for the patient and myself?

Forms of perception of countertransference:

1. Physical perception of feelings, posture, vegetative reactions
2. Perceiving one's own patterns of action, therapeutic considerations as specific to this encounter.
3. Communication patterns and body language encounter
4. Fantasies, images, desires, digressions, fears, memories of previous encounters or episodes of one's life.

Countertransference includes concordant and complementary emotions and fantasies. Concordant countertransference triggers co-occurring emotions and fantasies with the counterpart. Complementary countertransference phenomena show opposing feelings and thoughts that are warded off in the counterpart (in the case of conflict and defence) or cannot be expressed by the counterpart at all (in the case of structural restriction).

Unconsciously defended, tabooed, internally sanctioned strivings can evoke in the therapist, in the countertransference, precisely what the patient has defended as content and fantasies. In conflict-related therapy, these can be made available to the other person as a theme. More important, however, is the reflection of the meaning of the countertransference, the becoming aware of these phenomena, for the therapist him/herself, so that experience shows that the interaction changes in the following sessions, even if the countertransference contents are not verbalised with the patient. In this way, it is possible for the patient to overcome the defence, to become aware of the actual desires, fears, feelings, memories that have so far prevented an appropriate perception and dealing with situations and strivings.

Laplanche and Pontalis (1972):

Countertransference is the "totality of the analyst's unconscious reactions to the analysand's person and especially to the analysand's transference". British School (Melanie Klein, Paula Heinemann, Betty Joseph, Pearl King): Countertransference is no longer seen as an obstacle but as an important indication of the patient's denied or repressed affects (after Hartmann H. P., W. Milch 2000).

Rudolf (2004)

"...what emerges with a regularity in the countertransference to neurotic patients: The idea of taking on a certain role towards the patient, which in connection with the patient's own role shapes a relational figure: affirming each other, rivaling each other, courting and eroticising each other, punishing or rewarding each other, caring for each other."

In the structure-related therapy of so-called "personality disorders", the usually very intensive countertransferences are to be kept in containment and are important information about the structural needs of the patient. They refer, for example, to what was not possible for the parents, such as positive feelings that trigger concern, patience, protection, love, closeness, attachment in the countertransference, or to negative feelings that also existed in the parents that trigger, for example, rejection, distance or anger in the countertransference. Here the importance of the primary actual abilities as an existential need of a child to its parents becomes clear - the intensity of the countertransference is carried by an unconscious appeal and the existential fear and aggression behind it, which are transferred to the therapeutic situation.

Rudolf (2004):

"The countertransference sensations in structurally vulnerable patients refer to the otherness, often strangeness of the patient: This patient is so very different, difficult to comprehend, in places uncanny, threatening and menacing."

Countertransference analysis supports the effective "corrective emotional experience" (Alexander 1937) of the therapeutic relationship by making the patient and therapist aware of the transferred and repressed elements of interaction.

The **perception of a countertransference** can be grasped in terms of **affect, emotion, ability, aspiration, desire, apprehension, draft action, defence, relational pattern, conflict content, related to** the psychodynamics and sociodynamics of the patient and related to the patient's transference patterns.

Countertransference dimensionally differentiated, according to H. Faller 2000:

1. Factor **"sympathy"**: fascination, erotic attraction, admiration, sympathy, interest.
2. Factor **"helpfulness"**: compassion, concern, willingness to help, need to become active, grief.
3. Factor **"anger"**: need for demarcation, feelings of annoyance, anger, tension.
4. **Hopelessness** factor, feelings of guilt, feelings of powerlessness.
 - Positive countertransference: Higher sympathy scores and helpfulness than in many other patients, medium anger scores.
 - Weak countertransference: Few countertransference feelings (common in first examinations).
 - Ambivalent countertransference: Simultaneous helpfulness, anger and little sympathy (rarer)
 - Negative countertransference: Little sympathy or helpfulness, on the other hand anger (rare).

Discussion

Through the patient's transference, the therapist gets into a certain **role** which is occasionally perceived differently before, during the therapy session and in retrospect of the encounter with the patient. The unconscious role assumption often only becomes conscious after the session or in supervision and can be a reenactment of earlier scenes of the patient. The role can be described by its function and the contents that emerge in it.

In which role do I experience myself when I start the therapy session?

What role do I experience in the session?

Looking back, what role did I get in the therapy session?

If at first I always feel "motherly caring" or "fatherly trusting" towards the patient, in a "sibling competition" or in the "older sibling role", I can differentiate this more closely: What kind of care is meant? What kind of trust or confidence is at stake? Is my patience required, my time, is my

action or my sense of justice called for? Am I seen as a role model? The actual skills are suitable to describe what is specific to the role.

Five skills of the therapist are to be distinguished in the five stages of therapy, beginning with the perception of one's own feelings in the transference.

1. Observation and distancing:

The ability to listen patiently and empathetically to the patient in an atmosphere of acceptance, to understand the patient and the function of the symptom and to add other points of view: This is about empathy and the ability to distance oneself, the ability to perceive the feelings that arise and to name them. In therapy, this corresponds to the phase of connectedness, incipient trust, hope and change of location.

2. Differentiation and inventory:

The ability to ask precise questions, define content, describe antecedents, psychodynamics, diagnoses, interactions and possibilities. What is required here are the critical and analytical skills and the ability to translate the feelings arising in the transference into concepts of ability, conflict content and relational patterns, and to relate them to the patient's history. This phase of differentiating conflict and self-help potential through content description prepares the further therapeutic phases.

3. Resource activation and encouragement in the patient's situation and environment:

The ability to accompany the patient, to use methods to strengthen him and to mobilise his self-help: Knowledge and use of physical, medicinal, behavioural, psychological, family and group-oriented as well as meditative possibilities as temporary help for the patient to activate his self-help potentials. The ability to develop the feelings that the patient lacks himself and to place them alongside one-sided feelings is particularly necessary in structure-oriented treatment. In conflict-oriented treatment, the defended feelings will emerge in the complementary countertransference, which the patient can confront. This step is about mobilising the resources for self-help - the patient and his/her family become active participants in the healing process.

4. Conflict resolution strategies:

The ability to deal with conflicts in a targeted way through a structured approach and to work out the patient's responsibility for changed actions and their effects Methodology and counselling; be able to openly train affective-emotional change

possibilities with the patient and enable him/her to deal responsibly with unchangeable feelings and affective ways of acting; recognise the connection to countertransference and bring it into supervision (Setting, coping, verbal and active content-based conflict management, family therapy).

5. Target expansion:

Being able to focus on the future after conflict management therapy: Effectively teach self-help and achieve patient independence.

To enable the patient to consciously experience sensations and differentiate their content in relationships (Phase of detachment, seeing problems and therapy as a chance for a new beginning, self-help alone).

Conclusions

Transference is defined as the way a client unconsciously perceives the therapist as a feeling, acting, interacting and reacting person comparable to a situation or person in the earlier life.

Verbalization of transference and countertransference contents helps to understand and work with conflict contents and personality structure, resistance and defense mechanisms, specific relation patterns and development phases that are subconsciously reflected and restaged in the therapeutic interaction.

Five skills of the therapist were distinguished in the five stages of therapy, beginning with the

perception of one's own feelings in the transference.

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THE INTEGRATIVE MODEL OF REFLECTIVE TEAM SUPERVISION IN POSITIVE PSYCHOTHERAPY



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Abstract

This article will present the Integrative Model of Reflective Team Supervision, applicable to the comprehensive trainings in Positive Psychotherapy according to Nossrat Peseschkian. This model has been used successfully for years at the Polish Center for Positive and Transcultural Psychotherapy and has been validated in practice. It draws its inspiration from constructivism, systemic therapy, and Positive Psychotherapy. A significant role in it is played by the metacomments of the Reflective Team, the principles of which were described by Tom Andersen. The general rules for applying the model and the practical aspects of its use in the training process will be discussed. Conclusions from experience in its application are summarized in the end.

Keywords: supervision, training supervision, reflective team, supervision process, positive psychotherapy

Introduction

In addition to theory and practice and self-experience, supervision is one of the four main pillars of the educational process in the psychotherapy profession. Supervision is not only an integral part of the training process but should also accompany the psychotherapist throughout his/her active professional work. Over time, depending on the experience of the psychotherapist and the different contexts of his/her professional work and current needs, the form and nature of supervision may change.

Methodology

2.1. Supervision tasks and types

Supervision is defined by the British Psychological Society (BPS, 2005) as "designed to

offer multi-level support in an atmosphere of integrity and openness for the purpose of enhancing reflective skills, maximizing the effectiveness of therapeutic interventions, informing ethical decisions and facilitating an understanding of the use of self".

Basically, the tasks of supervision in psychotherapy include:

- promoting the development of professional skills
- increasing the effectiveness of therapeutic interventions

- providing emotional support

- monitoring ethical and professional behavior

Today different types of supervision can be distinguished, depending on the intended goals, and expected results. Supervision can be in individual or group form analogous to therapeutic processes. It usually takes place outside of therapy sessions and is a kind of narration by the therapist about the course of therapy. However, it happens,

especially in the systemic approach, that the supervisor directly observes the course of the therapy session while remaining behind the mirror and provides guidance for the supervision during or after the session. Consultative supervision refers to a one-time discussion of a given case and process supervision involves a continuous analysis of a given case in subsequent supervision sessions. Clinical supervision differs from training supervision in that the former responds to the needs of an experienced supervisee who is already conducting therapy sessions on his or her own, and the latter is an educational component for someone who is on the way to becoming professionally competent.

2.2. Supervision models

Recently, in addition to classic models of supervision, such as systemic, psychodynamic, or cognitive-behavioral, integrative models have become increasingly popular. As the name suggests, such models draw inspiration from more than one theory or practice (Haynes, Corey, & Moulton, 2003). Considering all the wealth of concepts and methods of psychotherapy and supervision existing today, one can assume the existence of many integrative models of supervision. The most popular among them are:

1. Bernard's (1979) discrimination model
2. Holloway's (1995) systems approach
3. Ward and House's (1998) reflective learning model and
4. Greenwald and Young's (1998) schema-focused model (Haynes, Corey, & Moulton, 2003).

One of the most reliably researched models of supervision is the Integrated Developmental Model (IDM) developed by Stoltenberg and McNeill, and Delworth (1998).

2.3. The Integrative Model of Reflective Team Group Supervision in training in PPT

Here, however, we would like to describe the theoretical assumptions and practical applications of the author's integrative model of supervision, successfully used at the Polish Center for Positive and Transcultural Psychotherapy in the training process (postgraduate trainings for psychotherapists).

This model combines two independent theoretical concepts. The first is constructivism and the second is positive psychotherapy according to N. Peseschkian.

Given the comprehensive education of the author of the presented model (systemic, humanistic, positive, and transcultural), the model does not accidentally refer to the good practices of systemic family therapy and positive psychotherapy. A special place in the described model is played by a Reflective Team, which is a kind of alterego of supervisees.

2.4. Constructivism and the Reflective Team

First, we will discuss the main assumptions of constructivism and the work of a Reflective Team and then we will present the objectives of the five stages of the therapeutic and supervisory process according to N. Peseschkian. Finally, we will present an integrative training model according to the author's concept.

The principles of the Reflective Team were first written by Tom Andersen (1987). They are derived from constructivism and narrative practices (Neimeyer 2009). The task of the team, which consists of several people, is to carefully observe the course of family therapy sessions. At the request of the therapist in charge of the entire process, the team shares its observations and reflections on the events of the session. At the same time, the therapist and the family members take the position of observer and listen to the team members' statements and observe their own reactions and recognize their own emotions. Following this, the therapist asks the family to share their feedback on the content they heard and the feelings it evoked. Currently, the Reflecting Team returns to the observer position. The situation like this may be repeated a couple of times in one session.

What seems crucial throughout the whole process is the change of perspective from an engaged participant to a more distant observer. The active participants are involved directly in the verbal and behavioral interactions. On the other hand, the members of the Reflecting Team are mostly focused on balancing their attention between external reality and their inner experience remaining in resonance with this reality. Andersen (1987) formulated several principles on how the Reflective Team should function and intervene. They are as follows:

1. While sharing comments about the family members, the team should be respectful and use positive reframing.
2. All comments should refer only to the direct observations and contents heard

during the session.

3. Reflections of the team should be rather speculations about the implicit beliefs of family members than their own firm convictions.
4. The language of the statements should include presumptions such as: "Maybe", "I was wandering" "It's just an idea".
5. The task of the team is to formulate hypotheses and share alternative ways of perception and describing events, rather than expressing one privileged view.
6. Comments should refer to both verbal and non-verbal communication.
7. The team should open new perspectives and not persuade or solicit recognition of its arbitrary position.

Lax (1989) suggests dividing the reflections conveyed by the team into three categories.

1. Reflections as questions and assumptions.
2. Reflections as mirroring what has been heard and observed.
3. Reflections as interpretations and references to subjective personal experience.

Theoretical references to the practical operations of the Reflecting Team find their place in constructivism. According to its tenets (Batson, 1972), there is no single absolute "truth" only individual perspectives that emerge in discourse about reality. The exchange of ideas as it occurs in such discourse concerns the relationship between what is known and "tame" and what is new. The tension that results from discovering what is new and confronting what is old can become the engine for lasting psychological change. Batson distinguishes three possibilities for dialogue that can produce positive or negative results.

1. Insignificant differences - the ideas communicated are not different from what is already known and do not generate change.
2. Extreme differences - the new ideas are so radical that the client is unable to adopt them.
3. Meaningful differences – the ideas are acceptable to the client and yet applicable.

In Batson's opinion, the latter mode of conversation carries the highest probability of change in the therapeutic context. Thus, it should be the preferred way for the Reflective Team to speak in the presence of the family as a client.

Discussion

3.1. The concept of the five stages of the process according to N. Peseschkian

Nossrat Peseschkian, the founder of Positive and Transcultural Psychotherapy divides (Peseschkian, 1977) all therapeutic and educational processes into 5 consecutive stages. We are talking here about processes that occur in stabilized dyadic or group interactions over the longer term. All these stages set the structure for the proper course of a given process. At the same time each of them provides a reference point for evaluating changes and determining the further direction of the interactions taking place. The stages mentioned are: 1) observation; 2) inventory; 3) situational encouragement; 4) verbalization; 5) goal expansion. For the moment, we will look at each of these stages in turn, to later present analogies to the supervision process.

1. Observation

Observation is the stage of sharing the narrative by the client, who describes his or her experiences and communicates them non-verbally. In the meantime, the therapist provides a mirror in which the client can see his reflection, most often distorted. The client, encouraged to speak up and to express his experiences openly, gradually gets distance from his narrative and takes on a broader perspective. The therapist's task is attentiveness, self-reflection, and containing of emotions.

2. Inventory

Inventory is the phase of deepening the understanding of what the client is communicating and contents differentiating. Communication at this stage is more interactive, when the questions asked, and answers obtained prompt the therapist to explore further. The narrative previously spoken by the client is supplemented with missing events and their interpretations, as well as related experiences and insights.

3. Situational encouragement

Situational encouragement represents the moment of summarizing the coping strategies of the client and his or her psychological resources but at the same time of defining the difficulties and their probable sources. At this stage is named what the client has achieved in his life and what constitutes his life wisdom, as well as what

remains to be accomplished in psychotherapy to return to mental balance.

4. Verbalization

Verbalization is the phase of active exchange of information and getting insights and having transformative experiences. This process results in the acquisition of new knowledge and skills and testing them in practice. The therapist's task is to actively support change and motivate the client to take up new challenges to open to new experiences. His/her newly developed coping strategies are validated.

5. Expansion of goals

Expansion of goals implies, on the one hand, taking stock of the skills developed so far in psychotherapy and, on the other hand, defining future life challenges and ways to deal with them. This is the stage of consolidating transformative experiences.

The Integrative Model of Reflective Team Supervision (IMRTS) described here is based on the premise that an individual's perceptual and insight capacities are dependent on his or her ability to seamlessly attach and detach to and from the field of emotions generated in supervision. The internal perspective i.e., immersion in this field of emotions allows direct access to the experiences shared by the supervisee. On the other hand, the external perspective i.e., remaining outside of this field even though in close presence of it, allows one to see the hidden dimensions of the supervisee's experience and enables a process of hypothesizing about what is "invisible but implicit".

Therefore, it is no coincidence that the two perspectives, i.e., internal, and external, complement each other and form a complete whole. The key to achieving this holistic perspective is the supervisor's ability to switch the attention of the supervision participants from one perspective to the other at the right time and thus generate an optimal difference that fosters new insights. The idea is that the entire supervision process in IMRTS occurs simultaneously on two levels.

1. First level (the so-called inner circle) constitute participants (including supervisor) interacting with each other in contact with the supervisee.
2. Second level constitutes (the so-called outer circle), i.e., the Reflective Team, sitting outside and assuming the position of an engaged observer.

This division initiates and sustains constructive discourse for the benefits of the supervisee. In turn, the subsequent switching of the position from an active participant to that of an attentive observer allows space for new insights, associations, and emotions. The supervisees initially remain immersed in the emotional field shared by the inner circle and later assume the position of a more distant observer listening to the Reflective Team's comments.

3.2. Stages of IMRTS

The stages of IMRTS will be described here, with appropriate comments. They constitute a combination of the assumptions of constructivism and the concept describing the process of change according to N. Peseschkian. Here we will focus on the application of the model to the group training process. However, before discussing each of the five stages separately, it is worth noting the importance of the preparation phase for supervision, which involves developing a case according to the established supervision template (see Appendix 1). Providing answers to the questions in this template prompts the supervisee to reflection, which allows him or her to organize his/her own knowledge in relation to the patient and the course of psychotherapy to date.

The second important issue related to the appropriate course of the supervision process is the division of roles and their clear definition. This is especially true for each member of the Reflective Team, who are given the following instructions:

1. Be attentive and remember that you will be asked to comment at an appropriate time.
2. Refrain from verbal reactions uninvited and pay attention to your nonverbal reactions.
3. Do not make eye contact with any of the people in the inner circle.
4. Try to balance your attention between what is happening outside and what you are experiencing inside yourself.
5. When the Reflective Team is asked for comments, take an inner seat and address your statements to the other team members.
6. Talk about the supervisee in the third person and do not address your comments directly to him/her
7. Try to exercise restraint in your words and

refer only to the contents shared in the inner circle.

8. Build your statements in the form of questions and assumptions rather than categorical statements.
9. Do not judge and do not impose your opinions.
10. Show respect and appreciation for the supervisee.

1. Observation.

At this stage, the supervisee shares his or her narrative with the group about the psychotherapy process and therapeutic relationship. At first, he or she provides basic data and facts and subjective perceptions and impressions. Later on, by separating himself or herself from his/her own narrative, the supervisee opens more space for group interactions and reflections. But before it occurs, he or she first names the problem that is preoccupying him or her and formulates a key question to be discussed together.

In this situation, the supervision topic may turn out to be one of the following:

1. The patient/couple/family being present in the therapy
2. The therapeutic process or/and the therapeutic relationship
3. The therapist's experiences and emotional functioning
4. The context of the workplace and/or collaboration within the therapeutic team

Regardless of the problem presented here, it is advisable to formulate the key question as precise as possible. Usually, mindful searching for it promotes new discoveries and personal insights.

Examples:

1. *I would like to think about further directions of work with the patient.* (The question is too general!).
2. *I am wondering whether the patient's separation from her family will increase the risk of her parents' getting divorced and result in her symptomatic regression.* (The question is correctly phrased).
3. *I would like to hear how you might feel in my situation.* (The question is too general!).
4. *I would like to know if you also experience a kind of sadness that I feel when I think about my patient's separation from her family of origin.* (The question is correctly phrased).

A question that is not useful and which encourages unnecessary judgment and criticism is: *Tell me if I did the right thing or maybe not?* In this situation, the question should be rephrased so that the answers might have more constructive results.

2. Inventory

At the inventory stage, the exchange in the inner circle is interactive and serves to test the hypotheses that arose in the minds of its participants after listening to the supervisee's narrative and the final question to be searched. It is recommended to make short inquiries that correspond to the supervisee's objectives and to get answers to them as brief as possible. Long dialogues and attempts to monopolize the discourse are contraindicated. Everyone should ask at least one question. Verbal and nonverbal reactions of the supervisee, moments of silence, and the inner group dynamic seem significant and usually become the subject for further interpretations. The Reflective Team remains silent. The supervisor asks questions on an equal footing with the other active participants and at the same time ensures that the boundaries between the inner circle and the Reflective Team are respected.

3. Situational encouragement

At this stage an interactive exchange in the inner circle keeps going, but the supervisee is instructed not to speak from this point on and to try only to keep in mind all the feedback and his or her reactions to it. Once again, constructive, concise statements are recommended with respect for the supervisee. Statements should refer to the supervisee's resources and competence but at the same time relate to the issues raised and the difficulties reported. Particularly valuable at this point are images that are evoked, scenes from movies, books, quotes, proverbs, symbols, etc., which stimulate the supervisee's unconscious mind into action.

The subject of attention for the observers remains the overt and covert group dynamics and what is said and unsaid. The supervisor's comments are not privileged in any way and his/her statements are treated equally with the other voices. The Reflecting Team carefully observes the inner group interactions and contains all the emotions to share them openly in the next phase of the process in a constructive way.

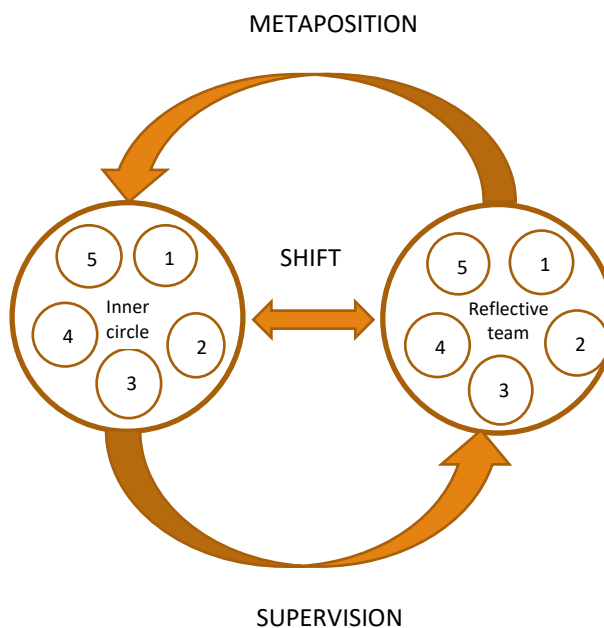
4. Verbalization

The verbalization phase in IMRTS in a group process differs the most compared to individual supervision. At this stage, there is a movement in the shared space and members of the inner group take positions as outside observers. In turn, the Reflecting Team, taking the place in the middle, shares the comments and fantasies about the contents they heard earlier during the meeting. The statements of the Reflecting Team are usually a sounding out of what has been implied and, for certain reasons, has not yet been said. Depending on how different these statements are from the previously held discourse in the inner circle, the supervisee can either accept them as a meaningful difference or reject them as a too extreme difference. The process of supervising, as we know, involves expanding one's perspective and opening to new useful hypotheses. Therefore, the Reflecting Team has the special role of making the supervisee curious about new possibilities for exploring his or her experience and that of his or her patient. At this stage the supervisee can only listen and examine his/her own reactions, while he or she cannot argue with the speakers. Sometimes it becomes necessary for the supervisor to intervene to sort out this process when emotions take over and the supervisee cannot help but argue. At the very end of the verbalization phase, the supervision participants return to their previous places.

5. Expanding of goals

In the expansion phase, the only active person is the narrator-supervisee. His or her task is to share impressions on which statements impressed him or her the most and which may be most useful for further therapeutic work. If necessary, he or she can also express and justify his disapproval of some of the comments heard. The statements of the supervisee are at the same time a kind of feedback to the participants in the group process about their attentiveness during the effectiveness, and attunement. Therefore, the final summary has a clear educational value.

- I. The inner group consists of several members, including the supervisee, the supervisor, and some other active members. Every voice is equally important. In phases 1-3 they remain interactive, with the proviso that in phase 1 only the supervisee shares his or her narrative and in phase 3 the supervisee remains silent.
- II. The Reflective Team consists of several



members who take the position of attentive observers in phases 1-3 of the process and actively share their opinions in the phase 4. They act and express themselves according to predetermined rules.

Figure 1. Illustration of a group training process (Integrative Model of Reflective Team Supervision in Positive Psychotherapy)

Metaposition means that each group during the supervision takes alternately the position of an outside observer of the process going in the middle. Shift means change of places between group I and II and vice versa.

Conclusions

Concluding comments regarding the Integrative Model of the Reflective Team Supervision in Positive Psychotherapy. Recent years of using IMRTS in Positive Psychotherapy training has led us to several conclusions:

1. The structure of the model and the division of roles and the rules are clear.
2. The division of the activity of the supervision group into two parallel, complementary processes has significant didactic value. It allows the supervision participants to appear in different roles and take different positions.
3. Each participant in the supervision speaks and each voice is treated as equal.
4. The supervisee-narrator himself or herself can decide which comments make a meaningful difference to him or her.

5. Being in the position of an observer improves the ability to contain one's own emotions and enhances transference reactions. Difficulties in maintaining the position of observer and containing serve self-diagnosis.
6. The way of formulating one's own thoughts and statements provides good training in positive reframing.
7. The model allows one to make validation of the accuracy of one's own observations and reflections.
8. The supervisor is more responsible for setting the framework for the whole process rather than playing a privileged role as the main authority.

Finally, it should be noted that despite the obvious advantages in the practical application of IMRTS in the didactic process, it would certainly require research verification.

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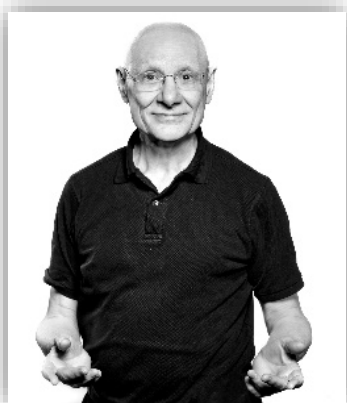
Appendix 1

THE TEMPLATE OF SUPERVISION IN POSITIVE PSYCHOTHERAPY

(developed by author)

1. Basic biographical information about the patient and his or her family.
2. Reasons and life context of the request for therapy (referring person, patient's motives, preceding circumstances, actual conflict)
3. Reported complaints and disease symptoms (somatic and psychological complaints, intrapsychic and interpersonal conflicts (Balance Model).
4. Clinical and functional diagnosis (previous diagnoses and course of treatment).
5. Family, social, and cultural context of disease symptoms.
6. Significant life events (macro- and micro-traumas) and related actual capabilities.
7. The patient's individual and social resources (actual capabilities, capacities, skills, talents).
8. Therapeutic contract (setting, number of sessions, rules, arrangements, payment etc.)
9. Therapy plan (objectives, goals, structure, healing factors)
10. Strength of therapeutic alliance (therapist's and patient's perspective)
11. Treatment methods (tools, techniques, interventions).
12. Analysis of countertransference:
 - feelings/physical reactions
 - thoughts/associations/impulses
 - personal memories
 - fantasies/wishes
13. Reason for reporting the supervision case (misperceptions, misunderstandings, emotions, counter transference, inner conflicts etc.).

STOP & ACT – IMPRO-THEATER AS PSYCHO-DRAMA



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Abstract

The article presents the technique of "Stop & Act" developed by the author, a special kind of improvisational theater. It is a derivative of psycho-drama based on Jacob Levi Moreno and intended for larger groups. In improvised play, "challenging" issues, e.g. unresolved or still "pending" conflicts, interests or other explosive topics, are openly discussed and acted out in short theater scenes, without too much staging. The goals, rules, target audience, benefits of impro-theater are given in the article. The most important aspects of the "Stop & Act" were described such as: the preparation stage, the script, the game, the actors, go-go-girls, the stage, the audience, the presenter, the feedback and the investment.

Keywords: psychodrama, improvisational theater, pending conflicts, win-win solution, positive psychotherapy

Introduction

Many studies show that both active and passive arts and cultural participation have a positive effect on well-being and health: for example, listening to music, reading a book, visiting a museum or dancing (Moreno, 2006), especially active participation in movement and theater activities. However, Cultural participation is not only good for our well-being, but can also prevent certain mental and physical complaints.

Children, teenagers, adults, accumulate many old and new aggressions. The consequences are well known: violence, fear, depression. An effective method to eliminate problems in a group is the "Stop & Act, a theater form, based on the psychodrama according to Jacob Levy Moreno (2006) and Augusto Boal (1974).

This theater activity aims to bring together people from the public, academic, service and volunteer sectors. It is a time to share experiences, practices and knowledge about the importance and impact of heritage and creativity in improving the mental health, well-being and resilience of people and communities.

The participants are confronted with a current problem that they have chosen themselves, but the staging intensifies the feelings, both in the actors and in the audience. A sudden "stop" causes a discussion, a positive and creative foreign substitution begins. The "play" or the improvisation is continued by the audience in an altered form.

Here we already see the further transformation of emotions by the clear mind. Negative emotions are played down and turned into positive ways of acting.

Methodology

"Stop&Act" is a special kind of improvisational theater. It is a derivative of psycho-drama based on Jacob Levi Moreno and intended for larger groups.

A "burning" issue is discussed together by and with volunteer participants, encouraged and guided by the trainer. Everyone chooses his or her role, either as actor, as "set designer", as facilitator, organizer, writer, director, assistant, prop maker, etc. Nevertheless, everyone should play a part.

At the international conference "In search of truth and humanity in the age of war" in Leszno, Poland, in September 2022, many participants were able to enjoy the benefits of improvisational theater, offered by Jean-Marie Bottequin, expert in body language and basic trainer, Munich, Germany.



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The idea of creating "Stop&Act" impro-theater goes back to Shamil Fattakhov (Fattakhov, 2001) - a Baha'i and the founder of the "Community-Theatre for Moral Education", developer of the "Stop-and-Act" method. He lives and works in Russia and became famous through television. With his "ZIPOPO-Show" he had developed a new form of talk show. Bahá'í counseling is a special form of communication. It is based on ethical principles and involves all participants in decision-making, promoting cooperation and cohesion.

Forum theater - is a central method from the Theater of the Oppressed (Boal, 1974). In Forum Theatre, questions are raised primarily through pointed model scenes. The models are usually developed in open workshops from the generative themes of the participants. Theater of the Oppressed. Is a series of methods by Augusto Boal and was used in the 19th century for political enlightenment.

Target audience.

The audience is the other colleagues, other participants, a school, university, etc.

The goal.

In improvised play, "challenging" issues, e.g. unresolved or still "pending" conflicts, interests or other explosive topics, are openly discussed and acted out in short theater scenes, without too much staging. These are then stopped after a while by a moderator with a gong strike abruptly. A first feedback is started: good approaches and positive comments are rewarded. Now the audience itself is asked to continue or replay the piece that was started with a win-win solution, in a solution-oriented way. This can also be the same actors. With a final feedback, the experiences and feelings, are discussed and appreciated together. Other goals are:

- Presentation of goals and core messages effectively and visualize them emotionally
- so far only theoretical messages can be packed into exciting stories
- Triggering impulses for change and boosting motivation
- Promotion of sustainability through visual absorption of the messages and through the identification of the audience with the role figures on stage
- Reflection on one's own thinking and behavioral structures, self-knowledge
- Activation of hidden resources and potentials of the participants and the audience
- Sensitization of difficult topics, shame, fear, anger, hidden anger.

Not explicitly expressed topics, visions and missions, which are very topical and which should necessarily come to light, are unabashedly shown through improvised theater play (psycho-drama) and consciously processed collectively.

The challenges of hidden and not consciously lived feelings are emotionally processed in a (theater) protected environment. Team spirit is fostered, personal leadership is tested and mirrored.

The preparation.

The expert / trainer Jean-Marie A. Bottequin (Munich) comes for a certain short time as a "companion" and discusses and works out a kind of provisional script together with the participants in a trustful first phase.

Many topics can be addressed, from e.g. feelings of "violence", pressure, injustice, possibly

ethnic problems, religious differences, competition, disadvantages, to positive, valuable, future, re-orientation, new goals, plans, changes, etc., etc.



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The trainer motivates the tasks, lets the participants rehearse and he encourages them. At each meeting (e.g. about 3-4 hours) the piece continues to grow, is rehearsed together in a protected environment, until the public "premiere".

The Script.

The collaborators work together on a dialogue text that is "merged" or rewritten together, according to the needs and requirements of the group. A specific target theme should be in the foreground. Nevertheless, improvisation is also in the foreground.



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The game.

At best, the audience could be seated in a semicircle. The moderator (a participant) introduces the whole thing and the actors start their - somewhat pre-practiced - improvisation.

The moderator stops the action on stage at a certain unknown moment (climax). This would be his "highest critical" point. The moderator asks the audience for feelings, sensations, solutions, etc.

It is discussed (microphone is passed around by helpers) and also in the audience a "discussion" is to be fomented. This is then stopped by the neutral but engaged moderator again for the second time. The good answers and suggestions from the audience are rewarded in each case. "Go- Go-Girls" e.g. appear surprisingly, e.g. with PopMusik and throw e.g. fresh oranges into the public.

The actors.

In the theme-oriented "Stop & Act-Impro" (© Jean-Marie A. Bottequin), the employees take over the direction, reflect on challenges in their daily work and develop valuable action alternatives.

Employees are selected democratically, or as volunteers, during the preparation phase. Everyone has his or her "job." The play is designed together and the direction is again taken over by the group or a "director" chosen by them.

After the "stop" (gong), the actors immediately stop playing and remain motionless until they are replaced by new "volunteer actors" from the audience who have a new or complementary solution to offer.

The new players could also have been determined in advance and "expressed" themselves accordingly in the lively discussion.

The "go-go girl(s)".

Two volunteer pretty ladies (or boys) take over the show part. Dressed up accordingly, they separately rehearse the humorous part of the appreciative "rewards".

The stage.

The stage can be anywhere (indoor). It is important that possibly the spectators sit all around in a semicircle or the stage is e.g. somewhat higher or the audience sits higher.

The moderator.

The important part of the moderator is taken over by one or two participants who feel suitable for it. They also get encouragement from the trainer and the group. They should be able to speak well, motivate and have a certain "pull" effect and charisma..

Feedback afterwards.

A debriefing is important to get the fruits out of the "Stop & Act". This feedback is preferably done with the trainer, at least the first part of the debriefing. The trainer is available for a personal feedback with his evaluation.

Different ways of acting.

This is usually a focused delivery of content out of context in the form of theater or PSYCHO-DRAMA. In essence, it serves much more than just

information transfer or entertainment, but is intended to be an impetus for new perspectives and food for thought. The experience is healing and balm for the soul.

Every participant asks himself the legitimate question: "What do I do now with this knowledge? How can I implement it in everyday life? How can I use it for myself and my environment, friends, team, family?"

The special feature of Impro-Theater (similar to Psycho-Drama) is to describe the topics with its special possibilities for application in the area of "corporate communication", which otherwise would never be practically possible in smaller or larger sessions.

Possible areas of application:

- Mediation of corporate guidelines
- Conveying information in the context of internal change processes
- Conveying core messages in the context of a motivational event
- Product and trade fair presentations, road shows, kick-off events
- School and company anniversaries, incentives, etc.
- Competence training (leadership, sales, call center, creativity, etc.)
- Communication and conflict training, behavioral training
- Team development
- Self-reflection and development of new behaviors and actions
- Support in change processes on the emotional level, conception and implementation, etc.



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For schools, institutes and companies.

In normal elaborative team meetings, questions at this point often come up empty, such as: "What do my newly gained insights now mean 'concretely'

for me in practice? How do I actually deal with the different behavioral styles in everyday life? How does our team now deal with this information?"

What exactly should be developed or changed and how?

How can we draw a benefit for our everyday life and our daily challenges from this information?"

It is precisely in this area of tension between theory and practice that corporate theater or improv theater as psychodrama can provide valuable assistance.



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The 7-W question technique.

With the help of this question technique, one obtains an optimal overall view of all existing information and aspects that are connected to the central topic. With this instrument, information gaps can be closed and transparency can be achieved.

Where?

- Stocktaking / analysis of the current situation / as-is situation
- Narrowing down the fields of action
- Targeting individual aspects (location, space)
- Where do we currently have the biggest problems?
- What are the trends of the future?
- Where are our strengths / weaknesses?
- Where can we expand what and when?

Why?

- Why / WHY are we doing the project / program?
- Benefit for the company / the employee / the product

What?

- Leads to the later result definition of a topic
- Narrowing down central aspects and defining the field of action

- What specifically is to be achieved with the project / program?
- Objectives (overall goal for the company / employee / product)?
- Result (direct benefit for the company / employee / product)?
- Measurability (in numbers / in emotional values)? Who?
- Resource planning for input from customers / end customers / departments
- Who is involved in the project / program ?
- Customer (internal, external), client, project manager, employees, external consultants, etc. ?

When?

- Consciously plan buffer for detours.
- When do we want to have achieved our goals, healing, improvement? Time planning?
- Individual steps, intermediate result, overall result?

How?

- How can we achieve our goals? How do we plan in advance?
- What do the individual work steps look like?
- How do we communicate our plans to the company?
- How do we deal with setbacks?

How much?

- Provision of an appropriate budget and necessary resources
- How much does the project / program cost?
- Personnel costs internally and for externals?
- Costs for new resources, additional qualifications.
- Planning of time resources of all participants.

Discussion

The use of improvisational theater, in this case psychodrama, (also corporate theater), in the area of (corporate) communication often has an event character and takes place in a public or semi-public space. In this environment, there are usually rules of their own, which are revealed to the audience.

However, rules in the workshop or seminar context of improvisation (corporate) theater are necessary to shape the togetherness. They give the

participants the necessary security and the framework they need to feel comfortable and to enable change.

Depending on the workshop orientation, some of the following rules can be suggested and then adopted together with the participants at the beginning of the workshop:

- Stopping rule (everyone has the option to pause or stop if the process overwhelms him or her).
- Punctuality.
- Confidentiality (everything stays in the room!).
- Disruption takes precedence, cell phones off!
- I am open to offers of support.
- I try to support everyone in the group.
- Keep contributions short and to the essentials.
- Allow excuses.

Further benefit of using "Stop & Act" technique lies in the following:

- Humorous feedback.
- Gets people moving emotionally.
- Delicate topics can be visualized in a playful way.
- Stimulation to deal with one's own potentials.
- Strengthening of the corporate culture
- New perspectives are gained.
- Addresses both on the conscious and even more on the unconscious level.

Conclusions

Stop & Act is a very suitable form for a special group dynamic. The therapeutic character is especially worth mentioning here. Superficially, one might think it's about improvisation theater. It is much more. The individual approach and the harmonious integration in the group is a healing method for past or present frustrations, suffering, traumas, etc.

The individual does not feel focused by the audience and can therefore improvise more easily and react spontaneously to his/her fellow actors. In the process, the newly born "actor" experiences a feeling of happiness that makes him/her forget his worries for a long time.

The discussion with the audience, i.e. the subsequent actors, strengthens the individual and the group at the same time.

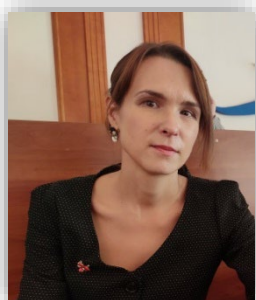
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PARABLES AS A TRANSCULTURAL TOOL FOR A PSYCHOLOGIST'S WORK WITH THE REQUESTS OF PARENTS OF CHILDREN WITH ABNORMAL DEVELOPMENT

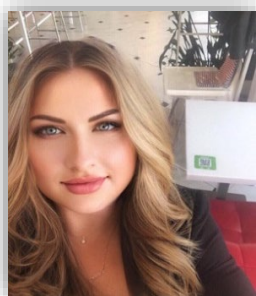


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Abstract

Parables are considered to be an effective tool in a psychologist's work with parents of children with abnormal development. As a kind of metaphor, parables actuate neurodynamic mechanisms of the personality's reflection of actual life issues. The use of parables is specific, depending on the psychodynamic stage of the family with a child who has some developmental problems. The requests of parents of children with abnormal development were classified and the parables were matched to each underlying request type. The use of various options of work with stories by psychologist in the therapeutic process is possible. The authors give some examples of parables at the end.

Keywords: parable, metaphor, abnormal development, transcultural approach, positive psychotherapy

Introduction

Metaphors are effectively used in modern psychotherapy and psychological counselling (Tay, 2013, 2014; Törneke, 2017, 2022). Krotenko & Naydonova consider that metaphor is an

effective psychological tool that actuate neurodynamic mechanisms of personality's reflection of actual life issues. The metaphorical language allows a psychotherapist or counsellor to convey relevant messages to the client in a sufficiently safe form and unobtrusively suggest options for solving the problem (Krotenko,

Naydonova, 2022, p.110). The peculiarities of the use of the metaphor in psychological work with parents of children with impaired physical development are: 1) the metaphor transmits hidden meanings from one person to another; 2) metaphoric image allows to see a new content in what is well known and to transfer this content beyond the area in which it was produced. (Krotenko, Naydonova, 2022, p. 110-111).

N. Törneke (2017) identifies three basic therapeutic strategies of metaphor usage in psychotherapy: 1) help the client discern the relationship between what he does and the problematic consequences he experiences; 2) help the client discern his own thoughts, emotions, and physical sensations by establishing an observational distance from them as they emerge; 3) help the client use this skill to clarify what is important in his life and what would be concrete steps in that direction.

Metaphors can be applied in counselling parents of children with developmental problems in several variants: 1) reading and discussing parables, stories, etc. together with parents; 2) discussion of drawings-metaphors and creating stories about them; 3) work with metaphorical cards (Krotenko, Naydonova, 2022).

So, parables are one of the types of metaphors, they also could be used by psychologists. N. Pezeschkian (2016) proposed the use of parables, oriental stories, etc. in transcultural psychotherapy, stories or parables can be used in helping the client to rethink actual life situation. Deliberate use of parables in psychotherapy changes the client's position by providing access to intuition and fantasy. Stories are used intentionally in positive psychotherapy within a five-step treatment process. N. Pezeschkian mainly turns to parable functions that cause changes in life attitudes, so he divide them into two groups: stories that affirm existing norms and stories that question the permanence of existing norms. In his opinion there are eight functions of parables in therapy: 1) mirror function - the metaphorical images of stories relate to the inner world of a client and facilitate identification with it; 2) model function - stories are viewed as models that reflect conflict situations and offer ways to resolve them; 3) mediation function - story becomes the intermediary between client and therapist; 4) experience storage function - due to metaphoricity, the stories are easily remembered and continue their functioning in the client's daily

life; 5) bearers of tradition function - the stories capture cultural and family traditions, the traditions of a particular social community and individual traditions as a result of life experience; 6) assistance in returning to earlier stages of individual development function - using different types of metaphors in psychotherapy helps to relieve tension, establish warm, friendly and trusting relationships between the client and the therapist; 7) alternative concepts function – story as the way of communication involving the exchange of concepts; 8) position change function - stories evoke a new experience, a change of position.

In brief, Combs & Freedman (1990) listed these functions of stories in the psychotherapy: developing a relationship; gathering information; accessing and utilizing resources; suggesting ideas; reframing; facilitating new patterns of thoughts, feelings and behavior.

Methodology

Theoretical analysis and generalization of data of scientific research has been conducted to distinguish the types of requests which are typical for parents of children with abnormal development. The generalization of practical experience of psychotherapists and counsellors of the usage of metaphorization in the therapeutic process were used for the highlighting of methodological aspects of the use of parables as a tool for a psychologist's work with the requests of parents of children with abnormal development in a transcultural approach.

Results

The psychologist's work with the requests of parents of children with abnormal development requires some tools that will assist in overcoming some specific features of psychological work with the family of such a child. In general, scientists identify two groups of tasks that should be addressed while counselling parents of children with developmental problems. The first group of tasks is the creation of psychological conditions for parents to adequately perceive the situation associated with problems in the development of their child, the creation of their psychological readiness for long-term work on his/her development, correction and education. The second group of tasks includes issues related to releasing parents from feelings of guilt,

overcoming the stressful state of the family (primarily, the oppressed, often depressed state of the mother), creating and maintaining, if possible, a normal climate in the family (Shulzhenko, 2017; Podkorytova, 2020).

As the practice of psychological work with parents of children with abnormal development shows, all their requests fit into these two task groups: 1) difficulties arising in the process of educating and raising a child when the child does not cope with the educational program; inadequate behavioral reactions of the child (negativism, aggression, oddities, unmotivated fears, disobedience, uncontrollable behavior; inharmonious relationships with peers (healthy children are "burdened", embarrassed by a sick brother or sister, subject them to ridicule and humiliation; at school, kindergarten, other children offend them, do not want to be friends with them, call them stupid or "fool", etc.); underestimation of the child's capabilities by the specialists. Parents complain that the educator or teacher underestimates the capabilities of their child, at home the child shows the best academic results. 2) inadequate interpersonal relations of close relatives with a sick child: in some cases, relatives feel sorry for a sick child, over-protect and "caress" him/her, in others they do not maintain relations with a sick child. On the part of a sick child, rudeness or aggression towards relatives may be manifested. Broken marital relations between the mother and father of the child, emotional rejection by one of the parents of a child with developmental disabilities, in extreme cases, refusal even of his/her material support may occur. A comparative assessment by the mother (father) of the relationship of the spouse (wife) toward a child with developmental disabilities and toward normal children (positive or negative, feelings of jealousy, anger, aggression are possible), etc.

The use of parables to solve the problems involved in the psychologist's work with parents of children with impaired development depends on the psychodynamic stage of the family at the time of contacting the psychologist. There are 4 stages in total, which replace each other and are characterized by various emotional manifestations of family members (feelings of anxiety, confusion, helplessness, etc.) and the search for different ways of adaptation (method of trial and error, reassessment of values, etc.) (Shulzhenko, 2017).

During the first stage, which is characterized by a state of confusion, a feeling of helplessness, and guilt, the therapist can use parables that show that in a similar situation, other people will feel the same way. The purpose of their use will be to reduce the feeling of isolation associated with the experience of guilt. Also, parables can give parents a new cognitive basis for experiencing guilt and limit the parents' feelings of being personally responsible for their child's problems.

In the second stage - the parents' denial of the reality of problems in the child's development that have been identified by specialists - parables gently help to realize the real state of affairs. At the third stage - a state of depression associated with the gradual awareness of the child's developmental problems - may develop. It is important to work with a sense of shame. Here the therapist can use parables aimed at the development of collaboration, parables that will help parents realize and express their sense of shame, parables that will help emphasize the beneficial areas of family life.

At the fourth stage - the family's exit from a deep emotional crisis, the beginning of social and psychological adaptation - parents are already able to adequately assess the situation, be guided by the child's interests, establish working contacts with specialists and follow recommendations.

So, we could use the parable as means of establishing contact with parents of children with developmental problems at any stage of a family's psychodynamics (Krotenko, Naydonova, 2022). It could be used as a diagnostic tool, as a psychocorrectional tool etc. As practice shows, parables are effective in diagnostics for different aspects of parental-child relationships. How parents behave while listening to the parable, what are the details during its discussion, - all this give the psychologist important information about the relationship between parents and child.

The psychologist can use the parables proposed by N. Pezeschkian (2016) in his/her work or can choose a story for a specific situation. In our work with requests regarding the establishment of relations between the spouses, we use the parables "The sight-seers and the elephant", "About the happiness of having two wives", "Dirty nests", "Married life is a flower", etc.

In work with parent's requests about particular problem in child-parental relationships we also propose some parables, which can become a starting point for discussing this problem. For example, parable "Two Little Boys" (Krotenko, Naydonova, 2022, p. 112). It is intended to help parents of children with impaired development to realize the need of a judgment-free acceptance of their child, as well as the important role of parental attitudes and expectations, in the child's personality formation, his or her self-esteem and beliefs.

"The teacher was sitting on the seashore, resting after a long excursion. He was gazing at the open, watching two six-year-old boys playing together. They were running, laughing, and then, having become tired, they sat down together close to him and began talking:

- Who do you want to be when you grow up? I want to be a neurosurgeon.
- I don't know. I have never thought about it. You know, I'm not very smart ...

The wind blew their conversation away. And the teacher was thinking about where the second boy had found such certainty in his own limited opportunities. From a teacher? From parents? He is six years old, and if he won't change his thoughts or if someone else won't help him change his opinion, it will have a negative impact on his life, limiting confidence in his own opportunities and potential ..."

Questions for discussion:

- Close your eyes. Imagine your child and your communication with him or her. What are the words, phrases that you most often use, when talking to a child?
- How does your child react to praise and comments?

Another example of the use of parables in counselling parents of children with abnormal development is the Parable of understanding (Krotenko, Naydonova, 2022, p. 111-112). Its aim is awareness of the need to establish closer relations with children.

"Once upon a time young people came to the wise man from a remote village.

–Sage, we heard that you give everyone wise advice, show them the right way, reveal the truth. Please, help us as well! The older generation in our village has stopped understanding us, but it is very difficult for us to live with it. What should we do?

The sage looked at them and asked:

- And what language are you speaking?

- All the younger generation speak Tarabar.
- And the older inhabitants?

The young people thought and admitted:

- We did not ask them.
- That is why you could only listen to them, but not understand!"

Questions for discussion:

- How can you describe your communication with a child? Imagine some image that characterizes your communication. Remember and describe a typical situation of your communication with a child.
- What helps you in communication? What stands in its way?

Conclusions

Parables can perform different functions as an effective tool in a psychologist's work with parents of children with abnormal development: developing a relationship; gathering information; accessing and utilizing resources; suggesting ideas; reframing; facilitating new patterns of thoughts, feelings and behavior. There are two groups of tasks of psychological work with parents of children with abnormal development, the accomplishment of which can be achieved with the help of various options for using parables: the first is the creation of psychological conditions for adequate understanding of the child's problems and psychological readiness for long-term work with these problems; the second - creating a normal climate in the family. Depending on the psychodynamic stage of the family at the time of contacting the psychologist, parables can be used on each of them to work with specific requests of the parents of children with abnormal development and/or behaviour. So, the competent use of parables in the psychological work with the parents of children with developmental problems could take place from the establishment of the contact until the decision making and its review.

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THE POSSIBILITIES OF TRANSCULTURAL POSITIVE PSYCHOTHERAPY IN SUPPORTING THE DEVELOPMENT OF POST-TRAUMATIC GROWTH (PTG)



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Abstract

Technological and sociocultural changes taking place over the last decades have, on the one hand, increased the probability of experiencing trauma during human life, and on the other, contributed to the development of neuroscience, and thus to expanding knowledge about the symptoms, diagnosis and treatment of trauma-related disorders. Attention began to be drawn to the fact that experiencing trauma can not only lead to negative consequences, but also can be a source of positive changes in an individual. This phenomenon is defined as post-traumatic growth, which may manifest itself in one (or more) of the four areas of human life.

As a result of a traumatic experience, some people may increase the sense of self-confidence and trust in their own abilities, may become convinced of their personal strength and effectiveness, may improve relationships with other people, or begin to appreciate life and have hope for the future's changes. Post-traumatic growth is more than an adaptive strategy to a post-traumatic situation. Growth means development, i.e. achieving a better level of functioning of the individual than before experiencing the trauma.

The development of an individual is part of the Transcultural Positive Psychotherapy (PPT after Peseschkian) objective, which focuses on developing human potential by changing the perspective, enhancing hope, differentiating capabilities, discovering coping skills and finding a sense of meaning even in the most extreme life events. This article aims to show the usefulness of Positive Psychotherapy after Peseschkian in supporting post-traumatic growth. Starting with the characteristics of the post-traumatic growth phenomenon, will discuss the factors correlating with the emergence of positive post-traumatic changes and will finally show how the main principles and tools of this method can be helpful in reinforcing post-traumatic growth.

Keywords: trauma, posttraumatic growth (PTG), positum, resilience implications for practice, positive psychotherapy

Introduction

Observations on the negative consequences of traumatic events are confirmed by many studies.

However, modern trauma researchers [1,2,4,5,11] agree that there are significant differences in people's responses to traumatic events. When it comes to trauma, no two people react exactly the same way. What causes long-term pain for one

may be inspiring for another. As Levine states (2015) these relationships depend on genetic factors, on a person's history of trauma, and on family dynamics. In some cases, especially after severe trauma, symptoms such as anxiety, depression, addictions and PTSD can develop [4,8,9]. Some traumatized people continue with their daily lives and find their trauma to be a strengthening experience over time.

Methodology

When we look at the phenomenon of trauma from the holistic perspective of the concept of *positum* (Peseschkian, 1987, 2014), we discover that the traumatic experience brings with it both suffering and the possibility of growth. Clinical practitioners and researchers state that knowledge about the consequences of traumatic stress would be incomplete without noticing sometimes paradoxical, positive effects of having experienced the traumatic event and coping with it (Zięba, 2021).

The need for in-depth reflection on the issue of post-traumatic growth leads to finding the answer as to what factors are conducive to the occurrence of this phenomenon and at the same time noticing that the method of working in PPT (techniques, tools, rules) can establish a buffer of resources within the patient and in his/her environment. On the one hand, these resources can help in coping with traumatic experiences, and on the other, they become factors correlating with the development of post-traumatic growth. Thus, the holistic perception of trauma and knowledge of the correlates of PTG may become particularly important for positive psychotherapists.

Discussion

The term post-traumatic growth (PTG) was created by Richard Tedeschi and Lawrence Calhoun in 1996, while they have observed the positive personal transformation, which could occur after traumatic events. That means a positive change in the patterns of understanding oneself and the world, in such areas as: strengthening the sense of personal strength, deepening the joy of life and the importance of

relationships with other people, changing life priorities and spiritual development (Zięba, 2021).

To describe this concept, those two scientists used the "seismic metaphor". According to them, trauma is understood as an earthquake and the process of growing as a reconstruction of the city after the earthquake (Łyś & Bargiel-Matusiewicz, 2021). With the help of a very strong shock, old cognitive structures are destroyed. This forces a person to create new structures, more adaptive, flexible and versatile ones, that are more adaptable, flexible, versatile and which serve further life (Ogińska-Bulik, 2015; Zięba, 2021). This process cannot be planned. In a sense, it becomes a "side effect" of activating all available resources to survive the crisis. It accompanies all symptoms of distress associated with trauma. Sari and Eryilmaz (2020) state that it is a positive change that comes from fighting.

The PTG concept has been intuitively known for centuries and is described by those religions or philosophical systems which give meaning to human suffering and which promote the acceptance of difficult life events [7, 8, 9, 10].

It is perfectly reflected in the parable "The Story of the Palm Tree"¹. "In the desert, at the edge of the oasis, a young palm tree grew. One day a man passed by. He was an evil man who destroyed everything along his way. He took a heavy stone and slammed it into the crown of the palm tree and ran away. The palm tree could hardly breathe through the pain. The palm tried to throw off this burden, but in vain, nothing helped, she could not move the stone. The stone remained in place and its weight was rushing down upon her. The more the palm tried to move, the more the stone pinned her into the ground. As with her roots she was going deeper and deeper into the ground to gain support, she reached the water vein. The water continued to nourish the palm tree, and enabled her to grow until she became one of the biggest trees in the desert. Years later, the evil man returned, expecting to see a dry, destroyed tree. Suddenly, the tallest palm tree leaned towards him and pointing, she said: Thank you! Your stone helped me to grow!"

According to Tedeschi and Calhoun, positive change usually manifests itself in one or more of five important areas in an individual's life [3,5,9,10,12]:

¹ The story of the palm adapted from:
<https://medicamondiale.org/en/violence-against-women/news/the-story-of-the-palm-tree>

1) Personal Strength - increase of self-esteem and personal strength (mental and/or emotional), development of self-confidence and self-trust, according to the common saying: "What does not kill you, makes you stronger";

2) New Possibilities - discovering new opportunities in life or developing new skills, which are usually conditioned by the loss of existing opportunities. This is reflected in the words of the Polish priest, Father Jan Twardowski: "There is no situation on Earth without a way out, when God closes the door - It opens the window";

3) Relating to Others - improvement and deepening of the relationships with other people, i.e.: openness to others, the ability to compassion, sensitivity. As the wisdom of the East says: "Shared joy is double joy; Shared sorrow is half a sorrow";

4) Appreciation of Life - increasing the sense of meaning and satisfaction in life, discovering the joy of life, which means a greater appreciation for life in general, awakening to be "here and now", changing priorities and the hierarchy of values, the ability to affirm the presence, according to the sentence from Horace's poetry: "Carpe diem - Seize the day, enjoy the moment."

5) Spiritual and Existential Change - directing attention to the spiritual dimension of life, to the spiritual development, achieving spiritual depth (which is not always synonymous with becoming religious), and the development of hope. This wisdom is contained in the quotation from Rumi: "Where there is ruin, there is hope for a treasure".

The reader may notice that the areas of positive transformation listed above are similar to the 4 areas of life according to PPT (Peseschkian, 1987). The area of the body corresponds to a change that strengthens the sense of personal strength, the area of work and achievements - the discovery of new possibilities. Improving and deepening relationships with other people is included in the area of contact, while spiritual change and giving life a new meaning correspond to the fourth area of the balance model, which is the future/fantasy. By experiencing PTG, individuals enter a new, more adaptive balance in the dimensions of body, achievement, relationships, and spirituality. Thus, the process of post-traumatic growth becomes in fact a process of restoring life balance in these four areas (Sari T. & Eryilmaz A., 2020).

Research shows that the experience of positive changes usually concerns one area of human life [1,3,4,5,11,12]. For example, among the few positive effects mentioned by women who experienced rape, are resolutions to rely more on oneself, to trust more in their own perceptions and feelings, and to be better prepared for conflicts and dangers (Herman, 2015; Łyś & Bargiel-Matusiewicz, 2021) - the area of the body and senses. In a study of the long-term effects of rape, Burgess and Holmstrom (1974) found that those women who had become involved in anti-rape movements coped best with the trauma. They worked as volunteers in help centers for raped women, advocates for victims in the courts, lobbied for a change in the law (Herman, 2015) - an area of contacts and the future and fantasy.

Many people have the opportunity to grow significantly after traumatic experiences. However, in order to recover, a person must find an individual way to rebuild a sense of connection with himself and the environment. It is helpful if a person is able to find meaning in his/her experience beyond personal tragedy [1,7,11]. Sometimes meaning is found through engagement in social activities.

An example of this can be the statement and story of Anna, whose son died of leukemia. During her son's treatment at the hospice, the client actively used psychological support, and after her son's death, while experiencing mourning, she started therapy. At the end of therapeutic work (stage of broadening goals), while discussing the area of sense and meanings (future/fantasies), Anna decided to become a hospice volunteer.

"Since I have started volunteering at our hospice, helping both parents and kids struggling with this terrible disease, I have noticed that my life began to change. Please, do not misunderstand me, it's not like I'm accepting the loss of my son. It will probably never happen. I guess this pain will always stay in my heart. But I have a deep feeling that his life and death took on a different meaning. I know, that through my experience, I can give a lot to those who need it. I know what they are going through, I have been there myself, I know what it is like. It may sound strange, but for the first time since his death, I feel needed, fulfilled and happy."²

It is worth mentioning that post-traumatic growth is not synonymous with removing all

² For safety reasons data of the patient and details have been changed

negative consequences of trauma. Anna's statement shows that she lost many important resources, going through traumatic life events related to the illness, treatment and ultimately the death of her son. However, the social support she received during the crisis, psychological help, which enabled her to work through the trauma, and involvement in volunteering, which ultimately strengthened the sense of meaning in her life, were of great importance in developing PTG.

Research by Calhoun and Tedeschi showed that post-traumatic growth is experienced by 20% to 80% of respondents who have experienced a traumatic event [5,9,12]. PTG is correlated with such dimensions as [1,3,5,12]:

- resilience - the ability to adapt and the ability to recover;
- integrated personality;
- self-efficacy - conviction of one's influence on one's own fate, internal location of the control center;
- openness to experience, expressed as a willingness to change the world and oneself;
- optimism, contentment, sense of humor, extroversion;
- spirituality, focus on moral values and a sense of meaning, expressed primarily by the ability to find meaning in a crisis and give meaning to suffering
- hope - especially expressed in planning paths of one's own goals and in active striving to achieve them;
- active involvement in overcoming the crisis - strategies focused on survival, performing in a thoughtful and active way;
- high social competences - the ability: to stay in relationships with others, to reach out for support in an active manner, to share one's experience with people who show understanding and commitment;
- adaptive strategies for coping with stress, such as positive rephrasing, religious coping, conscious focus on staying calm and maintaining the ability to assess the situation.

Further research on PTG shows that it can be stimulated by modeling, e.g. in the form of contact with people who have experienced similar events and successfully coped with them (Łyś & Bargiel-Matusiewicz, 2021).

Transcultural Positive Psychotherapy, by its nature, focuses on helping to develop the patient's internal potential. Nossrat Peseschkian (1987) used to say "If you want something you've never

had before, do something you've never done before". A positive psychotherapist, looking at a person through the „positum” perspective, respects the suffering, but at the same time highlights the hidden abilities, natural resources, strengths and competences of the person, thus models an attitude propitious to development. The mentioned resources are not only internal human capacities, they are often external ones. The activation of external resources to which people can refer, such as support networks, authorities, the idea of God or the sacred, plays an important role in supporting the recovery process. By strengthening the sense of resourcefulness, a patient does not feel like a helpless victim of events, but has the feeling that he or she can face all the difficulties and surprises of life.

In addition, a positive psychotherapist, by arousing hope, referring to transculturalism (universal values from different cultural circles), psychoeducation and activating the patient's self-help and self-healing mechanisms, stimulates his/her developmental strength, which in turn strengthens his/her resilience (Peseschkian, 1987, 2014). By creating an accepting therapeutic context, in an atmosphere of safety and trust, the patient can work on developing his/her own effective problem-solving strategies, which ultimately increases the patient's self-efficacy.

Also, by using stories, proverbs, folk wisdom and humor in the process, the therapist is able to make the patient look at his/her problem from a different, previously unknown perspective (Peseschkian, 1987, 2014). Thanks to this, the patient obtains information on more effective ways of dealing with a difficult situation, also finds and activates experiences, feelings and ideas that he/she was not aware of so far. Most importantly, in the case of patients after traumatic experiences, metaphors are used in an accessible, non-invasive way, opening up new possibilities of procedure, showing new points of view, modeling, showing the way, while leaving the possibility of choice.

As humans, we have no control over many aspects of life. Feeling out of control is inherent in the experience of trauma. Using the technique of positive reinterpretation, the positive therapist teaches the patient to regain control, e.g. on how he or she perceives the situation. Positive reinterpretation helps reduce the level of stress associated with a given situation, gives a broader perspective, inspires hope and humor, gives the opportunity to learn, make sense, draw

conclusions - turns a crisis into an opportunity. When the patient has the opportunity to find positive or developmental aspects of the crisis, his or her level of involvement in the therapy process and chances of healing meaningfully increase (Peseschkian, 2014).

Ultimately, the goal of therapy is to stimulate the patient's natural healing mechanisms so that he or she finds life balance. Because the essence of mental health is harmonious functioning in four areas of life: physical, cognitive, relational and spiritual, i.e. their proportional development and adequate use of energy in these spheres of life. Good functioning in the area of body and senses influences better sense of self-acceptance and self-attention, an increase in self-confidence, location of a sense of control within oneself and thus the development of a coherent, integrated identity. A well-developed area of work and achievement after the moment of experiencing traumatic event might be helpful to an active search for ways to deal with the consequences. It will also be conducive to changing existing patterns of thinking and ways of evaluating experience. Moving from being unsolvable to being manageable and working through "being a victim" to "being a survivor" (Steuden & Janowski, 2016). Access to the area of contacts allows the development of high social competencies, which in the case of a traumatic experience are helpful in reaching for broadly understood support, receiving it and regaining important social roles [1, 4, 11]. Last but not least, by nurturing the fourth area of life- future and fantasy, a person, when experiencing life difficulties, activates coping strategies through practices related to religion and spirituality, through active search for spiritual support, searching for meanings or giving meaning to events.

By analyzing what kind of developmental possibilities are hidden in each of the four dimensions of the Balance Model in the context of a given patient's life, we help reduce the experienced stress and help restore physical, mental, emotional and spiritual balance.

Conclusions

Knowing all these correlations, a positive therapist can, on the one hand, influence the already existing effects of traumatic events, minimizing their impact. On the other hand, practicing broadly understood trauma prevention can strengthen self-help aspects in clients, so they

can cope better with potentially traumatizing events in the future. Bearing in mind the fact that a person comes into the world with an innate ability to overcome trauma, and trauma is treatable - the healing process can initiate a deep awakening and be a source of genuine personal transformation. In this sense, Transcultural Positive Psychotherapy, drawing on the combination of the science of the West and the wisdom of the East, becomes a method for working with trauma, giving the possibility of post-traumatic growth.

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FOUR ASPECTS OF THE QUALITY OF LIFE, THE BALANCE MODEL AND SEXUAL DISORDERS



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Abstract

Sexual life is an important part of daily life and it influences the quality of life and well-being. There are four aspects of life, the equilibrium of which is required to create and maintain mental, emotional, social and spiritual health. Any difficulties in making and keeping this balance or obstacles to it may cause various diseases, complains, problems or dysfunctions in sexual life. This paper will show the importance of good, regular sexual life and how it will influence the improvement in the quality of life on one hand and will help protect against or reduce the severity of many sexual disorders on the other hand. It will demonstrate how the balance model from the positive psychotherapy approach can work together with techniques of body psychotherapy in the treatment of different sexual disorders.

Keywords: Balance model, quality of life, sexuality, body psychotherapy, positive psychotherapy, sexual disorders

Introduction

1.1. Human sexual life

From birth to death we human beings are sexual persons, whether or not we are engaged in a sexual relationship. The word "sex" is probably the word most commonly thrown around in our daily life but one that somehow always tends to raise more than a few eyebrows. But despite the pervasive discussion on this subject, much of what we hear is inaccurate and can be confusing. A basic understanding of sex and sexuality can help us sort out myth from fact and allow us increased enjoyment of our lives. The myths and misunderstandings surrounding sex were not created deliberately by us but grew up because of people's discomfort in accepting the word "sexuality." How has this come about? My opinion is that from our earliest childhood we learned that

even using the word "sexuality" is allowed only for adults, and if children use the word "sexuality" in front of adults, they will be made to feel shamed and embarrassed and will blush.

Let me give an example. When a child asks her parents *if they have sexual intercourse*, the answer to this question will normally be: *"Yes, of course we do."* But if the child continues to ask further questions such as: *"did you have sexual Intercourse last night?"*, then the parents will either ignore the question or offend the child with an answer such as: *"that's none of your business!"*.

This example shows very precisely that sex and sexuality are enveloped in a protective shield of privacy (Levine, 1992). Some authors (Levine, 1992; Kubie, 1971; Person, 1988) emphasize the distinction between privacy and secrecy in which the word "privacy" is more useful in relational communication rather than secrecy, which is protected by the personal concept of sharing and

belongs to intra-personal communication.

If sexual development does not progress normally, it becomes dysfunctional, which evokes many disorders. Sexuality, however, is neither a disease nor a commodity. It is an ever-present, ever-evolving, multi-faceted resource of every human being (Levin, 1992).

Sexual life is one of the very important activities for the maintenance of human health and well-being. Regular sexual activities are not the same in all people who are trying to keep balance in daily life. A high level of involvement with other activities is often given as the reason for avoiding sexual activity. Many of us have no clear understanding of how often we actually have or should have sexual intercourse. As daily activities are becoming ever more stressful and we are consumed by the routine of mechanical behavior, modern people increasingly complain of "forgetting" or "postponing" sexual activity.

In my psychotherapeutic practice clients often complain that they do not have enough time for regular sexual activity, and they often blame stress for this. As I often face such situations with clients, I have searched for methods to assist them to re-balance their disturbed balance of the quality of life, including regular sexual activity.

To understand sexuality, it is important to know the causes of sexual phenomena, which we can classify into five categories: Individual psychology, biology, interpersonal relationships, sexual equilibrium and culture (Levine, 1992). All of these five categories are crucial to maintaining and/or developing healthy or impaired sexual life in every person's unique set of sexual thoughts, feelings and

behaviors.

Human sexuality includes the physical body, the neuro-biological mechanism of the human organism (Houts et al., 2011), psycho-emotional activities (Laan, Both, 2011) and the socio-identification of gender identity. The ways we experience and express our sexuality include our **body images** of how and what we feel about our bodies, desires, thoughts, fantasies, **sexual pleasure**, sexual preferences, and sexual dysfunction, the values, attitudes, beliefs, and ideals about life, love, **sexual relationships**, and **sexual behaviors**.

1.2. The Balance model in sexual life

Many of us believe that contemporary modern life is producing successful and beneficial results because of significant forms of technological empowerment. To adapt to these new circumstances the human being must alienate the psychological part of his nature by behaving mechanically and focusing on achievements and results. These situations increase the physiological mechanisms that produce the stress hormones and this creates an imbalance in well-being in daily life.

Research shows that younger and middle-aged people, female and male, married and young single partners show differences in adult sexual activities (Eisenberg, et al., 2010). It is important to emphasize that each human being must develop his own quality of life. What does quality of sexual life mean? We will understand this better if we look through the balance model used in the Positive Psychotherapy approach (Peseschkian, 2016a,b,c). Look at the picture below.

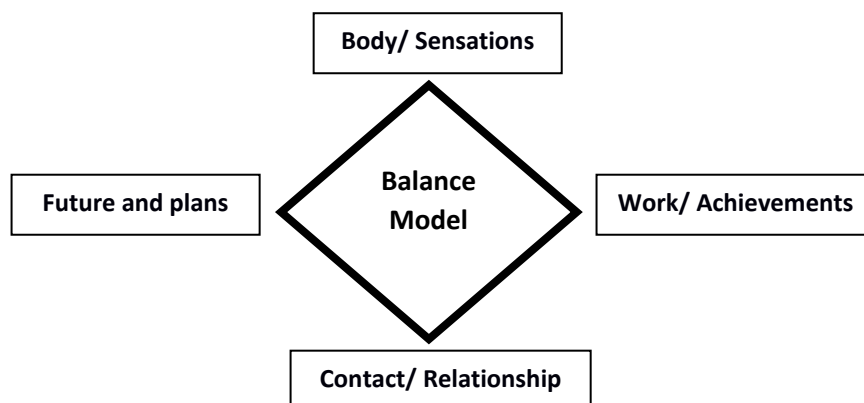


Figure 1. Balance model according to the Positive Psychotherapy approach (N. Peseschkian, 2016c)

These are the four aspects that a human being uses continuously in his daily life. The first aspect is the *physical body*, including all psycho-

physiological mechanisms through which the human being carries out not only physiological but also the emotional functions of the body, such as

well-being. The physical aspect of the body will be empty and poor if its emotional aspect, which produces *sensual satisfaction, is not activated*. This may be activated if the body is in good condition, which means, our *daily work and achievements* are successful and effect material satisfaction. If our work is in good stress-management control, this means that our daily moods are in harmony with our bodies' sensations. When we are successful in our daily work, and have developed good coping skills for stress, our results will influence our motivation for sharing and making *contacts with our partners*. Thus satisfaction will be increased

and this will influence others.

Maintaining good contact with our partners influences the development of relationships and produces a better quality of life, which brings satisfaction and harmony into daily life. If we continue to foster harmony in these three aspects just mentioned, our future daily lives will *develop and grow* toward a better quality of life.

This is the model from Positive psychotherapy that is used in our daily lives. If we port the same balance model into sexual life, then we will have the picture as it is shown in fig. 2.

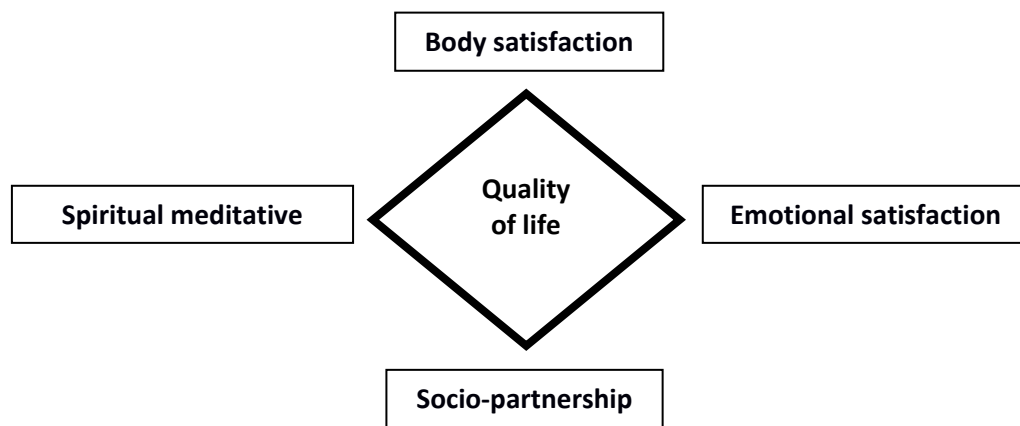


Figure 2. Balance model according to the positive psychotherapy approach transforming sexual life (Cesco, 2011)

We use our body/sensations to arouse sexual impulses during intercourse which produces sexual satisfaction. In turn these intercourse relationships intensively mobilize psychophysical energy which further improves sexual satisfaction.

harmonious relations with the partner so as to produce a better quality of life in the four model dimensions (Peseschkian, 2016a). The model dimension is in harmony with the four aspects of personality development shown as in fig. 3.

In a state of human well-being there is always

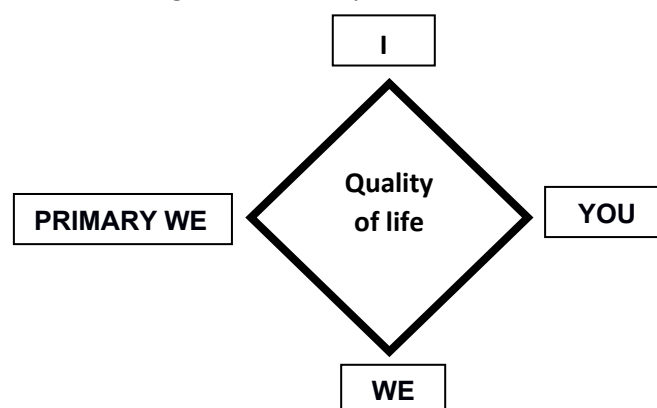


Figure 3. Model of dimensions according to the positive psychotherapy approach (Peseschkian, 1985)

When we are using the same model dimension in sexual life, the four aspects will transform as *I* with **MY Body sensations** that are being excited by various objective stimuli which are arousing sexual impulses. When **MY Body** is in the arousal state, it

then stimulates my partner's sexual mechanism, called **Partner sexual sensations**. These might differ from **MY Body's sensations**, but together they will prepare for the next step of the **Intercourse Relationship**. As our **Intercourse**

Relationships become ever deeper and more harmonious, the concomitant sexual satisfaction will be increasingly more in balance and of higher quality. This is when partners feel that their two bodies merge into one and they experience sensations that develop **Ecstatic Sexual Satisfaction**, called "beyond orgasm"(Klasic, 2009).

All these four model dimensions create a higher quality of sexual life and make the balance model of well-being. This is shown in figure 4. how the positive psychotherapy model is carried across from daily life into sexual life.

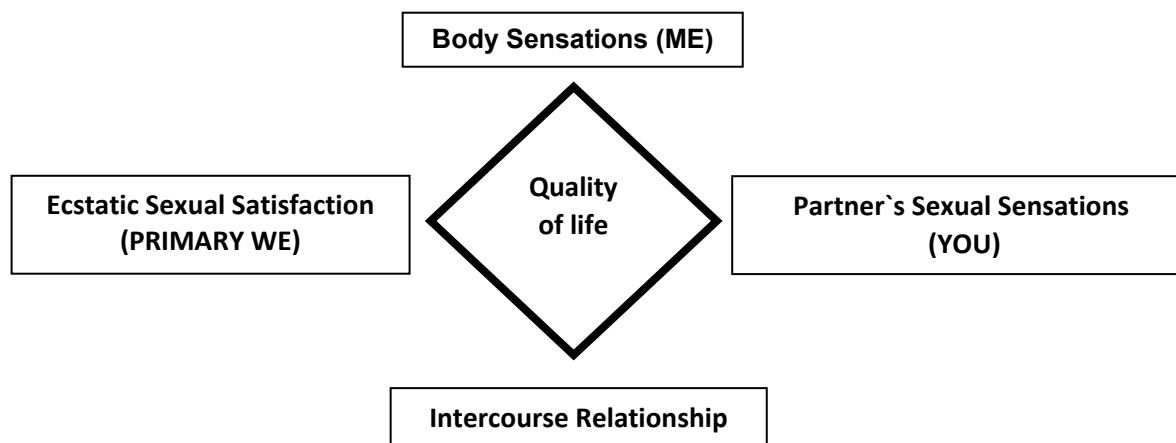


Figure 4. Model of dimensions according to the positive psychotherapy approach transformed to sexual life (Cesko, 2011)

Many studies show that sexual activity may be an indicator of current and future quality of life, that indicates the importance of satisfaction as a strong predictor in reports of higher quality of life(Wilye, 2007). The problem is how to measure the quality of life.

Today the various therapeutic approaches provide us with many tools with which to do this. We can map a person's quality of life by using the positive psychotherapeutic model and its tool called Differential Analytic Inventory(DAI)*(N. Peseschkian, 2016a), which contains a list of secondary and primary capabilities. In psychotherapeutic sessions with clients, using the DAI method shows the picture of how people understand different meanings of capabilities in different situations and circumstances. For example, politeness, as a secondary capability, means intimacy for one person, "used to convey an emotional or psychological closeness"(Levine, 1992), but politeness also means "positive interpretation of inhibition of aggressive reactions toward society"(Peseschkian, 2016b). The word tenderness is very compatible with the context of intercourse relationships because it describes not only meaning but also behavioral content which allows an understanding of the quality of life of the partners.

The word "sex" includes all the psychological, physical processes in connection with sexual activities(Peseschkian, 2016b). Our activities are

not maintained only in sexuality and their effects on it, but the quality of our relationships is determined by the balance we maintain in the four areas of daily life. Preconditions for qualitative sexual life, are based on personality structure, psycho-physical presentation, relationships and concepts of sexuality.

Love, as a primary capability, is an essential dimension of human life and consists of the capacity to love(Peseschkian, 2016a). Our capacity to love depends on how our relationships with our environment have developed from birth and our earliest experiences, which determine our emotional well-being.

Table 1.
The list of both primary and secondary capabilities is shown in the short version of DAI

Actual Capabilities (Secondary and Primary)	Patient + -	Partner + -	Spontaneous Answers according to situation
Punctuality			
Cleanliness			
Orderliness			
Obedience			
Politeness			
Honesty/Sincerity			
Fidelity			
Justice/Fairness			
Diligence/Achievement			

Thrift/Economy			
Reliability/Exactness /Dependability			
Love			
Patience			
Time			
Trust /Hope			
Contact/Relationship			
Sex/Sexuality			
Faith/Religion			

*) Nossrat Peseschkian, Differential Analytic Inventory (DAI), International Academy of Positive and Cross-cultural Psychotherapy - Professor Peseschkian Foundation

If we begin by using this model, it is possible to see different concepts of capabilities that people are using in their daily interactive relationships. In practice we see that the four aspects of the model dimension, which are shown in figure 5, are contributing to a better quality of life.

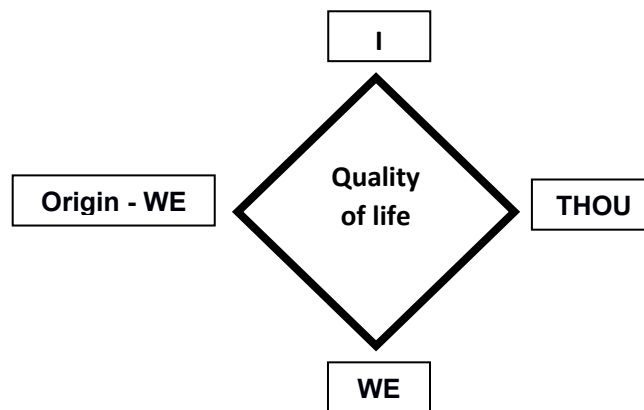


Figure 5. Model of dimension of the four modes of the capacity to love (Peseschkian, 2016b)

If we use this same model dimension developed by Peseschkian relating to the different capacities but port it into the partners' intercourse

relationship, then we have the following model dimension:

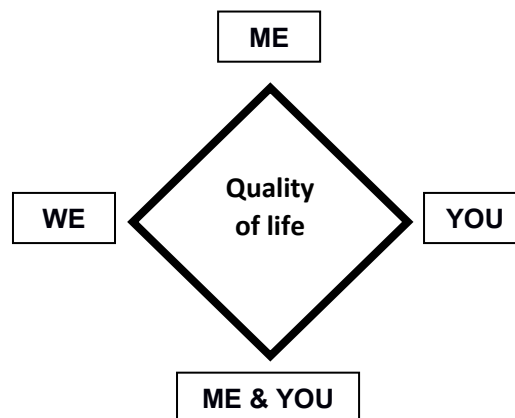


Figure 6. Model dimension of the four modes in the quality of life (Cesco, 2011)

An understanding of the different meanings of secondary and primary capabilities also shows how partners are coping with their conflict situations, which are one of the major factors that disturb the harmony and balance of the quality of life in human

well-being.

The Impact of sexual balance may evoke the interaction of many factors and categories that show direct influence on sexual functioning. This will be demonstrated in the next picture.

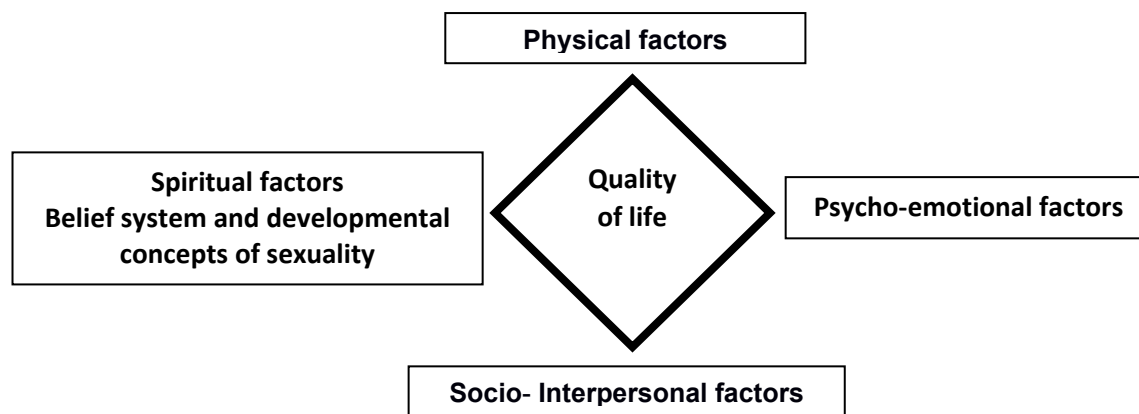


Figure 6. Model of interaction (developed by author)

Physical factors include various illnesses and specific patho-physiological factors such as diabetes, spinal cord dysfunctions, kidney diseases, etc.

Psycho-emotional factors Include capabilities and experiential achievements such as ages of partners, sexual attitudes, previous sexual experiences, etc.

Socio-Interpersonal factors include the functions and impact of socio-cultural heritages relating to sexuality.

Spiritual factors with belief systems and developmental concepts of sexuality include conceptual mechanisms for new perspectives for philosophy of sexuality.

To achieve sexual balance the endocrine system and its hormones need to be at a proper balance to maintain its functions, and this is affected by human activities. If the function of the endocrine system is disturbed, this results in various changes not only in the functions of bodily organs but also in human emotions. For this reason a person feels depressed, experiences mood swings, or suddenly suffers from fatigue and restlessness. This causes imbalance in the previously-mentioned four aspects which are directly influenced by hormones that greatly affect human emotions.

1.3. Psychological aspects of sexuality

Recent studies (Laurent & Simons, 2009) show that the model of internalization of Psychopathology is based on the interaction of four factors. First are Psychodynamic factors which include unsolved conflicts from the past that directly influenced Cognitive Behavioral factors such as negative responses, learning attitudes, model creation and behavioral reactions. The third are Socio-cultural factors which includes social expectations, ability to communicate, attraction, and gender stereotypes, and last are Physical-

Biological factors that include phenotypes, hormones, neurotransmitters, and physical injuries (Laurent & Simons, 2009).

Understanding our sexuality can help us to enjoy our lives more and the enjoyment of life produces a better quality of life. All of these make the harmonious balance of a healthy organism. All human beings are sexual from the day we are born until the day we die and a basic understanding of sex and sexuality shapes how we express ourselves as sexual beings. It is a matter of how we experience and express different aspects of the sexual being such as body image, sexual pleasure with its satisfactions and dysfunctions, sexual relationships, sexual behaviors, sexual health, sexuality as the reproductive function, and sexuality as unity in mankind.

Another important aspect of good balance in sexual life is sexual motivation, the significance of which is emphasized by various authors. Conditions which are necessary to activate sexual arousal may focus on three major aspects; (1) intact system that enables sexual responsiveness; (2) stimuli with sexual meaning must be present that can activate the sexual system, and (3) the circumstances must be suitable to pursuing sexual activity.(Everaerd W., Laan E. 1995).

A large body of research concerning sexual health shows that the purpose of the sexual act is not only to give the partners satisfaction but also that the sexual act helps the partners to be healthy, happy, in good temper, successful, effective and less stressed in everyday life (Kinsey 1998). Abramov (1970), compared the sexual life of a hundred women, ages 40-60 who were recovering from acute myocardial infarction with a control group of a hundred women of the same ages who were recovering from other illnesses. Frigidity and sexual dissatisfaction were discovered in 65% of coronary patients and 25% of patients with other

illnesses. While Wahner and Burchel's research into sexual dysfunctions, using 131 men aged 31-86 who were recovering from heart attacks, shows us that two thirds of the patients had experienced significant sexual problems during the weeks or months immediately preceding their heart attacks. This study found that 64% of the patients were impotent, 28% had experienced a significant decrease in their sexual functioning and 8% of them had experienced pre-ejaculation (Wahner & Burchel, 1980).

Dr. John Gray's landmark book shows that sexual relations are very important activities in a man's life. "Every anger which grows in a man disappears as if it were removed by hand after good sex", and he adds, "There is no better therapy for man than a good sex." Sometimes during therapy or consulting it is necessary to get to the point where a man and woman experience good sex. Then when the couple arrives at this point and when they know how to get there every time, the sex is the same for the man as being able to attain and maintain love, passion and magic (Gray, 2012).

Frigidity is defined as a woman's sexual coldness and inability to have an orgasm. However, the positive interpretation of frigidity is her "ability to say no with the body." That means that there is a possibility that this capability may be enlarged upon to include the ability also to say no verbally and better formulation of her own needs.

Impotence is defined as incapacity for sexual activity or satisfaction. But its positive meaning is the ability to withdraw from the conflictual field of sexuality, relationship to one's own body, to the partner and her body, achievement, contact, future (Peseschkian, 2016a,).

A study of 16.000 adult Americans showed that sexual activity is a strong determinant of happiness (Ferrer-i-Carbonell and Frijters, 2004), married people have more sex than those who are single, widowed, divorced or separated...highly educated females tend to have fewer sexual partners".

Sexual satisfaction, as with sexual activity, is important for the quality of life (Wylie 2007), Better health was shown to lead to frequent good-quality sex in older adults (Goodson, 2010).

Methodology

2.1. Treatment protocol in the case study

Following the publication of Master and Jonson's (1970), research on *Human Sexual Inadequacy*, sex therapy developed by redrawing the map of sexual dysfunction. Today work with

human sexuality is becoming more complex, not only in treatment plans but also in discovering the broader understanding of sexuality as essential for human beings.

New trends in sex therapy are oriented toward encompassing the multi-dimensionality of sexual experience and the diversity of needs among a variety of populations. Following in line with the newest research, sex therapy is focused on six dimensions. (1) multi-disciplinary; (2) systemic and theoretical integration; (3) a shift from sexual function to satisfaction and eroticism; (4) an increased attention to age and the consequent aligning of expectations to reality; (5) the impact and application of new technologies, and (6) a still lagging recognition of sexual needs of certain populations traditionally left out of the sex therapy arena (Meana & Jones, 2011).

This study is based on treatment of two clients who had sexual difficulties and were referred by doctors for psychotherapy. Having experience in training and education in both body psychotherapy and positive psychotherapy, I worked with the clients to make contacts and connections with their deeper feelings and to raise their awareness of current sexual difficulties.

In both cases the clients attended the sessions individually and sometimes with their partners. Following each session they were all given homework exercises to improve their progress. Methods used were the five stages of treatment from positive psychotherapy, beginning with Observation and ending with Broadening of the goals, and specific techniques from body psychotherapy with breathing exercises, Kegel exercises and relaxation techniques. The client with impotence required 12 sessions and the client with frigidity needed 14 sessions.

Treatment with these approaches offered them better understanding of their sexual life and helped to increase their capacities for releasing feelings conducive to love and satisfaction. The

2.2. Applied approaches in case study

This presentation of two typical cases of sexual disorders based on the criteria of DSM IV and ICD 10 will focus on a methodology of treatment using two psychodynamic and humanistic approaches, namely body psychotherapy and positive psychotherapy.

From body psychotherapy breathing techniques, Kegel exercise, autogenic meditation, sensual relaxation methods and homework exercises about different sexual positions (Klisc,

2001) were used.

From positive psychotherapy, we used the DAI to influence the sexual motivation for both to have the willingness and sexual drive to bring their bodies to their partner. The Balance model was used to see how the partners are coping with their sexual activities and satisfactions to reach their performance. The treatment process was followed in five steps described in the positive psychotherapy approach described by Peseschkian (2016b). The stories and proverbs (Peseschkian, 2016c.) were also used during the treatment process as tools to encourage increasing awareness about existing difficulties and problems.

The results received from DAI, show the importance of early development of primary capabilities, starting from the capability to love and developing and strengthening the relations between partners and performances in sexuality and tenderness, as these are the most important capacities. The secondary capabilities such as honesty, justice, confidence, orderliness, politeness and cleanliness are the capabilities that are needed to be respected in keeping the mutual balanced relationships between partners which are the important inputs for better performances in sexual life.

Discussion

3.1. First case

A woman of twenty-three years old was recommended from neuropsychiatry for psychotherapeutic treatment for her sexual difficulties and high level of neurotic reactions that sometimes caused her to lose control, especially with her husband. She had a tendency to quarrel even with other members of her family. She had been married for eight months and had begun to hate her husband and to avoid sexual intercourse. She had not had sexual experience prior to the marriage. Throughout the entire eight months of marriage she had never achieved orgasm. During sexual contact she very often felt spasms, pain and dissatisfaction. She never told her husband about this problem. She thought it would disappear in time because she believed it might happen to anyone and that it did not need medical treatment. The medical diagnosis of her complains was described as female sexual disorders, with symptoms, frigidity, the delay in, infrequency of, or absence of orgasm, F 52.2. (ICD 10).

The beginning of our work was directed toward

the improvement of self-contact with her body by her accepting her own body as a potential source of well-being and satisfaction. Breathing exercises were used to increase the awareness of her body's potential and to raise her energy level. Centering and other techniques were used with this client to unblock her anger. Defining her character structure as a pain blocker, we next worked to help her feel her body-center and to express her deeper feelings during the exercises. In time it was noticed that her infantile desires would not allow the opening of her capacities for pleasure. Her unconscious was repressing her sexual pleasures. During puberty she had looked like her mother and the meaning of sex and sexual relations had negative repercussions in her married life. This was shown very precisely in her model dimension when she showed her model as her mother. She was unconsciously resisting opening her capacity for sexual pleasure. When she was stimulated, at the moment when she should experience the sexual act with her husband, her resistance toward him would begin to emerge. Analyzing her resistance, we discovered that her husband's inferior position, being an inexperienced sexual partner, also contributed to her resistance and sexual dissatisfaction.

After the work of connecting, self-contact and contacts with her deeper feelings, the use of the fundamental methods of body psychotherapy, we moved to the theory of developing orgasm and used specific exercises for reaching orgasm.

We gave individual exercises to the wife and then to the husband. We worked with these exercises for five sessions. Special emphasis in this work was given to inhalation/exhalation and acceptance of repressed emotions. When we realized that the couple had mastered the individual exercises, we moved to exercises with the couple together. During the period while we were working on these exercises, the couple was informed that they were not allowed to have intercourse. They were to engage in sexual games and erotic massages in order to know each other's body better. Instructions were given on how to do the exercises and feel readiness for the sexual act.

At first we began using exercises focusing on sensations, observing and making the couple's talking much more romantic and exotic. Of course, we moved along as conditions allowed. After that each partner was asked to assist the other in specific exercises to improve reaching orgasm. When the wife was ready to feel lust by doing the

exercises, they were advised to begin to have intercourse. After ending intercourse they were also advised to spend 10-15 minutes discussing their feelings during the whole process of sexual intercourse. These exercises were repeated for a few weeks until we found that the wife was in condition to feel orgasm easily.

In each session we used the Balance Model to see how the life energy was changing in the four areas and how her sexual function was progressing toward increasing her desire, arousal and orgasms. We used the DAI to influence the sexual motivation for both to have the willingness and sexual drive to bring their bodies to their partner.

The three stages of interaction, attachment, differentiation and detachment, were used as related to sexual arousal as requirements for orgasm.

After three months our client was able to feel orgasm regularly. In sexual relations she was much more relaxed, she could feel sexual excitement and satisfaction at a higher level, and she particularly noticed significant progress in experiencing orgasms. She was also very satisfied in human relationships and those with her family. Her love for her husband was increasing while her negative attitude to her husband was beginning to change. She expressed the recognition that the reasons for her dissatisfaction had not been with her husband but because of her negative attitude toward herself.

3.2. Second case

A man in early middle-age was referred by a Neuro-psychiatrist (NP) after medical treatment for some depressive reactions. He was treated for depressive neuroses underlying sexual impotence. During his first psychotherapy session he explained that he had a fiancée whom he was expected to marry in two weeks.

At this time he did not believe in either psychiatrists or psychologists because he had been "wandering" from one to another for more than four years. Several times he had visited magicians, mullahs and priests and at the end he also once went to what he referred to as a parapsychologist who worked with black magic. Describing my work, I said to him: "I am not working with that nonsense, my work is in a genuine profession, which is called psychotherapy." The client had to choose between two options, whether to come and to believe or not. After much thinking he decided to accept psychotherapeutic treatment.

The sessions began by using the five stages of

treatment from positive psychotherapy. During the first two stages, observation and inventory, we looked at his psychosexual development and at his life variables during the period of his engagement. At the beginning of the sessions he seemed fearful and shamefaced. Earlier he had been afraid of physical contact with girls. The influence of his father had had a significant importance in forming his character structure. Considering his retiring character, embarrassment and anxiety in social contacts, we treated him as a combination of fear blocker with a lot of anger. During the work we determined that the young man had an oral character characterize by an inability to be alone and a great need to be protected by someone.

Before moving from the second stage to the third, the stage of treatment, and encouragement with exercises, we discussed the anatomy and physiological aspects of genital organs. After succeeding in the methods of getting into contact with himself in his deeper feelings, we used tantric breathing exercises to increase his feelings for orgasm. He was instructed to practice all these exercises with his partner at home and later on to discuss this in detail during the next session. During the sessions we practiced exercises for self-acceptance to strengthen his consciousness. Specific techniques working with body and feelings were also included in those exercises. The aim of this method was to follow deeper feelings on one side and to realize blocked feelings on the other side. All exercises were done carefully without pressing the mind and leaving the free expression of feelings to come out. We gave particular attention to achieving wider and deeper opening of the eyes. At the beginning of our work he was unconsciously avoiding maintaining eye contact, but later on he could stare and watch himself.

After three months of intensive work once a week, our client has made very good progress. His relationship with his fiancée had continuously improved even in their sexual games during the first weeks of treatment and in their intercourse later. After practicing exercises at home, his fiancée declared that each time that she masturbated his penis, it achieved a better erection than before. The erection was coming after each sexual warm-up and also the feelings were stronger and he was not concerned with the potency of his penis. His love for his partner was growing much stronger and he felt happy and satisfied in his daily life. The happiness' and trust of the client was indescribable. Now he wanted to have coitus. Encouraging him to have sexual contact after

successful exercises and expressing feelings of satisfaction, it was the time to go forward. Even though he was not sure enough that he would succeed in coitus, he received very strong encouragement from his partner.

It was suggested that he use specific positions (succubae) during the sexual act. It was recommended that they use their meditation technique before the sexual warm-up and after that to start with sexual games and to end with intercourse.

After practicing the same techniques for a few weeks, his impotence had quite disappeared. He became very happy and his feelings for sexual intercourse were becoming stronger. In everyday life he was in a positive mood, less stressed and not unsure. Also he was more comfortable in social contacts and his relationships with his family members were better.

His partner, who had lost confidence in him, perceiving him as not being a real man, had lost hope that their marriage could be saved. Their quality of life became more productive, happy, satisfied and important. She also felt that she was no longer just an object for the expression of his body's lust but received psychosocial satisfaction by his accepting her as a human being.

Conclusions

Treatment of different sexual dysfunctions must use a multi-disciplinary approach (Meana & Jones, 2011). Combining the methods of positive psychotherapy, such as the five stages of treatment, with techniques from body psychotherapy in the treatment of different sexual dysfunctions may give great success in releasing blocked feelings and solving interpersonal and couple relationship problems by improving the client's or couple's quality of life. Using the balance model in daily life provides one instrument to examine and measure our quality of life and of sexual harmony in partnership relations. Replications of this study on a larger scale are needed to reach a definite conclusion that this approach of combining methods from body and positive psychotherapies will regularly yield great success in relieving sexual dysfunctions. Similar investigations in different cultural environments and using other psychotherapeutic approaches are also recommended.

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САМОРАЗРУШАЮЩЕЕ И САМОПОВРЕЖДАЮЩЕЕ ПОВЕДЕНИЕ. ВЗГЛЯД ПОЗИТИВНОЙ ТРАНСКУЛЬТУРАЛЬНОЙ ПСИХОТЕРАПИИ

SELF-DESTRUCTIVE AND SELF-HARMFUL BEHAVIOR. VIEW OF POSITIVE TRANSCULTURAL PSYCHOTHERAPY



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Аннотация

В статье рассмотрена возможность использования инструментов позитивной и транскультуральной психотерапии в понимании механизмов развития и факторов, детерминирующих саморазрушающее и самоповреждающее поведение. Изучены инструменты позитивной психотерапии, которые дают возможность целостного подхода к диагностике самоповреждающего поведения, затрагивая и связывая уровни симптомов конфликтов и структурных способностей личности, а также определения фокусов в терапевтической работе.

Ключевые слова: позитивная психотерапия, саморазрушающее поведение, самоповреждающее поведение, суицидальное поведение

Abstract

The article considers the possibility of using the tools of Positive and Transcultural psychotherapy in understanding the mechanisms of development and the factors that determine self-destructive and self-damaging behavior. The tools of Positive psychotherapy have been studied, which provide an opportunity for a holistic approach to the diagnosis of self-injurious behavior, affecting and linking the levels of symptoms of conflicts and structural abilities of the individual, as well as determining focuses in therapeutic work.

Keywords: positive psychotherapy, self-destructive behavior, self-damaging behavior, suicidal behavior

Вступление

Изучению механизмов формирования саморазрушающего, аутоагрессивного, аутодеструктивного и самоповреждающего поведения, посвящено множество

исследований. (Горобец, 1995; Фурман, 2003; Хензелер, 2001; Dieserud et al., 2000; Fowler et al., 2001; Gleaves, Eberenz, 1994; Kernberg, 2001, Польская Н.А.). В современной научной психологической литературе эти понятия нередко используются как синонимы или подменяют друг друга. В других случаях

исследователи предлагают разграничивать понятия «самоповреждающего» и «саморазрушающего поведения». В последние годы эти темы, в особенности тема самоповреждающего (англ. *self-harm*) поведения стала особенно актуальной и среди специалистов интересующихся данной темой обсуждаются различные подходы к теории и практике в работе данным симптомом.

Методология

Выделяют следующие типы аутоагрессивного поведения:

1. Суицидальное поведение: осознанные действия, направленные на лишение себя жизни.

2. Суицидальные эквиваленты и аутодеструктивное поведение: неосознанные действия (иногда преднамеренные поступки), целью которых не является лишение себя жизни, но которые ведут к физическому (психическому) саморазрушению или к самоуничтожению.

3. Несуицидальное аутоагрессивное поведение: различные формы намеренных самоповреждений, целью которых не является смерть.

К аутоагрессивному поведению относят также такие формы поведения как: алкогольную и наркотическую зависимость, РПП (Van der Kolk, Perry, Herman, 1991), вербальную аутоагрессию (Cohen et al., 2010), рискованное сексуальное поведение (Scourfield, Roen, McDermott, 2008).

Н. Фарберов в качестве скрытых форм саморазрушения называет также поведение, связанное с пренебрежением опасности, повышенным риском, стремлением к возбуждающим переживаниям или с избеганием депрессии (Farberow, 1980). Самоповреждение, как акт непосредственного физического насилия в отношении собственного тела, расценивается как форма аутодеструктивного поведения (Farberow, 1980).

В этой статье предлагается рассмотреть возможность использования инструментов ППТ в понимании механизмов развития и факторов детерминирующих саморазрушающего и самоповреждающего поведения.

Обсуждение

Саморазрушительное поведение – это сложное явление, которое обычно описывает поведение, направленное на умышленное или непреднамеренное причинение вреда своему психическому или физическому здоровью, а также поведение, которое угрожает развитию и целостности человека (Ц. П. Короленко, Т. А. Донских, 1990; И. В. Берно-Беллекур, 2003; Е. В. Змановская, 2004; А. А. Руженков, Г. А. Лобов, А.В. Боева, 2008; О.О. Андроникова, 2010).

В позитивной и транскультуральной психотерапии (Peseschkian, 2016) существует концепция четырех сфер переработки конфликта. Она описывает как сферы «тела», «деятельности», «контактов», «фантазий и смыслов» могут быть задействованы для обработки конфликтного напряжения.

С помощью этой модели можно объединить и структурировать по 4 областям все виды поведения, которые различными исследователями отнесены к аутоагрессивному поведению.

Область тела: отсутствие или плохой уход за телом (сон, еда, здоровье), самопорезы, грызение ногтей, трихотилломания и расстройства пищевого поведения, чрезмерные физические нагрузки или хобби, экстремальные виды спорта, небезопасный секс, различные модификации тела – чрезмерное увлечение косметическими процедурами и пластическими операциями, татуировками, скарификацией или пирсингом, прочее.

Сфера деятельности, достижений, продуктивности: включает трудоголизм, режим работы безмерной ответственности и многозадачности, непрерывное обучение и профессиональное развитие, усталость, эмоциональное выгорание, долги и неспособность распоряжаться деньгами, полное отсутствие достижений и продуктивности в жизни.

Сфера контактов, семьи и отношений: нахождение в отношениях, которые являются небезопасными, отношениях, в которых нужно постоянно «зарабатывать» любовь, отношениях с партнером, страдающим от зависимостей, или партнером, применяющим насилие, холодным, критичным, обесценивающим, контролирующим. Уход от социальных контактов-изоляция.

Сфера смысла, воображения и будущего: игромания, зависимость от компьютерных игр, алкогольная или наркотическая зависимость, религиозный фанатизм, нахождение в деструктивных сектах, приоритет духовных потребностей в ущерб всех остальными, прочее.

Таким образом мы помещаем такие виды поведения в область надводной части айсберга (область симптомов) и в дальнейшей работе продолжаем исследовать связь этого поведения с областью конфликтов областью структуры личности. Н. Пезешкиан разработал модель которая служит ориентирующей и структурирующей помощью в поисках целостного диагноза. Таким образом подобный диагноз включает в себя не только симптомы и их причины, но и промежуточные причины, проистекающие из жизненной ситуации клиента, семьи, субкультуры и культуры. Эта модель также вскрывает здоровые аспекты, ресурсы для лечения и способности для преодоления болезни.

Следующий инструмент, который помогает продвигаться в понимании механизмов формирования аутоагрессивного поведения и исследовать подводную часть айсберга, — это уникальный психодинамический инструмент «Позитивная интерпретация симптомов».

Позитивный, или *positum* подход к расстройствам предполагает рассмотрение симптомов не только как проблемы, ограничений и опасности, но также как способности и доступного способа справиться с имеющими трудностями, возможностью удовлетворить какие-то важные потребности, которые пока не могут быть удовлетворены другим способом. Т.е. нахождения функций и смысла симптома.

Найти какой-то универсальный эффективный подход к тому или иному виду аутоагрессивного поведения трудно, именно потому что за фасадом такого поведения стоит совершенно уникальная история клиента. Определение функции и смысла симптома позволяет нам перейти из области симптомов в область конфликтов и начать исследовать уникальное сочетание внутренних и внешних факторов, влияющих на образование данного симптома.

Предлагается рассмотреть применение позитум подхода на примере самоповреждений (селфхарм).

В рамках МКБ 10 принято рассматривать самоповреждающее поведение как составную часть или вторичный симптом таких расстройств как: Депрессивный эпизод, Пограничное расстройство личности, Шизофрения и другие психотические расстройства.

Самоповреждения относятся к самоповреждениям. «Самоповреждение» — это умышленное, самопроизвольное телесное повреждение с низкой летальностью социально неприемлемого характера, нанесенное, чтобы уменьшить и/или сообщить о психологическом стрессе» (Walsh, 2012 Глава 1; см. также Nock, 2010).

DSM 5 выделяет несуицидальное самоповреждающее поведение. Данное поведение следует отличать от самоповреждений в рамках психотических эпизодов, делирия, интоксикации или синдрома отмены. Оно не является симптомом других расстройств (психоз, РАС, синдром Леша-Найхана, стереотипное двигательное расстройство, трихотилломания, эксфолиация) (DSM-5, 2013, с. 803).

Намерения к совершению самоповреждения могут быть следующие: 1. Получить облегчение от негативных чувств или мыслей. 2. Разрешить межличностные трудности. 3. Индуцировать положительное чувство.

Примеры Позитивной интерпретация самоповреждений:

- Способность одну большую боль разделить на много маленьких.
- Способность добавить красок и цвета в жизнь.
- Способность разрезать внутреннюю пустоту.
- Способность перевести эмоциональную боль в плоскость физической.
- Способность при помощи симптома достигать желаемых изменений со стороны значимых людей (поддержка, контакт, доверие).
- Способность при помощи симптома достигать желаемых изменений между значимыми людьми (ссоры между родителями).
- Способность при помощи симптома почувствовать себя живым и испытывающим какие то ощущения (боль).
- Способность создать повод для заботы о

собственном теле.

- Способность при помощи симптома ощутить собственные границы.

- Способность с помощью симптома чувствовать причастность к сообществу.

- Способность сделать непереносимые обстоятельства временно переносимыми.

- Способность выразить то, что другим языком не может быть выражено.

Список интерпретаций симптома, конечно, можно продолжить, исследуя то, к каким изменениям приводит воспроизведение симптома, в каких обстоятельствах он возникает или меняет динамику.

Понимание функции и смысла симптома крайне важно для определения терапевтических перспектив и стратегий.

Прежде всего, потому что позволяет нам совершить переход из области симптома в область конфликтов, а значит начать исследовать внешние и внутренние условия возникновения симптома, а также область ресурсов.

Теория микро- и макротравматических событий Н. Пезешкиана (Peseschkian, 2016) позволяет связывать события в жизни клиента с формированием конфликтной динамики и образованием самоповреждающего поведения как симптома. Пезешкиан описывает макротравматические события как одномоментные значимые события любой модальности. (утрата отношений, переезд, свадьба, увольнение с работы), и микротравматические события как ежедневные мелкие повторяющиеся события, ретравматизирующие, приводящие в аккумулярованию конфликтного напряжения – несправедливость, со стороны других людей, непунктуальность, ненадежность, неверность и т. д.

Одно из исследований (Magde et al., 2011) показало, что большинство подростков, имевших несколько эпизодов самоповреждений за предыдущие 12 месяцев, испытали следующие стрессовые события, макротравмы: «смерть любимого человека», «проблемы и конфликты между родителями», «болезнь члена семьи».

Кроме того, факторы окружающей среды, такие как: ситуация жесткой конкуренции, ориентация на высокую успеваемость в школе, преобладание недостижимых стандартов красоты среди молодежи (самоповреждение

чаще встречается у девочек-подростков, чем у мальчиков-подростков), конфликты и холодность в семьях и т. д. также важны в формировании самоповреждающего поведения.

3.1. Область дефицитов способностей личности

Многие исследователи описывают связь формирования и развития самоповреждающего поведения и особой уязвимости в сфере эмоциональной регуляции. Эмоциональная регуляция по-разному определяется авторами и связывается ими с различными феноменами: контролем над эмоциями и их выражением, управлением интенсивностью испытываемых эмоций, возможностью переживать весь спектр эмоций, осознанием и пониманием эмоций. Показано, что в группе пациентов с историей самоповреждения, такие показатели как способность выносить сильные эмоции, способность поддерживать чувство самооценности и способность поддерживать чувство связи с другими более низкие, чем группе пациентов, не имеющих опыт самоповреждения (Deiter, Nicholls, Pearlman, 2000). В исследованиях, посвященных нарушениям эмоциональной регуляции при самоповреждениях, самоповреждения рассматривается, с одной стороны, как способ управления негативными эмоциями, а с другой стороны, как деструктивный способ эмоциональной саморегуляции.

К. Грац и А. Чэпмэн (Gratz, Chapman, 2007) анализировали две группы факторов: социальные (плохое обращение в детстве) и индивидуальные (эмоциональная невыразительность, реактивность и интенсивность эмоций, нарушение эмоциональной регуляции), связанных с развитием и закреплением преднамеренного самоповреждения среди лиц мужского пола. Была выявлена взаимосвязь нарушений эмоциональной регуляции с частотой самоповреждений и различия по фактору физического насилия, пережитого в детстве, более выраженного в группе респондентов с самоповреждениями. При этом, вопреки вышеозначенным предикторам, усиление интенсивности и реактивности аффекта оказалось связано с уменьшением частоты актов самоповреждения. Аналогичные результаты были получены и среди девушек – студенток колледжа: пережитое в детстве

насилие и слабость позитивных переживаний оказались более характерны для девушек с самоповреждениями в отличие от студенток, не имеющих самоповреждений. Трудности эмоционального выражения в группе девушек с историей самоповреждения также оказались связаны с увеличением частоты актов самоповреждения (Gratz, 2007).

Нередко акту самоповреждения предшествуют сильные негативные эмоции, интенсивность которых снижается после совершения данного акта. Эта закономерность была выявлена и в экспериментальных исследованиях, где акт самоповреждения заменялся выполнением болезненного задания (например, опустить руку в холодную воду) или выполнялся в воображении: при этом изменения эмоционального состояния были выявлены как в самоотчете, так и по физиологическим показателям (Klonsky, 2007). До болезненной процедуры испытуемые чаще сообщали о печали, тревоге, душевной боли, подавленности и фрустрации. После они испытывали спокойствие, расслабленность, облегчение и удовлетворение, т.е. интенсивность испытываемых эмоций снижается, а их валентность становится положительной.

Суженный круг стратегий эмоциональной регуляции связан с плохим обращением в детстве и самоповреждениями во взрослом возрасте. Согласно результатам исследования, студенты с высокой частотой самоповреждений имеют небольшой круг доступных им стратегий эмоциональной регуляции и недостаточно осознают свои эмоции (Gratz, Roemer, 2008). Нарушения эмоциональной регуляции достоверно различаются между группами студентов с самоповреждениями и без самоповреждений, особенно по шкале осознания и понимания эмоций у женщин и неприятия эмоций у мужчин (Gratz, Roemer, 2004).

Практически во всех исследованиях проблематики самоповреждения указываются характеристики, отражающие недостаточность психологической дифференциации: трудности понимания и выражения эмоций, управления эмоциями, недостаточность самопонимания, нереалистичность самооценки, генерализованный характер негативных эмоций (вины, стыда, страха, гнева) и т.п.

Позитивная психотерапия также представляет концепции и инструменты, позволяющие оценивать структурные способности личности (Актуальные способности, Четыре способа познания и взаимодействия с миром), обстоятельства и факторы влияющие на их формирование (Дифференция базовых способностей и факторы тело, культура, эпоха, Модель для подражания и семейные концепции), а также позволяющие оценить влияние семейной культуры на выбор способов справляться с нашими трудностями и конфликтами.

Например, если мы воспользуемся инструментами моделирования – моделированием из прошлого – и четырьмя категориями отношений модели в настоящем, мы увидим, что большая часть наших отношений с самими собой и окружающим миром находится под влиянием культуры как в узком, так и в широком смысле, чувств, а именно отношений между нами и нашими значимыми взрослыми и нашими отношениями с обществом в целом, а также их собственными отношениями с собой: друг с другом, с другими людьми и с миром. Это означает, что концепции, которые мы усвоили в результате прямого или косвенного моделирования (например, когда отец говорит, что настоящий мужчина никому не рассказывает о своих проблемах, ссор из избы не выносят) предписывает наше поведение во взрослой жизни.

3.2. Психологические особенности, организация личности

Одно из исследований, посвященное самоповреждению детей и подростков в Европе (Мэдж и др.), обнаружило связь между уровнями тревожности, депрессии, самооценки и серьезностью самоповреждающего поведения. Действительно, подростки с самоповреждениями чаще имеют низкую самооценку (ребенок не видит в себе ничего ценного, считает себя неспособным ни к чему, глупым, уродливым, неинтересным или неспособным предвидеть обстоятельства, чем он или она может быть удовлетворен собой (ситуации завышенных ожиданий со стороны родителей, школы, сверстников). На формирование такого поведения влияют несколько факторов. Чаще всего они основаны на сочетании внешних и внутренних факторов.

Выводы

Таким образом, инструменты позитивной психотерапии дает возможность целостного подхода к диагностике самоповреждающего поведения, затрагивая и связывая уровни симптомов конфликтов и структурных способностей личности, а также определению фокусов в терапевтической работе.

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SEVEN TALES FROM THE CLINICAL CHILD PSYCHOLOGIST



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Abstract

The article presents seven archetypal fairy tales composed to reflect the inner dynamics of some of the most common clinical cases in the practice of child and adolescent psychiatry. These seven stories provide seven collective archetypal images of child suffering. When clothed in a story, the pain is more bearable to live with and to deal with even in the most difficult environment.

Keywords: fairy tales, child psychiatry, positive and transcultural psychotherapy, archetypes

Introduction

All suffering in childhood is unbearable and All suffering in childhood is unbearable and evokes a sense of guilt and helplessness in adults, but hardly any suffering is so shrouded in mysticism and fear as psychic suffering. In the "house of suffering," Bulgakov argues, children need the fairy tale more than ever, and if not them, maybe we adults need it. So, in this text seven fairy tales are collected, dedicated to seven children with seven different diagnoses, and with different destinies. The text is not biographical, and each fairy tale is a collective image of children, clean, simple, maybe even a little naive, as in a true fairy tale. The principles of positive psychotherapy teach us that fairy tales are an important element of dynamics in psychotherapy, an element of folk psychotherapy that helps to solve life's problems (Peseshkian, 2016). Fairy tales are images, a direct path to the unremembered, to the archetypal structure, as Dr. Remmers also says: "Creation myths, classical legends or the repeated basic patterns and archetypes of fairy tales and children's songs are collective models of understanding" (Remmers, 2022).



I Under the power of the snow queen or autism in childhood

It's so cool here, white and cold, perfectly tidy
It's so cool here, white and cold, perfectly tidy and clean. A huge throne room, one room, there is no exit, just a small hole in the sky. In the middle there is a child standing on the ice, not looking at me. He is putting together a glass puzzle. I step on my toes, I am afraid that my voice will seem like a scream to him and cause an avalanche, in this

snow fairy tale. I do not even have a chair to sit on, I stand like an uninvited guest, but when it comes, I quietly sing a song to myself. Whenever I am scared, I sing it in my head: "The world is beautiful, the world is wonderful, the world needs my song...." I try to warm myself, I feel the cold behind me, the shadow of the big white bear. The child does not seem to notice. I am afraid of her, she must sleep in her rooms. I recall the fears of my childhood, to be unwanted, unloved, unnoticed, as if they were coming true. How beautiful it is here, blue and white and so cold. I sit down, I wait, although I am not Gerda and far from wearing a rose brooch, and I remember Andersen's fairy tale "Roses, bloom, beauty, beauty, soon we will see the Christ Child" (Andersen, 2019).

The child still sits so still and cold, engrossed in his difficult riddle, impossible for the human mind, I have the right to ask him to follow me into our loud, shrill, so frighteningly sacred world, neon, too bright, too garish, smelling of an oriental market, while here he looks so peaceful in his solitude. As if in a desert, my voice does not reach him but sounds like a scream and he covers his ears in horror, his eyes finally look at me. Whether he looks at me or at something far away, unknown, it is difficult to understand. I softly sing the song about the Christ Child and he really looks at me for the first time, just for a few seconds, then resumes his complicated task of arranging a puzzle from a mirror to another world so inaccessible to us, so far away and white. Suddenly a violent wind rushes through the windows, only now I notice them, eyes, eyes, from everywhere eyes and everything stares at us, threatening, glowing with a cold green flame... will he be able to cope with them, will he be able to overcome the hatred and loathing in them, towards everything that is distant and incomprehensible, that is dangerous and strange?! Is not the Snow Queen his last refuge from us, who are so sinful and dangerous, intrusive and offensive, and who, from everywhere, stretch out our hands, voices and lips to him, to bring him out of his frozen attitude?! I hear the "Our Father" from outside, repeated on the frozen lips of a girl who loves him, she is in a hurry, she is coming, she will surely come... "Roses, bloom, beauty, beauty, soon we will see the Christ child".

II

Pippi Longstocking and the ADHD girls

She's a tomboy, a chatterbox, a dreamer, an explorer. She does not really want to cause trouble but that's exactly what happens. She walks backwards, on hands, on roofs. She likes to boss around, she may even seem a little spoiled and headstrong to you. Risk is her element, she moves quickly from one to another, to a third, until you get the feeling that she has climbed up somewhere, she has managed to make a mess out of the objects around. She smiles so seductively and charmingly that you immediately forgive her. If you spend more time with her, you will understand that she is suffering, that deep inside, she feels rejected and misunderstood, but always secretly; she hides her tears, otherwise no one will believe her. She always and everywhere hears "Shut up!", "Stop moving, I feel dizzy", "Can you not be like other girls, what kind of girl are you?", "I am tired of living with you", "Good girls are always neat, combed, with homework written, and you look at them"... And she tries so hard, she wants you to like her, to love and accept her, at least a little bit, just as she is... a brave traveller, dreamer, explorer, who has so many ideas and dreams, so many things to do that she always forgets one and starts another without finishing the first one. If you are in a hurry, this can happen to you, too, but do not be angry with her, she really did not mean it. Well, when she draws, she often goes beyond the outline and the horse spreads all over the room, and she is so tired of this math. Believe it or not, she really means well, like when she decided to treat you to pancakes and you had to scrape them off the kitchen walls for two weeks; or when she hurriedly helped you with your bags and broke the eggs you were carrying, or when she was happy to see you and hugged you and poured coffee on your new dress... She just does not know how to foresee the consequences of her actions, but she will be the first to rush to the aid of any child threatened by bullies, even if she comes back bruised and battered. She can be anything, call her windy, crazy, manly, chatty, but Pippi is brave and dignified. If you trust her, which I advise you not to do if you are not brave enough yourself, she will take you on a trip to Korekoredut Island or to the neighbouring farm, from which you will definitely return with a full heart and a desire to sleep for the next two days at least. She will put her feet up on the table while you drink coffee and tell you about her antics that her teacher is not happy about for some reason, poor thing. "On the sunny summer days, I walk through the woods and fields.

I am familiar with my wickedness and with my wet skirt. I clap, I clap..." (Lindgren, 2006).

Her greatest dream is never to "grow". In a sense, she remains forever alive, buzzing, colourful, cheerful, waving from the roof, from the window, from behind the door. "Imagine that one day, many, many years from now, an old lady will come by and see us running and playing in the backyard, and maybe she'll ask Tommy, " How old are you, boy?" And you will answer her fifty-three, if I am not mistaken"... She does not hear us anymore, she looks in front of her with a dreamy look... how empty and boring it has suddenly become without her...

III

The little match girl and the drug addiction

She was so thin, under the hospital blanket. She often ran away from home after her parents' divorce, although she spoke of them with affection. She hid from me that her mother often brought home strange men and drove her into the street last winter. She spoke with love for this woman, without an iota of hatred. Then she discovered the magic crystals, like matches from the little matchmaker. She takes them and does not feel death creeping up upon her, does not feel her numb hands because she sees a room, warm, cozy, prepared by her mother's hands, warm soda bread on the table, with butter and cheese, and her mother sitting there waiting for her, knitting new warm gloves for her, to warm her hands. Hands, how magical alone these crystals are. They can invent a childhood and a loving mother for her, while around her blows the wind, this north wind that embraces winter in an ominous grip. and she feels the hand of a man that gives her a new illusion, of warmth, acceptance, affection and... a new dose of drugs. But she does not see the dark fire in his eyes, does not see that he is nowhere near as good as she sees him through her squinting gaze, she only sees that the dream is an embrace and a sharing she never received. She takes again from the magic crystals, this time she sees a prince, golden-haired and good, who will take her and love her forever, so warm and clear is the flame of this dream that she does not hear the voice of her feminine intuition, for the children who were not loved by their mothers never become women, they remain little girls, with matchboxes full of illusions and dreams, so beautiful, so desired, like the icy death amidst the

hellish fatigue of their unfeeling bodies. How does this soda bread smell, kneaded by a mother's hands, opening the door to the warm home of a non-existent childhood. In her childhood there were many scandals, she saw her father's face ashamed when she felt again that there was another man in the house. She did not like these men much, they looked at her dirty and lustful, or worse, they did not even notice that she was there, hiding behind the door, silently crying tears so as not to incur the wrath of her angry mother. One day her father took her to the small, poor house of her grandmother, who sang in the choir of the village church, and there she met that kind priest who showed her that there is someone who will love you when people have rejected you, regardless of your faults, regardless of the crystal boxes. It was Christmas Eve, she and her grandmother were at the service, it was warm and beautiful, at home the warm soda bread and the peppers stuffed with beans were waiting for her, in the morning she called her grandmother, but she did not answer, she had gone to God, and the child sat with the matchbox in front of the icon, orphaned. But with sad and grateful eyes, she took a match from the box and went to light the candle in front of the icon. (Andersen, 2019).

IV

Ivan the Fool, the Scarecrow with the Straw Head and the Mentally Retarded Child

Whatever he did, it was always not wise, it Whatever he did, it was always unwise. It always turned out to be funny, like Ivanushka from the fairy tale, who led the children he was supposed to look after into the forest and dropped them threw the door on their backs and ran after them (Gorky, 1972), he is ready to guard this door at any cost because he promised.

He is used to everyone taking him for a fool. Yes, he is not very good at math, he has trouble with reading, but if he promises to guard the door, he will guard it if he has to carry it on his back through the forest. And if you are traveling with him and meet Bear in the forest, you can be sure that he will do everything to save you, unlike many others, who are smarter and better mathematicians. He has an iron logic "who is evil is also stupid", and here neither he nor you are evil, so you can not, you can not be stupid about anything in the world. With one heartfelt gesture, this boy can put us all in his pocket, with our

arrogance and pride, with his kindness, and Bear can win. He can teach us all something very valuable, friendship, selflessness, purity of heart, if only we look for his strengths, if we help him a little so that he does not feel so different. He does not tell us how proud, evil and unpleasant we are in our relationships; he sees it but does not say it. He endures the insults, the ridicule of all the wise heads and smiles. Yes, he smiles and separates from you, gives you his last breakfast, well, because he is a fool, out of love and trust. He sees our weaknesses and loves us anyway and asks us quietly when we tell him:

"Go away, you fool!"

- "Ah, are you very wise?" - he answers us.

- "Me?"

- "Well, that goes without saying, does it not? I do not know."

- I do not know either - he answers. - "Are you angry?"

- "Well, no, why?"

- "In my opinion, the one who is evil is also stupid, and I am not evil, it turns out that you and I are not stupid!"

He is here to teach us kindness, to give us a chance to open our hearts, to lead us on a journey like this lovable scarecrow, trusting and therefore so brave. "I am stuffed with straw and have no mind," he says, sharing in a whisper that he is afraid of only one thing, a "burning match," and we scratch that match every day, roasting it in the fire of our endless demands, our exaggerated requirements of all-ness. But when we set out through the forest, the steps will be less frightening when he is with us. He will go straight through the holes to protect us from them, he will fall and stand up with a smile and say quietly, "My life is so short that I really know absolutely nothing. I was created only yesterday. What happened in the world before that is completely unknown to me. Fortunately, when the farmer made my head, one of the first things he did was to mark my ears, so I could hear what was happening around me."

Never forget that your child hears your subtle insults and your neglect and your cold heart, he hears everything, although for him every day is like the first, as pure and new as his soul. How sad this little man is, how he tries to meet all the demands of his environment, under the heavy judgment of psychometrics and the great intelligence tests, he is so misunderstood and lonely. He comes to repair what is broken in us, what was missing in his

mother, what was lacking, insufficient, he fills with his wise smile.

V

The little mermaid and child sexual abuse

It is one of the most incredible stories, the most impossible, the most unbearable to tell - a story whose words are drowned out as if it were spoken under water, the water that enters your lungs. For this, this story is only of one sentence, there is no fairy tale, in the stolen childhood - "I dream of being a mermaid, so that they can not do this to me again..." said the ten-year-old girl.

VI

Aladdin and the boy who would do anything for love

Charming, smiling, he leads behind him a whole entourage of those boys who look like men at the age of 15, who followed him from his home town. There had been a strong and dramatic love story, which, however, did not seem to be his main affliction. Later it turned out that he had been abandoned by his parents at a very young age, that he did not know them and that a part of him remained forever locked in the magic lamp. Later I saw his suffering and tears, the terrible fear of being abandoned again. He - the proud one, the cool one whom everyone admired, the wonderful dancer and worthy knight - he did not love himself. He was so humble that he did not understand how brave and dignified, caring and responsible he was. Yes, the truly brave and dignified do not understand that themselves. He cares for others to hide his tears, to give to others what he himself never received and was ashamed to ask for.

Deep inside, he saw himself as Aladdin, a fake prince who only disguised himself as such, while in reality, it was the other way around. He was a real prince inside, he only had to connect with the part of himself that was locked in the lamp to discover the power of this genie, to release manhood, to release the pride and dignity that the others, us, had put in the dusty lamp and then told him that he belonged to no one, that he was "the son of a poor tailor and she the daughter of a sultan". Yes, all of us, to the shame of the one who had no one, nobler and truer than many other aristocrats in disguise. Carry this lamp with you, Prince, so that you can be comfortable inside when you get too cold among the people, but also go out to fight the

evil sorcerer if you have to, after understanding and releasing your power. Good luck, my boy!

VII

A fairy tale of the seventh and last and extraordinary, or of another Little Red Riding Hood

This fairy tale is about another Little Red Riding Hood who was so big that she could not fit into the coat her grandmother had sewn, who ate the contents of the basket long before she got to the wolf, whom she might have eaten if she had not been so afraid. Driven away by her mother into the dark forest, her father long dead, she found love and comfort only in food. For her, warm rolls were mother's kisses, sweet cake stories before going to sleep, curd dough was like a soft mother's hug. Therefore, no one understood that she wanted to be eaten by the wolf to end this torture, with the boundless feeling of emptiness and helplessness. Afraid of her own femininity, she had become a caricature of herself, so scared and defenceless inside that she had to pile up barriers so that she could feel at least a little safe, like a person who is cold and wraps herself with another and another blanket. To become self-conscious, conspicuous enough not to be ignored, before she met the wolf she was looking for, she stopped at the cemetery at the edge of the forest to "talk" to the father she adored but barely knew. Then she willingly set out to lose herself in that forest of unspoken and absorbed rage, so lonely and fearful that the wolf turned tail in fright and let her go her way. Death is feared by a man who fiercely longs for it. Convinced that she herself is worth nothing, Little Red Riding Hood was very sad to be rejected even by the wolf. He reached her sick grandmother, took care of her while the old woman told him stories, healing stories, and in the corner lay the red coat with the sewn shadow of a wolf.

Conclusions

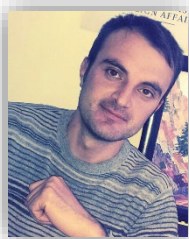
"We love to tell stories to children. We have to tell them. Because fairy tales are our excuse for them. An apology for the fact that the world we have prepared for them is not yet the world they deserve. We apologize, and the children always

forgive us. That is why they so often ask us to tell them stories they have known for a long time." G. Danailov "Children play outside" (2019). The aim of the present text is to connect the fairy tale, the archetypal, with some of the most common clinical cases in the practice of child and adolescent psychiatry. In the form of a collective image, seven fairy tales, seven stories, seven archetypal images of child suffering are presented. Suffering clothed in a story is something that can be lived with even in the most difficult environment.

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IMPACT OF SOCIAL MEDIA DISINFORMATION AND OF FAKE NEWS OVEREXPOSURE ON THE ACTUAL CAPACITIES AND THE PSYCHOLOGICAL WELLBEING DURING THE COVID-19 PANDEMIC: A SYSTEMIC LITERATURE REVIEW

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Abstract

Massive spread of misinformation over social media during the COVID-19 pandemic has negatively impacted the mental health of populations. Social media are among the cheapest and most quickly accessible information sources for a large section of the public, in search of news that is reliable, true, precise and based on conscientious editing. From a Positive Transcultural Psychotherapy (PPT) viewpoint, these secondary capacities – reliability, honesty, precision and conscientiousness – are among other psychosocial norms that sustain psychological well-being, including primary capacities such as time, trust, hope, security and doubt. Also, from a PPT perspective, the energy and time spent by a person in online spaces and activities affects the well-being in the four life dimensions, while those primary capacities (and emotional needs) remain at the basis of emotional well-being. The research employed the systematic review of literature in several open-access scholarly websites from February 2020 to March 2022. The paper reviews the existing research on how disinformation and excess time in fake news spread over social media has the potential to corrode the abovementioned actual capacities, trigger negative emotions, mislead the public in undertaking wrong decisions for their health and well-being, and constitute a serious threat to both public health and social order, as well as to individuals' sense of security.

Keywords: COVID-19, psychological well-being, mental health, positive psychotherapy, actual capacities, life dimensions, social media, fake news, disinformation, conspiracy theories

"Beautify your tongues ... with truthfulness, and adorn your souls with the ornament of honesty.... Trustworthiness is the greatest portal leading unto the tranquility and security of the people."

- Bahá'u'lláh

Introduction

Truthfulness or honesty, and trustworthiness or reliability, as synonymous actual secondary capacities, together with trust, hope, doubt and certitude as actual primary capacities, are among key psychosocial norms that are prerequisites of mental health and a balanced well-being (Peseschkian, 1987). Peseschkian continues explaining that the secondary and primary capacities function as both "weapon" and "shield". These functions depend on their improper or proper use in relationship and interaction with the social milieu – the social environment where people interact and deliberate. They may trigger fear, insecurity, sadness, anger, hopelessness, and powerlessness in the short term, and anxiety disorders and depression in the long term, including psychosomatic reactions and disorders (Peseschkian, 2013). Currently, in the internet age, the social milieu also finds significant expression in the social media and on-line networks.

Unfortunately, in addition to being a space for information and connection, social media has served as a terrain for the spreading of both small-scale and large-scale campaigns of fake and deceptive news, including gossip, misinformation, disinformation and even conspiracy theories since the onset of the SARS-COV-2 and the resulting COVID-19 pandemic. According to Pozios, "fake or misleading news is intended to manipulate public opinion; it is formulated to provoke an emotional response from a reader or viewer; is often provocative in nature and can cause feelings of anger, doubt, anxiety and even depression by distorting our thinking" (Erdelyi, 2020). The amount of information and its quality being absorbed during individual online searching, often with insufficient checking of alternative and more reliable, truthful and precise news distributed by conscientious public or private news media, constituted, and still constitutes, a significant portion of the time and energy spent in the life-dimensions of future (fantasy, meaning) and contact (social relations), as people try to make

sense of what is happening in the world, what future predicts, and what potential hazards are laying there.

In a study conducted during the 2019 earthquakes that affected western Albania, and related to fake news and disinformation in the country, where online media were monitored between January and November 2019, some 132 fake news were deemed as problematic (IDMC, 2019). Since quarantine measures were adopted by the Albanian Government in mid-March 2020, considerable fake news, pictures and videos circulated in the networks, by being widely spread on the social media. They contained information on how to heal oneself from the virus infection with home ingredients only, such as garlic, schnapps, paracetamol (Hasanaliaj, 2020). This type and other types of disinformation have led to confusion and insecurity, and even distrust in medical expertise and advice.

The paper looks at how navigation over social media has negatively impacted the mental health and psychological well-being of consumers of fake and deceptive news, disinformation and conspiracy theories in many countries. Different studies covering countries and regions were considered for links or correlations between misinformation, emotional and mental states provoked by such news over social media, and the effects on the general psychological well-being.

Methodology

Systematic review of literature was adopted, realized on the open-access databases, including ScienceDirect, PubMed and Google Scholar, from January 2020 through February 2022. To avoid any misunderstandings and prejudices, the study followed the structure based on the guidelines of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA 2021).

2.1. Research strategy

The study followed several steps by identifying articles with the following search items: "panic and mental health", "social media and fake news", "disinformation and psychological distress", "COVID-19 and stress", "conspiracy theories and depression", and "SARS-CoV-2 and anxiety".

Results

13 research articles were included, based on most appropriate selective criteria. The search strategy flowchart is demonstrated in Figure 1:

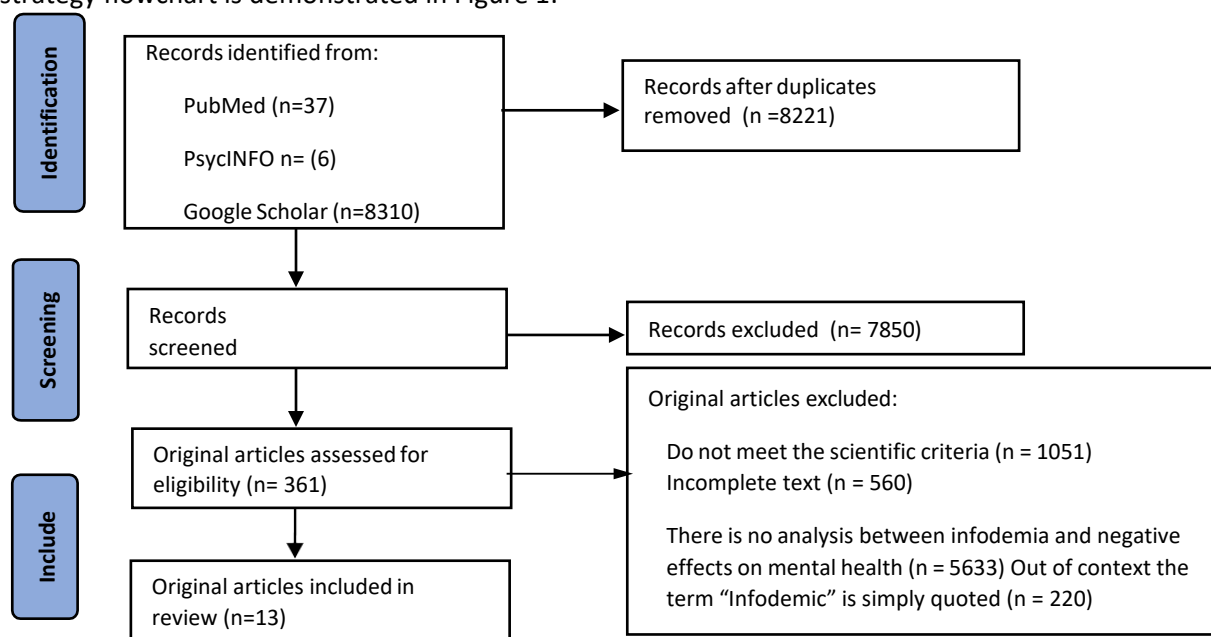


Figure 1. Search strategy flowchart

3.1. Study features

In the selected scientific articles, seven of them used inter-sectional methods, three applied quantitative methods, and two employed the systematic literature review. The total number of the champion is around 1,7 million participants,

aged ≥ 10 and spread over 45 countries. Also, three study reports spread over 35 countries with more than 2520 participants over 18 years old and eight media articles were included. The data from the original research articles are summarized in Table 1.

Table 1

Original Research articles

Year	Data source	Type of article	Sample size	Age of participants	Findings/results	Place/s	Article Metrics
2020	Science Advances	A cross-sectional study	35000	≥ 18 years	Exposure to daily news related to COVID-19, could manifest acute stress and depressive symptoms, in people with previous aggravated mental and physical condition.	USA	241 readers on Mendeley
2020	PLoS ONE	A cross-sectional study	4872	≥ 18 years	The prevalence of depression and anxiety increased due to the long stay on social media.	China	2793 readers on Mendeley
2020	Sage Journal	A cross-sectional study	Three studies (total number =806)	≥ 18 years	COVID-19, believed to be a hoax and was man-made.	USA. UK	365 readers on Mendeley
2020	Journal of Medical Internet Research	Quantitative survey	516	18-35 years	75%, responded that social media has a significant impact on the spread of fear, anxiety and panic.	Kurdistan of Iraq	1041 readers on Mendeley

Year	Data source	Type of article	Sample size	Age of participants	Findings/results	Place/s	Article Metrics
2020	British Journal of Health Psychology	Cross-Sectional Study	501	≥18 years	34% reported positive correlation between exposure to social media news and depressive symptoms.	USA	287 readers on Mendeley
2021	Front Psychiatry	Quantitative survey	1483	≥18 years	Excessive exposure to pandemic-related media was a predictor of acute stress.	China	46 readers on Mendeley
2021	Springer Link	A systematic review	14 studies (total number = 571729)	≥18 years	36% of the authors reported that exposure to infodemic information generated fear, panic, depression, stress and anxiety.	Palestine, Spain, India Bangladesh, Iraq, Mexico, USA, UK, Ireland, Jordan, China, South Africa, Poland, Romania	66 readers on Mendeley
2021	Front in Psychology	Quantitative survey	3123	≥18 years	Presence of anxiety in students who navigated longer on social media.	Shanghai	176 readers on Mendeley
2021	Int. J. Environ. Res. Public Health	Quantitative survey	3621	18 and 63 years,	1/3, reported difficulties in selecting information that was important to them.	Slovenia	90 readers on Mendeley
2022	Journal of Medical Internet Research	Cross-National Survey	10063	≥18 years	Perceived information overload on social media tended to increase psychological concerns.	Hong Kong, Taiwan, Japan, South Korea, Singapore, and Thailand	4 readers on Mendeley
2022	Elsevier B.V.	Cross-Sectional Study	1102	from 18 to 84 years	People who stayed longer on social media were 93.3% more likely to develop depressive symptoms.	Paraguay	29 readers on Mendeley
2022	Journal of Multidisciplinary Healthcare	A Cross-Sectional Study	993	≥18 years	49% reported poor psychological well-being as a result of long navigation on social networks.	Saudi Arabia Lebanon, Egypt, Canada, Europe, Australia, USA.	13 readers on Mendeley
2022	ScienceDirect	A systematic review	13 studies (total number= 760474)	From 10 to 24 years	Misinformation and low trust of information on social media affect the deterioration of mental health.	USA, China, Iraq, Palestine, Egypt, Canada, Brazil.	21 readers on Mendeley

3.2. The spread of COVID-19-related disinformation and conspiracy theories over social media

During the COVID-19 pandemic, Albanian government services were transferred to government online portals, and educational

institutions began to use digital platforms. According to an Albania study report, about 81% of households reported having a smartphone, and confirmed that 82% of Albanian households had internet access (World Vision Albania, 2020). In Albania, the average monthly consumption per

active user of mobile internet services in 2020, increased by 12.4%, compared to the fourth quarter of 2019, and during the first quarter of 2021, the amount of internet traffic increased by 15.5% compared to the fourth quarter of 2020. A study conducted during the earthquake period for fake news and misinformation in Albania by the Institute for Democracy, Media and Culture (2019), where the online media were monitored, in the period from January 2019 to November 2019, have identified 132 fake news items considered problematic. According to data analyzed by BIRN through "Crowdtangle", an application on Facebook, a public activist who opposes vaccination and spreads conspiracy theories has appeared in more than 700 news or videos posted on Facebook by Albanian media on the topic of "COVID-19 vaccines". The videos have generated more than 2.95 million views and the posts more than 85 thousand interactions on the most popular social network in the country (Likmeta, 2021). The Media Literacy Index (2021), which addresses issues of media education, vulnerability to fake news and misinformation, ranks Albania 33rd with 22 points, Bosnia and Herzegovina 34th with 19 points and Northern Macedonia 35th with 15 points. Analysis of a sample of 38 million English-language media reports, through Cision's Next Generation Communications Cloud (2020) platform, from 1 January to 25 May 2020, shows that over 1.1 million individual articles were disinformation about COVID-19. NewsGuard Technologies (2022), an American company that checks news sites and their authenticity, has focused in particular on information circulating on COVID-19 and vaccination during the pandemic. The network has identified 547 websites that published disinformation about COVID-19 in countries such as the United States of America, United Kingdom, Canada, France, Germany and Italy. A cross-sectional survey conducted with 3621 students in Slovenia (2022) showed that, although the level of digital health education among students is sufficient, assessing the reliability of information remains problematic for half of the study participants. (Vrdelja et al., 2022). In a 2021 survey, about 80% of the Balkan's population believed in conspiracy theories. Nearly 59.4% of Albania's residents and 41.5% of Serbian residents believed in conspiracy theories (Çela, 2021).

3.3. Psychological effects of social media during the COVID-19 pandemic

An online survey distributed between June-July 2020 through various social media platforms in the United Arab Emirates and other Arabic-speaking countries, concluded that 49% of the participants reported poor well-being. Low trust in information about COVID-19, long stay on social networks and poor knowledge in general, were associated with deterioration of psychological well-being (Elbarazi, et al., 2022). According to a study conducted at the University of California, people with a previous severe mental and physical condition, after exposure to daily news related to COVID-19, were more likely to exhibit acute stress and depressive symptoms (Holman et al., 2020). Moreover, cross-sectional data collected from the University of Illinois, Chicago, found positive correlations between exposure to COVID-19 news and depressive symptoms in 34% of participants (Olagoke et al 2020). Based on a systematic review of the literature which reviewed 14 studies, the results showed that 36% of authors reported that exposure to disinformation on social media generates fear, panic, depression and stress (Rocha, et al., 2021). A study in China, revealed that the prevalence of depression and anxiety increased due to frequent follow-up to social media (Gao et al., 2020). Similar findings were reflected in another Chinese study, which revealed that overexposure to pandemic-related media was a predictor of acute stress (He et al., 2020). TikTok's popularity grew rapidly at the onset of COVID-19 pandemic, rising up to 180% among users aged 15-25 by 2020. During this time period, the Kaiser Foundation reported an increase in mental health concerns: approximately four in 10 adults in the United States reported symptoms of anxiety or depressive disorder (Wood, 2021). In a study reporting on health workers in Egypt and Saudi Arabia, a link was found between exposure to news about COVID-19, for at least two hours a day, and symptoms of depression, anxiety, stress, and sleep disturbances (Arafa et al., 2021). According to an online survey conducted in Iraqi Kurdistan, 75.7% of participants reported that social media has an impact on spreading fear, anxiety and panic during the outbreak of the COVID-19 pandemic. A study conducted with students at the University of Shanghai, concluded that the part that used the most social media during the COVID-19 pandemic, had the highest presence of anxiety symptoms (Jiang, 2021). According to a systematic analysis based on 13 studies, the findings revealed that disinformation and low trust in information about coronavirus published on social media, affects the

worsening of mental health (Strasser et al., 2022). An international survey conducted with 10,063 participants over the age of 18 in six Asian jurisdictions, found that perceived information overload on social media tended to increase psychological concerns and people with higher economic status were more vulnerable to problems of mental health (Chen, 2022). A descriptive and cross-sectional study conducted in Paraguay with 1102 participants surveyed aged 18-84, concluded that people who stayed long while navigating around the COVID-19 news were 93.3% more likely to develop depressive symptoms (Torales et al., 2022).

Conclusions

The use of social media during the COVID-19 pandemic increased significantly, especially in the adult age group. The Balkan region, including Albania, ranks among the lowest levels of media education and is vulnerable to false news and misinformation. Research findings indicated that prolonged exposure to fake news over social media has effects on the onset of psychological symptoms and disorders, such as depression, anxiety, stress, fear and insomnia. The data adopted in this paper indicate that the large amount of unchecked and unprofessional information in the form of disinformation, fake news and conspiracy theories has created panic and negatively affected the psychological well-being, especially of vulnerable groups among the populations. In Albania there are no genuine studies on the impact of social media and especially misinformation on mental health, but according to statements and media reports, the large amount of information with false news, misinformation and misunderstandings has affected the psychological well-being of the population. Although several studies have been conducted on the effects of disinformation on mental health, the number of researches is still limited both in time and geography. Globally, the cited studies mainly focus on the age group over 18 years and the two-year time segment. The findings of the cited research indicate that fake news, disinformation and conspiracy theories, being spread over the social media and networks, during the COVID-19 pandemic, have negatively impacted the psychological well-being of populations, by directly affecting in a harmful way the life-dimension of future, fantasy and meaning, as more fear of the present and future, resulting in anxiety

and panic, as well as more psychological distress and depression. From a Positive Transcultural Psychotherapy perspective, the effects were harmful because the expectations of the public that the social media display the secondary capacities – social norms – of truthfulness, honesty, reliability, precision and conscientiousness, were not generally met. If they had been met, they would have strengthened the individual emotional domain, by “shielding” the primary capacities of security, safety, trust and hope. The latter are prerequisites to good mental health and a balanced well-being. Instead, misinformation over social media has led to their inadequate differentiation, and thus, caused them to become conflict potentials. Furthermore, based on the research cited, there is still no conclusive and longitudinal explanation for the long-term negative effects of social media during epidemics and pandemics. Finally, it is suggested that individuals take a more balanced approach when navigating social media, by consulting with multiple sources of information, diverse media platforms, and enlarging their contact in the life-dimension of relationships, as activities and areas of expanded and reliable information, in order to promote better mental health. It is necessary for the competent bodies to develop strategies on how information related to health should be reliable, available, understandable and accessible especially for vulnerable social groups. Governments and social media management should exercise more conscientiousness, as well as greater oversight and a moderating role in social media content, in order to ensure that true, reliable, and precise information is accessible both on-line and off-line.

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THE NEUROSCIENCE OF STORY: THE ROLE OF STORYTELLING IN PSYCHOTHERAPY



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Abstract

One of the more interesting discoveries in neuroscience in recent years is the impact that the use of non-directive forms of communication, including stories and metaphors, has on our brain. In this article, we will review the most important literature of recent research in this area, and address both the benefits and risks of the new knowledge gained from these discoveries.

Keywords: storytelling, brain impact, oxytocin, hormones, positive psychotherapy

Introduction

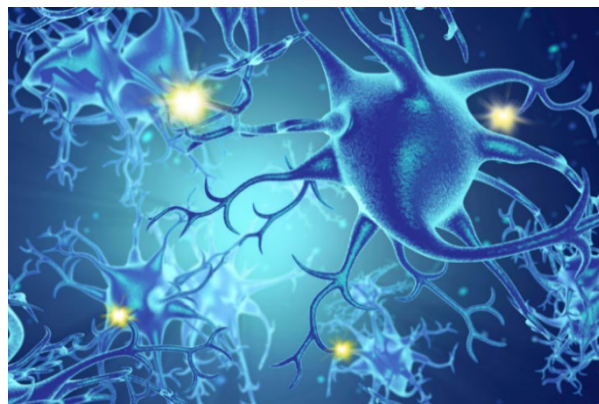
The important role of stories in our lives has been known for centuries. In a library dating back to antiquity, an inscription was discovered above one of the bookshelves: "Medicine for the soul." (Molichka, 2022).

Professor Nossrat Peseschkian, the founder of PPT, repeated after Ferdinand Sauerbruch that a doctor who tells his patients good stories needs to use half as much anesthetic. Thanks to his involvement, stories and metaphors have become one of the most recognizable tools of Positive and Transcultural Psychotherapy.

Storytelling has many functions in the psychotherapy process: a) facilitates access to content that is inaccessible at a conscious level

b) acts as a mediator between the patient and the therapist, allowing resistance and defense mechanisms to be overcome c) prolongs the effect of content discovered during psychotherapy sessions d) serves as a vehicle for traditions e) acts as an intermediary between cultures f) triggers the imagination and enables controlled regression

g) enables a change of perspective and an alternative view of the world (Peseschkian, 2016).



Discussion

As we mentioned earlier, the therapeutic role of stories has been known for centuries. Initially addressed in philosophical considerations, it was transferred to therapists' offices at the beginning of the last century and has been successfully used in numerous therapeutic approaches ever since. Below, we will take a look at how stories - both those conveyed verbally and visually in the form of fairy tales and films - affect the brain and the overall functioning of body and mind.

3. 1. Using the stories affects the functioning of the endocrine system and consequently social relations

Research conducted by scientists from the University of Michigan proves that watching certain types of movies makes our body react in such a way as if we were in the very center of events, and not just participating in them as observers. For example, watching romantic comedies together causes our body's progesterone levels to rise and a greater need for intimacy with our partner. Watching action movies, on the other hand, raises testosterone and adrenaline levels (University of Michigan, 2004).

One of the neuroscientists, Dr. Paul Zak, spent a lot of time researching how stories affect increased secretion of oxytocin and then, how it influences social interactions. He considers [...] oxytocin the neurologic substrate for the Golden Rule: If you treat me well, in most cases my brain will synthesize oxytocin and this will motivate me to treat you well in return." However, his research also yielded another surprising result. The release of oxytocin occurs not only as a result of direct social interactions but also as a result of observing a story in which we feel a bond with the characters and feeling caring for him. Then increased levels of oxytocin predispose us to pro-social behavior (Zak, 2015).

3. 2. Stories can stimulate the occurrence of specific emotions and behaviours

Observing or even imagining the behavior of other people causes a group of nerve cells located in the motor cortex of the frontal lobe and in the parietal cortex, called mirror neurons, to be activated. They are responsible for the ability to empathize and imitate the behavior of another person, even if this behavior takes place only in the realm of fantasy.

Stories therefore have great power in a therapeutic context - they are able to arouse specific emotions and encourage desired behavior. For example, sharing with a client a story in which the characters found a solution to their problems will inspire hope and unlock new coping strategies (Ramachandran, 2012).

2.1. Using stories helps to activate the whole potential of our brain and the integration of new knowledge within old neural circuits

The possibility of harnessing the full potential of the human brain has been at the center of

researchers' attention for decades. This task is made difficult by the fact that the brain consists of two hemispheres and each of them plays a separate role in everyday human functioning. The left side of the brain is responsible for creating, receiving and processing linguistic information and for reading comprehension. The right hemisphere of our brain is responsible for creativity and imagination.

The data contained in the stories stimulate the left hemisphere, while the references to fantasies and imaginations, i.e. the form of the message, are responsible for the simultaneous activation of the right hemisphere. Simultaneous activation of both hemispheres of the brain is an extremely desirable phenomenon in the process of change - it enables the increase of natural brain activity and creates a connection between the information presented and the already-existing knowledge (Siegel, Brayson 2012).

Referring to the terms used in PPT, using the stories and metaphors can be an effective tool in working with conflicts, when old knowledge has ceased to fulfil its role and has become unadaptable to new circumstances of life. In this understanding the story can be both - a source of new knowledge and a way to integrate the content that the client brought to the beginning of therapy with newly-acquired knowledge and coping strategies.

3. 4. Stories help us to remember what is important

One of the evolutionarily significant functions of our brain that enables us to survive is to give special meaning to information that is characterized by emotions.

Events from our lives, characterized by strong emotions, are recorded in the emotional brain - especially in its subcaudal and limbic parts, creating a mental model of how the world works and what we could expect in the future. This information is stored at an unconscious level, creating an implicit emotional memory and predisposing us to specific thoughts, feelings and behaviors (Ecker et al., 2017).

Skilful use of stories, especially those that are emotionally charged, can therefore have a positive impact on the creation of a new mental model of the functioning of the client's world in which we can develop the skills, capacities or behavior necessary from the point of view of the goal of therapy.

New knowledge conveyed through stories is therefore not only better remembered, but also permanently stored and saved for a long time in our store of experiences.

However, one more important fact should be emphasized. The content of the story and the emotional effect it evokes are also important.

Chun-Ting Hsu and colleagues, in a study on the effects of reading fragments from the world-renowned Harry Potter book series, found that in a study group tasked with reading a passage that contained descriptions of supernatural events, activation of the amygdala, in the bilateral inferior frontal gyri, bilateral inferior parietal lobules, left fusiform gyrus, and left amygdala was greater than in the control group (Hsu, 2015).

Translating into therapeutic work, stories containing elements of surprise and novelty require greater activity in the bilateral inferior frontal gyrus, possibly reflecting greater demand for cognitive processing due to violations of knowledge about the world. In practice, this means that the more surprising the story is, the more it contradicts the client's current knowledge – the greater the likelihood that it will lead to permanent changes in the client's current mental model.

Conclusions

To summarize, the last decades have brought many new discoveries in the field of neuroscience, also in the area of studying the impact of stories on the functioning of the brain and the biological dimension of man. The conclusions of these discoveries clearly indicate that the use of stories has a significant impact on human functioning. Skillful use of this therapeutic tool is an invaluable method in working with conflicts, shaping new behaviors, removing old, non-adaptive knowledge and replacing it with new. On the other hand, it is important to emphasize the fact that this knowledge, when in the wrong hands, can become

a tool for manipulation and negative influence. It is therefore our responsibility as therapists to use the above knowledge in accordance with the ethics of the profession and the aims of therapy.

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UNDERSTANDING SYMBOLS WHEN WORKING WITH ANXIOUS RELIGIOUS CLIENTS IN POSITIVE PSYCHOTHERAPY



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Abstract

The article illustrates specifics of working with religious clients in the context of Positive and Transcultural Psychotherapy. The article touches upon important aspects of using metaphors which are close to the perception of a person's spiritual and ideological characteristics. The use of metaphors, parables, and references to scriptures helps to establish a good contact with the patient, assisting the therapist to achieve a greater therapeutic success. A particularly significant effect is achieved in working with religious people with anxiety disorders.

As noted below, it is extremely important to take into account clients' cultural background and choose metaphors and images that are close to his/her worldview. This case clearly illustrates how well-chosen references to religious symbols improved the therapeutic effect of working with a psychologist.

Keywords: positive psychotherapy, faith, religiosity, anxiety, anxiety disorder, mental health

Introduction

This article analyzes the impact of religious beliefs on a client with an anxiety disorder, the process of therapy and the effectiveness of religious metaphors and symbolism in working with her. It considers, based on a specific case, what an important role a person's existential experiences play in therapy using the PPT method.

Psychotherapy and religion have much in common: both deal with spiritual values and seek to help in overcoming suffering, and there is no conflict between them. The goal of religion is the salvation of the soul, the goal of psychotherapy is the healing of the soul. N. Peseschkian emphasized that faith is inherent in every person, and religion deals with the meaning of being and gives it to a person, defining the norms that regulate interpersonal relations and the position of a person in the general picture of the world, giving meaning to his existence. Psychology, in turn, performs the

tasks of scientific understanding of the conditions for the implementation of these norms, conflicts arising from differences in norms, and the ability of a person to find a way out of these conflicts (Peseschkian, 2016). Instead of ignoring or ridiculing religious values, it is more correct to support them and emphasize the importance of the basic universal postulates of faith. The stronger the faith of a person, the greater is the psychotherapeutic effect of the use of religious symbols and meanings.

Case

Client Anna (name was changed), 37 years old, a refugee from the war zone (Mariupol, Ukraine).

The client came in with a clinically diagnosed anxiety disorder. She had obvious symptoms: sudden mood swings, sudden panic anxiety, sometimes reaching panic attacks, difficulty concentrating, sleep disturbance, increased fatigue, and conflict. She had fled with her family from military operations, had come under fire, her

husband, who was traveling with her, was wounded, and she provided him with assistance. According to her, the first signs of her condition appeared after she heard the sounds of nearby explosions and gunfire and manifested itself in the form of panic attacks: panic fear, rapid heartbeat, difficulty breathing and swallowing.

According to the Balance Model, her thoughts and attention were for the most part concentrated in the fantasy zone, to a significant extent and to the detriment of other spheres. She paid a minimum of attention to herself, avoided contact even with people close to her, did not want to do anything, referring to constant painful fatigue and impotence. Nothing pleased her, for the most part she did not want anything. Relations with her husband became more complicated. According to her, he was tired of her constant complaints, irritability and low moods. Lack of sex was one of the important reasons that led to a critical state of family relations. Communication with her children had dropped off greatly. The children were also under great stress.

The reasons that led the client to an anxiety disorder date back to the period of the pandemic when she lost her main high-paying job. Military operations and the subsequent migration to Odessa sharply intensified and formalized the emerging pathology.

Of all the primary actual abilities, she retained only Faith in the form of rational religiosity. As she was a religious person, and her religiosity intensified with the outbreak of hostilities, the client's own behaviour was frustrating because she regarded it as sinful. At the same time, she could not find the strength in herself to do the right thing, from the point of view of religion because she did not realize the underlying reasons for her behaviour. In fact, she was escaping into illness, inactivity, and loneliness.

Being a developed and educated person, she tried to work on herself and to analyse what was happening to her and in the world around her. That is why she turned to a psychologist for help.

During the initial stages of counselling, the emotional reactions of the client were clarified, information was obtained about her relationship with the outside world and other people, lifestyle and interests. Manifestations of pathological anxiety and related disorders were identified.

In the process of counselling, recommendations were developed on how the family members could get out of their current state and improve their

lives. On the physical plane, several recommendations were given to improve the physical condition of the client. Treatment for anxiety disorders is possible only with a set of methods based on changing a person's lifestyle, psychotherapy and taking medications. Because it was impossible to obtain any psychoactive medications, such as antidepressants, treatment recommendations were for traditional medicine. The use of herbal preparations such as melissa, motherwort, hawthorn, valerian, and chamomile were found to be optimal in this case. These herbs, acting on the human body, have a relaxing effect, which temporarily relieve anxiety disorders and their causes.

In the areas of the body and activity, emphasis was placed on the correct lifestyle: daily routine, balanced nutrition, physical activity, other activity, simple meditation on the church music and auto training. She was recommended to diversify her life, increase the number and depth of emotional contacts.

In the stages of encouragement and verbalization, I used parables and sayings from the Holy Scriptures, integrating theology into psychotherapy. Emphasis was placed on religious dogma, the need to realize that the client "is under the continuous gaze of the Almighty and under His protection. Nothing can harm or benefit anyone without the will or against the will of the Almighty." The realization that the Almighty will manage and provide opportunities to resolve the current situation helped the client perk up and find hope for a better future.

Many parables and sayings of the Holy Scriptures that I used in my work carried a life-affirming message and strengthened the confidence that even in the most difficult and tragic situation, there is always a way out and a favourable solution. I reinforced this with the words of the Apostle Paul, where he wrote that when things are hard, we need to take care of our neighbours. I managed to switch the client's attention from self-pity and apathy to the fact that her loved ones also suffer and need her support and help.

In addition, the repeated references in the Bible that man was created for the joy and glorification of the Creator and His creation, the emphasis on the value of human life and its physical shell, as a "vessel of the Spirit", led the client to realize the importance of taking care of herself and her health.

Discussion

This article draws on one of many examples of working with a religious client with an anxiety disorder and emphasizes the significant importance of considering the client's religious world view in counselling and therapy. This reveals the great potential of using a transcultural approach to work with religious symbolism - parables, symbols, and metaphors. A correct and accurate approach to religious values in therapy helps to establish a more deep and persistent trust on the part of the client and, accordingly, more successful work with him or her.

Anxiety is present in every person, even a conditionally healthy one, and performs its natural functions as a psychological mechanism for adapting to stressful situations and environmental conditions. In these cases, we can rationally relate our anxiety to the specific factors of what is happening. Manifestations of non-pathological forms of anxiety caused by the natural preoccupation of specific situations of reality do not last long and pass after the resolution of the situations that caused them. Moreover, these states encourage a person to more intense activity, both physical and mental, to find a way out of the situations created by the anxiety and to further rethink them. Usually, these anxiety states do not leave any negative consequences.

An anxiety disorder is a type of neurotic condition in which a person is in a state of constant expectation of some unpleasant event, as opposed to experiencing fear of a real or imagined threat. Then, as soon as anxiety shifts to the area of the irrational, it can develop into a pathological state, acquiring the character of a neurotic disease, characterized by a permanent feeling of anxiety in relation to everything that surrounds it. If a person stays in this state long enough, it closes him/herself off from the outside world, neglecting contact even with people close to her, and failing to take care of him/herself in all the areas of life. In the context of hostilities, pandemics, forced migration of the population and deteriorating living conditions, anxiety besets a large part of the population, if not everyone.

The main rational factors that cause anxiety are: a real threat to life, body, property and loved ones. Pathological anxiety is characterized by prolonged total irrational fears, which exhausts a person physically, plunging him into a state of helplessness without alternatives. The fear of waiting for a possible death, injury, loss of loved ones or

something material, paralyzes a person and seriously worsens the quality and depth of his/her life and manifests itself in the form of specific psychopathological symptoms. At the same time, the mechanism of displacement at the conscious level often works.

The concepts of psychotherapy, based on the ideas of Positive and Transcultural Psychotherapy by Nossrat Peseschkian, involve considering any difficult situation in a person's life not only from the viewpoint of its traumatic aspects and getting out of them but rather in the search for resources in the person's corresponding experiences in order to overcome them. A striking feature of the method of Positive and Transcultural Psychotherapy is precisely the transcultural approach and the use of various mythologies. The most important thing in this is the religious beliefs of a person. Without taking them into account, it can be difficult and sometimes impossible to help the suffering person find ways to heal the spiritual trauma. The founder of the PTP, who grew up in a Baha'i religious family, studied at a Catholic school, and later, lived in exile in a multicultural environment in which there were representatives of various religious denominations. Thus, he had the opportunity to perceive the importance of the religious world view of people and its influence on their lives. In today's understanding of this most complex topic, despite significant differences, there is a common understanding among both psychologists and theologians that it is impossible to ignore the influence of religiosity on therapeutic processes. Of course, as R. Skynner notes, "the differences immeasurably exceed the similarities," but the place "where both of these dimension's meet is at the crossroads inside each person, where the line of time intersects with the line of eternity, with its level and scale." (Skynner Robin, 1998).

Nossrat Peseschkian noted that religion (faith) belongs to the sphere of primary abilities - to love, because religion and worldview correspond to emotionality. Religion claims to give meaning and presupposes an obligation for this (Peseschkian, 2016).

Many different studies have been conducted to determine the impact of religion on a person's mental health. In one of these studies, the results of which are presented in the book "Religion and Mental Health" (Schumaker, 1992), the authors come to the conclusion that faith, giving meaning to existence, reduces existential anxiety, and inwardly oriented religiosity correlates with a high level of health, as well as positive self-worth and a

low level of neurotic guilt. The results clearly indicated that the synchronism of religious beliefs with their corresponding behaviour contributes to a better prediction of resolution of extra- and intra-personal conflicts.

Another confirmation of the positive influence of religion on factors of personal well-being was found in Ellison's study. It showed that individuals with a strong religious faith are characterized by a high degree of life satisfaction, personal happiness, and low levels of consequences of traumatic life events (Ellison, 1983).

Individual elements of moral psychology are extremely important in the therapeutic field and should not be neglected. An example of this is the article by R. Walters "Forgiveness: an essential element of an effective life." (Walters, 1984). It shows how the symptoms of anxiety disappear by the reduction of anger and subsequent forgiveness. The author convinces his patients to start from where they are and do what is in their power, and that God will do the rest. The author identifies the following stages of the process of forgiveness: 1) preparation; 2) decision making; 3) action; 4) confirmation; 5) healing one's own body.

Conclusions

Anxiety disorders are among the most common mental health problems in the world. In addition, anxiety also occupies a leading position in terms of prevalence among all medical problems. For believers, and even indirectly religious people, the tendency to turn to religion in stressful life situations is a natural, unconscious desire to find support in a world where foundations are crumbling and, it would seem, there is no hope and confidence. For people for whom religion plays an important role, metaphors from the Holy Books give strength and meaning to life, returning suffering people to a full existence and joy.

N. Peseschkian emphasized the importance of religious faith in the processes of human mental health, while noting that religion will not replace psychotherapy, nor will psychotherapy replace religion. Thus, within the framework of Positive and Transcultural Psychotherapy, it is not only impossible to ignore the world view of a client,

especially an anxious one, but it is also important to fully use this in therapeutic work, using the entire possible spectrum of cultural and religious consciousness, as the most valuable tool of therapy.

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КНИЖКОВА РЕЦЕНЗІЯ



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Россі, Лінн: **НАСОЛОДЖУЙСЯ
КОЖНИМ ШМАТОЧКОМ: ЯК
УСВІДОМЛЕНО ЇСТИ, ЛЮБИТИ СВОЄ
ТІЛО І ЖИТИ З РАДІСТЮ**

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Харчова поведінка є невід'ємною частиною життя, базовою потребою, що з розвитком суспільства перестала бути простим втамуванням голоду задля підтримання життєдіяльності. Все більше процес їди пов'язаний з заборонами та прагненням контролю, у зв'язку з чим в людей втрачається довіра до своїх бажань. Наукові та практичні розвідки з теми харчової поведінки привели мене до книги наповненої досвідом людини, яка велику частину свого життя присвятила спробам налагодження стосунків з їжею та тілом.

Авторка книги Л. Россі є докторкою психологічних наук та клінічною психологинею, яка має власний складний життєвий досвід, що привів її до практики усвідомленого життя. Вона вчить людей усвідомленості стосовно їди, тіла, почуттів. Книга є викладом практичних напрацювань усвідомленості сформованих на основі духовних практик з йоги, буддизму та християнства. Самі практики спрямовані на відчуття тіла, відстежування почуттів та спостереження за власними думками в моменті, що виникають у зв'язку з різними життєвими ситуаціями.

В книзі вказується важливість розуміння себе, вчить розвивати усвідомленість і тим самим жити «тут і тепер». Авторка дає багато практичних рекомендацій, власне кожний розділ завершується вправою, що зветься «Практика смакування» - практична вправа, яку може використовувати читач для себе і пов'язана з теоретичним матеріалом викладеним раніше. Провідне запитання книги можна сформулювати наступним чином: «Моя поведінка шкодить мені й формує не довіру до себе чи я схильюсь до усвідомленої поведінки, що несе для мене користь?».

Л. Россі розділила книгу на п'ять основних розділів, що звуться кроками, тим самим вказуючи на покрокову модель роботи з собою. Таким чином в книзі увага зосереджується не на результаті, до якого приходить людина, а на процесі розуміння себе в цьому світі протягом усього життя.

Крок перший вчить людину самодослідженню, зупиняти себе в стрімкому потоці життя і тим самим задавати собі запитання й прислухатись до реальних потреб та бажань власного тіла. Відчувати потреби тіла є однією з основ усвідомленого життя. Авторка зазначає, що кількість і вид їжі, який потрібний людині визначається методом проб і помилок, тобто власним досвідом насичення й темпом життя, який є індивідуальним в кожній конкретній людині. Якщо ж особистість керується нормами прийнятими тим чи іншим суспільством, то такий шлях веде до дієто центрального мислення, основою якого є контроль, а не довіра до себе. Слід зазначити, що бажання контролювати харчування і форму та вагу тіла є одним з основних механізмів, що призводить до порушення харчової поведінки.

Крок другий спрямований на відстежування й знайомство із собою через розуміння власних почуттів. Л. Россі пише, що кожна емоцій варта уваги й заслуговує аби бути в нашому житті. Важливо бути поруч з емоцією й помічником в проживанні й відреагуванні емоцій може слугувати наше власне тіло.

Крок третій про роботу з внутрішніми правилами за допомогою усвідомлення, розширення власних внутрішніх концепцій та подальше їхнє відслідковування. Практика роботи з внутрішніми правилами допомагає розширювати власне життя, наповнювати його фарбами усіх можливих кольорів.

Крок четвертий про вибір якою людиною бути протягом життя. Л. Россі вказує, що проживати щастя - це здібність, яку ми самі розвиваємо в собі. Саме ми обираємо власний шлях і на основі різного, подекуди травматичного досвіду життя, беремо щось з собою. Яким буде той досвід, що ми взяли з нього і здійснює вплив на наше теперішнє і майбутнє. Якщо людина здатна усвідомлено брати корисне з минулого, то її

внутрішні опори будуть стояти міцно, якщо ж ні, то в такому випадку людина покладається на зовнішні обставини і такий шлях є мінливим та хитким.

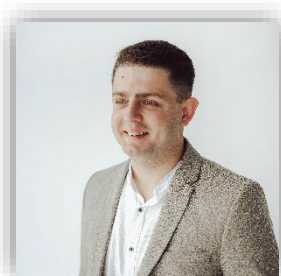
Крок п'ятий про насолоду проживати досвід в моменті та вдячності до себе, оточення, світу та вищих сил. Насолоджуватись моментом важливо з тих обставин, що життя швидке та непередбачуване, ніколи не знаємо коли певний момент буде останнім. Прикладом, що слугував для авторки з життя була її подруга з онкологією, в якій залишалось дуже мало часу. Подруга почала брати від життя все по максимуму і проводжувати проживати останні лічені дні з вдячністю до світу, водночас вона не лише брала, а й віддала турбуючись про інших. Адже вона мала таке прекрасне життя й обрала для себе шлях вдячності і тим самим наповнювалась любов'ю, якою могла ділитись з іншими.

Книга наповнена багатьма практиками пов'язаними з медитацією та релаксаційними техніками, які часто зустрічаються в практиці йоги. Такі вправи є корисним для багатьох різних людей і вчать формувати стосунки з їжею, тілом, почуттями в середині себе, що сприяє покращення якості життя.

На основі викладеного в книзі, слід зазначити, що робота з усвідомленістю охоплює в собі розуміння життя на декількох рівнях. Першим рівнем є тілесний, що містить в собі почуття та думки, що виникають в моменті. Наступним є рівень душі, що означає розуміння досвіду в контексті всього життя. Останнім третім рівнем є духовний про цінності та екзистенціальні питання минулості життя.

Використання практик усвідомленості є цікавим досвідом, що допомагає більше зосереджуватись на розвитку і кожен день сприймати унікально й цікаво. Л. Россі пише легко й просто, зрозумілою клієнтською мовою, немов авторка сидить поруч з тобою і ділиться власними цікавим досвідом. Книга є корисною не лише тим, хто цікавиться темою харчової поведінки, а й людям, які хочуть кожен день наповнюватись любов'ю і ділитись нею з іншими.

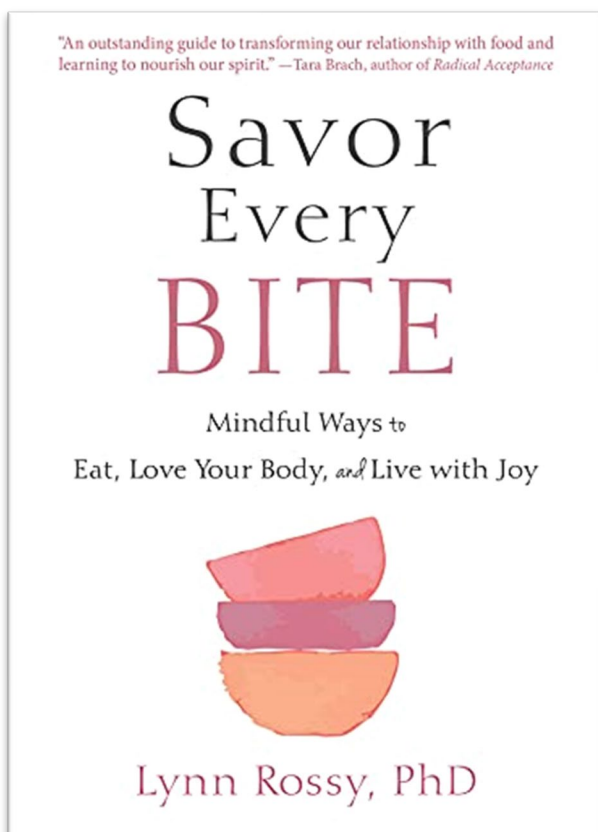
BOOK REVIEW



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**Rossy, Lynn: SAVOR EVERY BITE:
MINDFUL WAYS TO EAT, LOVE YOUR
BODY, AND LIVE WITH JOY**

Publisher: New Harbinger Publications (2021)

Language: English

Paperback: 232 pages

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ISBN-13: 978-1684037469

Eating behaviour is an integral part of life, a basic need that, with the development of society, has ceased to be a simple satisfaction of hunger to maintain life. Increasingly, the process of eating is associated with prohibitions and the desire for control, and therefore people lose trust in their desires. Scientific and practical research on the topic of eating behavior led me to a book filled with the experience of a person who has spent most of her life trying to establish a relationship with food and body.

The author of the book, Lynn Rossy, is a Psy.D. and clinical psychologist, who has had her own difficult life experiences that led her to the practice of mindful living. She teaches people mindfulness about food, body, feelings. The book is a presentation of practical developments of mindfulness formed on the basis of spiritual practices from yoga, Buddhism and Christianity. The practices themselves are aimed at feeling the body, tracking feelings and observing one's own thoughts in the moment as they arise in connection with various life situations.

The book points out the importance of understanding oneself, teaches the reader to develop awareness and thereby live "here and now". The author gives many practical recommendations, in fact, each chapter ends with an exercise called "Savoring Practice" - a practical exercise that can be used by the reader for him/herself and is related to the theoretical material presented earlier. The leading question of the book can be formulated as follows: "Is my behavior harmful to me, creating a lack of confidence in myself or am I inclined to conscious behavior that is beneficial to me?".

Lynn Rossy divided the book into five main sections called steps, thus indicating a step-by-

step model of working with oneself. Thus, the book focuses not on the result to which a person arrives, but on the process of understanding oneself in this world throughout life.

Step one teaches a person to self-explore, to stop him/herself in the rapid flow of life and thereby ask him/herself questions and listen to the real needs and desires of his/her own body. Feeling the needs of the body is one of the foundations of conscious life. The author notes that the amount and type of food that a person needs is determined by trial and error, that is, by the person's own experience of satiety and the pace of life, which is unique for each person. If a person is guided by the norms accepted by a particular society, then this way leads to a diet of centric thinking, which is based on control, not self-confidence. It should be noted that the desire to control food and body shape and weight is one of the main mechanisms that leads to eating disorders.

Step two is aimed at tracking and getting to know oneself through understanding one's own feelings. L. Rossy writes that every emotion is worthy of attention and deserves to be in our lives. It is important to be close to the emotion and our own body can serve as an assistant in living and reacting to emotions.

Step three is about working with internal rules through awareness, expanding one's own internal concepts and further tracking them. The practice of working with internal rules helps to expand one's own life and fill it with hues of all possible colors.

Step four is about choosing what kind of person to be throughout life. L. Rossy points out that living happiness is an ability that we develop in ourselves. It is we who choose our own path and, based on different, sometimes traumatic life experiences, take something with us. What we take from these experiences influences our present and future. If a person is able to consciously take useful things from the past, then his/her internal supports will stand firmly, if not, then the person relies on external

circumstances and such a path is changeable and shaky.

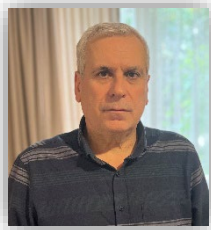
Step five is about enjoying the experience in the moment and being grateful to oneself, one's surroundings, the world and one's higher power. Enjoying the moment is important because life is fast and unpredictable, we never know when a certain moment will be the last. An example from the author's life was her friend with cancer, who had very little time left. The friend began to take everything from life to the maximum and spend her last few days with gratitude to the world, at the same time she not only took, but also gave, taking care of others. After all, she had such a beautiful life and chose the path of gratitude and thus was filled with love that she could share with others.

The book is filled with many practices related to meditation and relaxation techniques that are often found in the practice of yoga. Such exercises are useful for many different people and teach how to form a relationship with food, body, and feelings within oneself, which contribute to a better quality of life.

Based on the book, it should be noted that mindfulness work encompasses the understanding of life on several levels. The first level is bodily, which includes feelings and thoughts that arise in the moment. The next is the soul level, which means understanding the experience in the context of the whole life. The last third level is the spiritual level about values and existential questions of the transience of life.

Using mindfulness practices is an interesting experience that helps to focus more on development and helps one perceive each day as unique and interesting. L. Rossy writes easily and simply, in clear client language, as if the author is sitting next to you and sharing her own interesting experiences. The book is useful not only for those who are interested in the topic of eating behavior but also for people who want to be filled with love every day and share it with others.

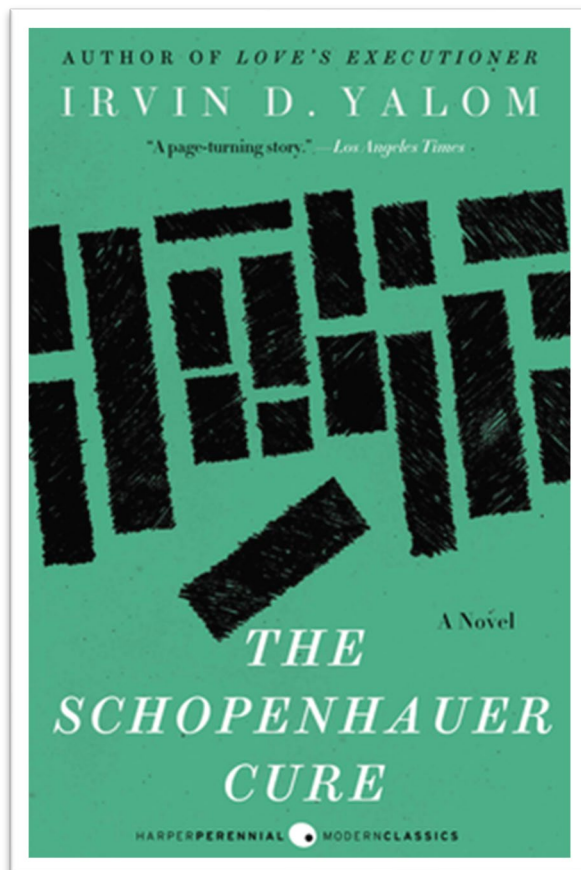
BOOK REVIEW



by Mamuka Badridze

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Irvin D. Yalom: THE SCHOPENHAUER CURE

Publisher: Harper Perennial Modern Classics
(2020)

Language: English

Paperback: 384 pages

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ISBN-13: 978-0060938109

I remember how in my childhood my friends and I used to gather to play around the pyramid of sand piled near my house, and each of us did what he or she could to leave a trace on those strangely-changing sands.

When we finished playing, after we had accomplished our goal, I would leave the piece of sand with a beautiful castle or an improved version of some animal figure erected on it, feeling different every time.

There were days when I was happy and proud of my own work. Sometimes I was not too happy and I remember the times when I felt unhappy because I had not managed to make anything, as some older child would not let me play. Occasionally, I would just watch the others work, feeling reluctant to help them in building a sand town, since that did not interest me at all. My friends experienced similar emotions, which often caused conflicts among us.

Life is very much like playing in the sand. People behave the same way, doing what they can, sometimes achieving success, sometimes failing, and after finishing their work, they experience the same feelings and repeat the same actions as the children playing with sand.

There are times when each of us starts to ask him/herself questions about our roles in life. However, we are not always able to find the answers. This can be explained by the fact that life is quite voluminous and the number of those who can tell us the whole truth is very small.

Therefore, it is desirable that each of us should have a safe space, where we would be able to talk freely about ourselves and one another.

Although such spaces are not easy to find, they still exist and one of them is called “group psychotherapy.”

I was lucky to be involved in the work of a psychotherapy group, which was an incredible experience. It made such a difference for me that suddenly I found my life divided into two phases – before and after the group therapy.

In the end, working in the psychotherapy group of eight people proved to be very useful, as I started to see things from different points of view, which was something completely new for me.

At the early stage of the group’s work, I developed ambivalent attitudes toward the group members, which were mainly conditioned by different emotions, which caused some turbulence among us.

With time, the emotions more or less quieted and the atmosphere became more relaxed and friendly, which, however, does not mean that the group members ceased to feel emotions or lost the desire to get together.

The benefits brought by psychotherapy group work to each group member are really significant; however, using those benefits wisely requires certain knowledge and experience. These are the aspects Irvin Yalom, a great American psychiatrist and psychotherapist, addresses in his masterpiece titled *The Schopenhauer Cure*.

This book gives its reader a deep insight, not only into psychotherapy, but into philosophy as well; it is not just interesting to read but also raises questions about the essence of life, about human values and the mission of a human being in real life.

The book contains 42 chapters and it has two parallel plots: the first story tells us about the work of a psychotherapy group in modern times, while the other story takes us about two centuries into the past to introduce us to the great German philosopher and thinker Arthur Schopenhauer.

Dr. Julius Hertzfeld, a successful psychotherapist, takes a routine medical checkup, during which he is diagnosed with the most serious skin

cancer. He learns that he has about a year left to live. When he comes to face the diagnosis of such a grave disease, Julius decides to get in touch with his former patients whom he failed to cure in the past, in order to correct his mistakes.

Among such patients, he finds Philip Slate, the man he treated twenty years ago. When he meets Slate, Julius learns that the man has practically solved his problem with the help of Arthur Schopenhauer’s philosophy. “Schopenhauer made me aware that we are doomed to turn endlessly on the wheel of will: we desire something, we acquire it, we enjoy a brief moment of satiation, which rapidly fades into boredom, which then, without fail, is followed by the next ‘I want,’” Philip tells Julius, adding, that the only way out is to get off the wheel.

After that, Philip decides to use an unusual method of treatment, which must help him to become a psychotherapist. In order to achieve his goal, Philip asks Julius to become his supervisor. For his part, Julius doubts that Philip has managed to solve his problems by that new method.

Nevertheless, the two men strike a deal: Julius agrees to his former patient’s proposal on one condition: for six months, Philip should attend the group therapy sessions conducted by Julius.

Since Julius is well acquainted with the specifics of group therapy, which is based on the following principle: if you work in a group, or conduct group sessions, or try to help your clients build relationships with other people, you cannot avoid maintaining relations with them, the main, motivating aspect of his deal with Philip becomes clear.

Julius believes that there are two stages in the work of a psychotherapist: the first one is forming a relationship, which is often emotional, and the second stage is making sense of that relationship. It is through alternating the one with the other – experiencing emotions and making sense of them – that psychotherapy works.

The author of the book tells us about the group members and by revealing their characteristic features, he demonstrates their personal growth

and the changes in them, which help them overcome doubts and fears. As a result of their work in a group, they get to understand that “we should treat with indulgence every human folly, failing, and vice, bearing in mind that what we have before us are simply our own failings, follies, and vices. For they are just the failings of mankind to which we also belong and accordingly we have all the same failings buried within ourselves. We should not be indignant with others for these vices simply because they do not appear in us at the moment.”

In parallel with the story of seven group members, Yalom describes the most notable events in Arthur Schopenhauer’s life, demonstrating the personal formation and professional growth of the great philosopher. “Schopenhauer believed that a man of internal strength or virtue will not require supplies of any kind from others; such a man is sufficient unto himself”... “My intellect,” he wrote, “belongs not to me but to the world,” – reading these quotes we get the impression that Arthur Schopenhauer is one of the main characters of the book.

The severe illness that gradually takes full possession of his body defeats Julius morally, although he pretends to be calm. Notwithstanding his grave condition, thanks to the support from the group members and Schopenhauer’s philosophy, Julius still gets the chance to solve his problems and discover a new sides of himself.

“Julius knew the life-and-death homilies as well as anyone. He agreed with the Stoics, who said, ‘As soon as we are born we begin to die,’ and with Epicurus, who reasoned, ‘Where I am, death is not and where death is, I am not. Hence why fear death?’” As a doctor and a psychotherapist, Julius has often used those not too cheerful truisms to console his dying patients, which he considered his duty. However, he would have never imagined that he would have to apply them to his own life.

The book offers us dialogues of different opinions about death. “Spinoza was fond of using a Latin phrase, *sub specie aeternitatis*, meaning ‘from the aspect of eternity.’ He suggested that disturbing quotidian events become less unsettling if they are viewed from the aspect of eternity,” Philip says to Julius, looking into his eyes, noting that such an attitude might be useful for someone who is in serious danger, like Julius. These dialogues make Yalom’s book a kind of personal therapy that can help the reader to finally overcome fear of death.

Despite the sadness we feel after reading the last pages of the book, the readers still get the feeling of satisfaction because they have already understood, with the help of Irvin Yalom’s wonderful book, how people can make their departure from this world easier and how they can learn to love life.



WAPP NEWS

D

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

The world has faced in 2022 year countless struggles, and with our more than 2200 members across 5 continents, we dealt with everything from social unrest and political turmoil



WORLD ASSOCIATION FOR POSITIVE
AND TRANSCULTURAL PSYCHOTHERAPY

to human rights deterioration and increasing economic inequality, and most of all, with a war in Europe which is still going on and affecting many of our dear members.

We got through these times together, and our solidarity and endurance as community, allow us to look forward to the future with hope. At the same time, we see that Positive Psychotherapy is not only needed in many places, but that PPT is received by many people as very timely and helpful way to deal with mental health and life.

Together we reached our goals due to your outstanding work and commitment. To mention just a few:

We initiated and/or supported a number of projects to support the mental health of our members affected by the war in Ukraine and are very grateful for the many initiatives of our Polish colleagues

We implemented a new payment system (Stripe), a management database and a special member's area (portal) Member365, which brought us to a new level in the digital era.

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Figure 1
New WAPP Member Portal:
wapp.member365.org

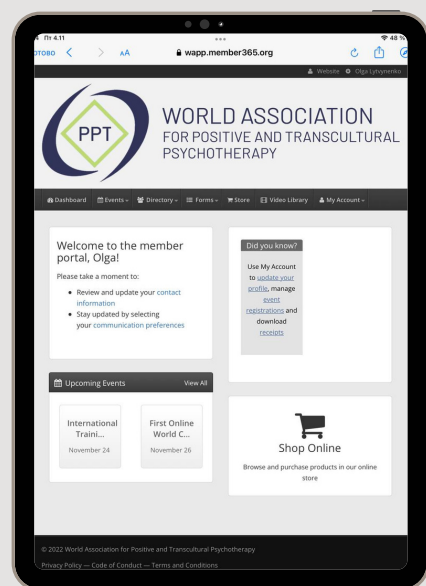


Figure 3
Published issues of the PPT Journal
"The Global Psychotherapist"

Figure 2
"Textbook on Positive Psychodynamic
Psychotherapy" by Udo Boessmann and
Arno Remmers in different languages



The newly edited "Textbook on Positive Psychodynamic Psychotherapy" by Udo Boessmann and Arno Remmers was first published in Albanian, Polish, and Turkish - and more languages are in preparation.

New "WAPP Training Standards and Curricula" as well as other useful documents and handbook were developed and implemented in 2022; this made it possible to fully integrate WAPP into the criteria of the European Association for Psychotherapy (EAP).

Our Journal "The Global Psychotherapist" continues its successful development. 24 compelling PPT researches have been published in 2022, and our PPT Journal was accepted for the authoritative scientific databases DOAJ and IC Master list and received a high scientometric rank

A new Board was elected, and the three committees got deeper into many complex topics. The Head Office was strengthened, in order to deal with the many demands from the members.

Despite the difficult context, we managed to virtually meet during our two transcultural events: 23rd International Training Seminar and First Online World Conference for PPT. Their major success is also because for the first time in our events, there was no language barrier between participants from different countries, as we had simultaneous interpretation into four languages.

This year's achievements wouldn't have been possible without the constant support of our highly valued members, through personal involvement in WAPP's progress, through your ideas and efforts, and your professional growth within the PPT family. WAPP is your organization and needs you!

We look forward to 2023 with faith and confidence. The Board wants to organize more in-person meetings in the coming year, because to meet in-person (offline) is very important for our relationship among each other and for the progress of our work in 43 countries! The start will be in February with a working meeting of the members of the Board and the main committees, with some colleagues from

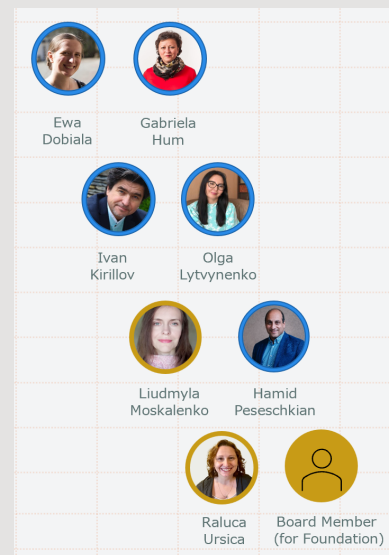


Figure 4

WAPP Board of Directors for 2022-2024

selected countries, regarding the strategic work and the further development of WAPP and PPT. This meeting will take place in Istanbul, because of logistical reasons. Our plans include a larger conference for all members who can make it possible in the second part of the year.

We thank you deeply and wish you a peace!

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

Figure 5

*In 2022: WAPP has reached over 2,200 members
from 42 countries and 5 continents*



THE GLOBAL PSYCHOTHERAPIST

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INFORMATION AND GUIDELINES FOR AUTHORS

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

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

The languages of articles are: English, Russian and Ukrainian. Each article must have abstracts in English and for Ukrainian and Russian articles – in English and in original languages.

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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):

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[2] For books:

PESECHKIAN, 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:

PESECHKIAN 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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