

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



## Aleksandra Zarek

PhD (Psychology)  
psychotherapist and trainer in Wrocław  
Institute of Psychotherapy (Wrocław,  
Poland)  
Basic Trainer of PPT

**Email:** [aleksandra.a.zarek@gmail.com](mailto:aleksandra.a.zarek@gmail.com)

**ORCID:** [0000-0001-8776-2646](https://orcid.org/0000-0001-8776-2646)

Received 15.11.2022

Accepted for publication 30.12.2022

Published 20.01.2023

## 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 Peseschkian 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. They 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).

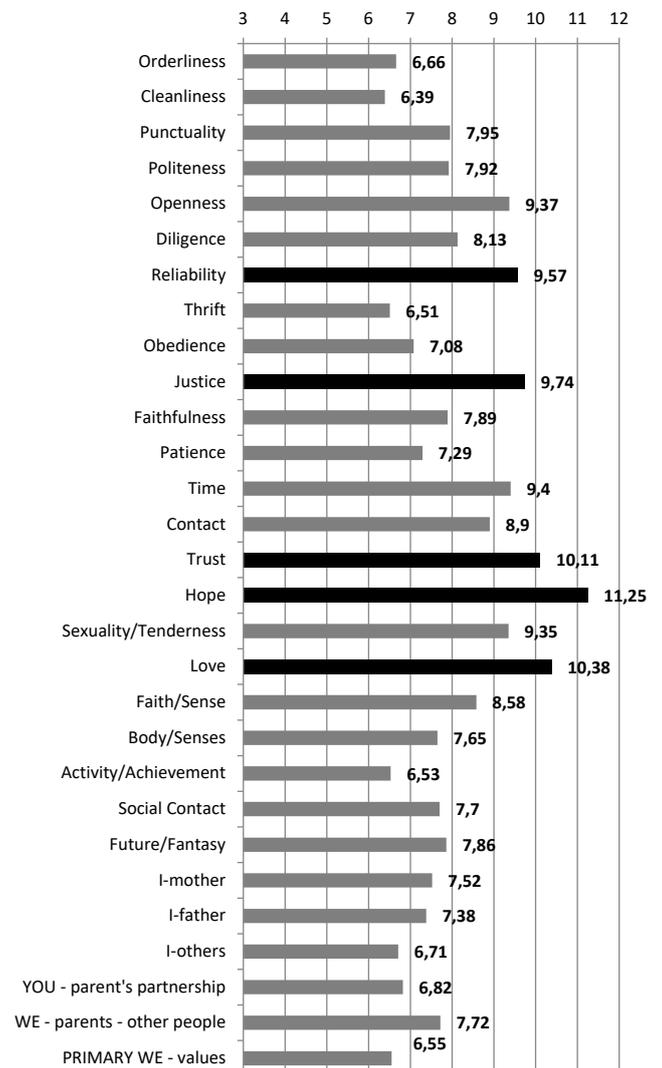


Figure 1. Secondary capacities, primary capacities, conflict reactions and Model Dimension scales in 93 females

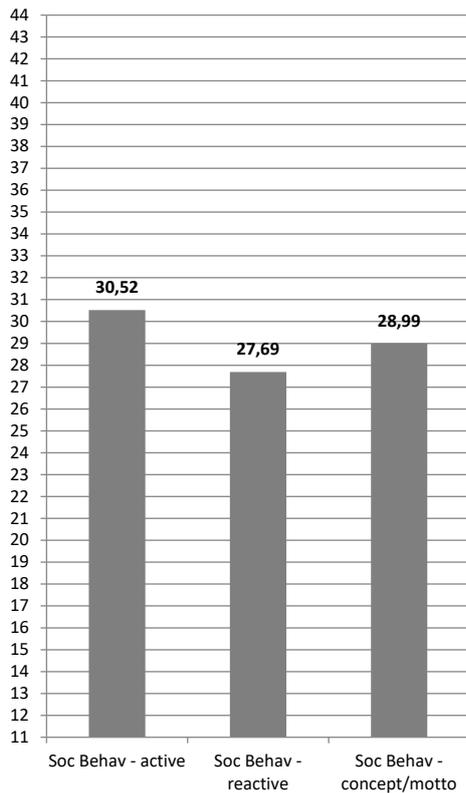


Figure 3. Emotional reactions scales in 93 females

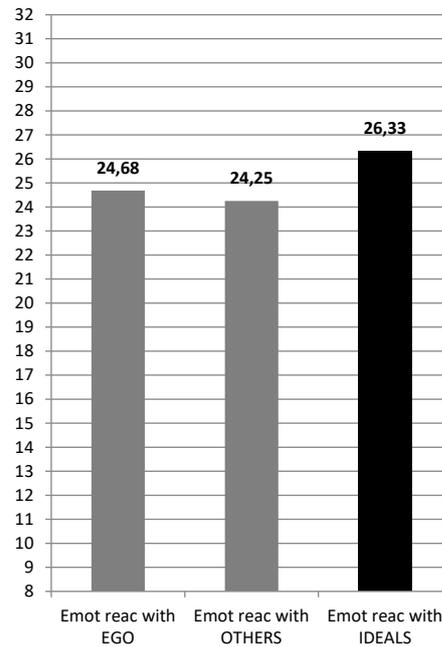


Figure 2. Social behaviors scales in 93 females

## 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.

## Acknowledgements

The authors would like to thank Mr. Arno Remmers, MD, Wiesbaden, Germany, for his support concerning the interpretation of the WIPPF2.0.

## References

- [1] ARTIGAS, L., JARERO, I., MAUER, M., LÓPEZ CANO, T., & COOPER, M. (2010). *Efektywność psychoterapii i poradnictwa psychologicznego. Wyniki badań i praktyka kliniczna*. [Essential research findings in counselling and psychotherapy. The facts are friendly.] Instytut Psychologii Zdrowia PTP, Warsaw, Poland [in Polish].
- [2] KURKIEWICZ, J., STONAWSKI, M. (2005). *Podstawy statystyki* [Introduction to statistics], Krakowskie Towarzystwo Edukacyjne sp. z o.o., Oficyna Wydawnicza AFM, Kraków (Poland), p. 75 [in Polish].
- [3] PESECHKIAN N., DEIDENBACH, H. (1988). *Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie (WIPPF)*, (pp. 128-276), Springer-Verlag, New York (USA).
- [4] PESECHKIAN, N. (2016). *Positive Family Therapy*, AuthorHouse UK. 428 p. (first published in 1986, Springer-Verlag, Berlin, Heidelberg (Germany)).
- [5] PESECHKIAN, N. (1987). *Positive Psychotherapy. Theory and Practice of a New Method*, Springer-Verlag (Germany, USA).

- [6] **PESECHKIAN, N. (2016).** *Positive psychotherapy of everyday life.* Bloomington, USA: AuthorHouse. 326 p. (first German edition in 1977).
- [7] **PESECHKIAN, H., REMMERS, A., (2020).** *Positive Psychotherapy: an introduction.* In: Messias E., Peseschkian H., Cagande C. (Eds.) *Positive Psychiatry, Psychotherapy and Psychology*, (11-32), Springer, Cham (Switzerland).
- [8] **REMMERS, A., PESECHKIAN, H. (2020).** *The First Interview in Positive Psychotherapy*, In: Messias E., Peseschkian H., Cagande C. (Editors) *Positive Psychiatry, Psychotherapy and Psychology*, (pp. 309-329), Springer, Cham (Switzerland).
- [9] **REMMERS, A. (1996).** WIPPF2.0 int. Transcultural Adaptation of the Psychotherapeutic Questionnaire WIPPF for the International Use. Theoretical and Practical Aspects. WIPPF2.0 int. – Транскултурална обработка на психотерапевтичния въпросник WIPPF за международно приложение / теоретически и практически аспект. *Journal Positum*, Varna, pp. 13-28.
- [10] **SERDIUK, L., OTENKO, S. (2021).** The Ukrainian-language adaptation for the Wiesbaden Inventory for Positive Psychotherapy and Family therapy (WIPPF). *The Global Psychotherapist*, Vol. 1, No 1, pp. 11-14.
- [11] **SINICI, E., SARI, T., MADEN, Ö. (2014).** Primary and secondary capacities in Post-Traumatic Stress Disorder (PTSD) patients in terms of Positive Psychotherapy. *International Journal of Psychotherapy*, Vol. 18, No. 3, pp. 17-31.
- [12] **SZYMAŃSKA, A., DOBRENKO, K., GRZESIUK, L. (2016).** Cechy pacjenta, jego doświadczenia z przebiegu psychoterapii i skuteczność psychoterapii. [Patient characteristics, patient experience from psychotherapy, and psychotherapy effectiveness]. *Annals of Psychology*, Vol. 19, No 3, pp. 583-603 [in Polish].
- [13] **ZAREK, A., WYSZADKO, A. (2018).** Potencjalności aktywne jako kompetencje społeczne – profil psychologiczny studentów medycyny w koncepcji Transkulturowej Psychoterapii Pozytywnej. [Actual capabilities as social competencies – psychological profile of medical students in the concept of Transcultural Positive Psychotherapy], *Pomeranian Journal of Life Science*, Vol. 64, No 1, 85-91 [in Polish].

### 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.

### Funding course

Presented research results have been realized within the subject about the number SUB.A150.20.001 according to the records of Simple system.