

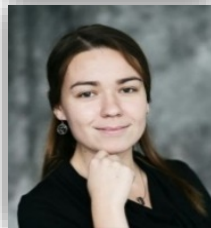
Section: Research and innovations in PPT

PRIMARY CAPACITIES AS A PREDICTOR OF PERCEIVED STRESS, ANXIETY, AND DEPRESSION IN THE PANDEMIC CRISIS OF COVID-19



IVAN KIRILLOV

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



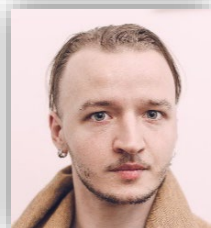
POLINA EFREMOVA

PhD (Psychology), Master trainer of PPT,
Positive psychotherapy center in Moscow (until 2021),
private practice (Russia / Portugal)
Email: poromesh@gmail.com



EWA DOBIALA

MD, Master Trainer of PPT,
Positive Psychotherapy Center in Leszno (Poland)
Email: edobiala@gmail.com
ORCID: [0000-0003-1952-8756](https://orcid.org/0000-0003-1952-8756)



IVAN PLESHAKOV

Certified positive psychotherapist,
private practice (Russia)
Email: thenightyknigh@gmail.com

Received 12.03.2023

Accepted for publication 15.06.2023

Published 01.07.2023

DOI: [10.52982/lkj195](https://doi.org/10.52982/lkj195)

Abstract

Fifty years of worldwide success of Positive Psychotherapy practice suggested that primary capacities, postulated by prof. Nossrat Peseschkian, are reliable criteria to diagnose the integration level of personal psychological functioning. If this assumption is correct, then the higher level of integration of primary capacities should correlate with better adaptability, and inversely the lower level of integration should correlate with a higher level of perceived stress, anxiety and depression under the pressure of crisis, such as the COVID-19 pandemic. To test this hypothesis, we surveyed internationally 1165 respondents, collecting data on emotional reactions and coping strategies engaging primary capacities of personality structure. As a result of this research, we discovered that a lower integration level of 4 out of 8 primary capacities, namely: ideal, trust, love, and time significantly correlate with a higher level of perceived depression, anxiety and stress. Those results support our initial hypothesis that the lower level of primary capacities would allow a higher level of depression and anxiety.

Keywords: structure of personality, stress, anxiety, depression, COVID-19, positive psychotherapy, primary capacities

Introduction

Any structure is an arrangement of parts, interacting with each other under historically developed rules and thereby forming the functional whole.

In psychology, the term "structure" refers to the integration of mental dispositions and "to the availability of mental functions for the regulation of the self, and its relationships to internal and external objects" (OPD Task Force (Eds.), 2008), for processing "internal conflicts and external stressful events" (OPD Task Force (Eds.), 2008).

The level of integration of the specific structural function defines its availability and vulnerability under the stress of internal or external conflicts or physical illness and therefore determines the "personal style (Shapiro, 1965) in which the individual time and time again re-establishes his intrapsychic and interpersonal balance" (OPD-2).

As the structure is not directly observable, it can only be evaluated by visible reactions and behaviors. Therefore, the function, organization, and history of structures are always hypothetical and incomplete. Understandably, such explanations and models are unavoidably constructed in line with the theory and formulated in specific terms.

The infant's inborn, object-seeking activity evolves into the capacity "to involve the adult caregiver in social interactions" of pleasurable bodily care and feeding, in these early interested, active and emotional interactions with the non-ego objects, the Ego begins to organize its intentional communicative function (Rudolf, 1977).

The structural functions (primary capacities) are "imprinted on the child by the direct behavior of the parents and through their modelling" (Remmers, 2020) in repetitive interactions, and in the "experience of being emphatically understood and appropriately treated" (OPD Task Force (Eds.), 2008). Such self-object experience (Kohut, 1973) develops the self- and object-representation (Fonagy P, 1993)" (H. Peseschkian, 2020).

Approximately, by the age of 18 months, the Ego develops the capability to perceive "itself as an object and thus reflexively refer to itself" as a

certain mental space filled with an early symbolic and semantic representation of experiences. Such an increasingly mentalized affectivity "finally finds expression in the availability of the self-reflexive function (Fonagy et al., 2002)".

The objects that are experienced as separate from the self are recognized and named. In ongoing emotionally-charged interactions with such objects, the Ego internalizes them and forms their inner representations by their importance and emotional meaning. At the same time, the Ego integrates its representation and self-worth and learns to organize and regulate itself.

Thereby the experience of object relations forms the personality structure until the development of the autonomous self with the increasing mentalization, integrated sense of identity and capacity to regulate its self-image and self-worth as well as its capability for control in ever-new ways.

Psychological structure develops through the continuous integration of new information, forming new, more adaptive rules that, sooner or later will be challenged by more recent information. Yet, this process is so slow that one perceives the self as a personality with consistent identity and character.

The attempts to describe the structure of personality started from S. Freud's topographical model (Freud, 1923) and K. Abraham's character structure (Abraham, 1925), H. Schultz-Hencke's drive-based structure of neuroses (H. Schultz-Hencke, 1951) and H. Hartmann's Ego structure (Hartmann, 1960). In 1969 L. Bellak and M. Hurvish were able to systematize the ego functions (Bellak, 1969).

In 1974 Nossrat Peseschkian defined (Peseschkian, 1974) the "psycho-dynamically operative" (Peseschkian, 2013, 1988) "related to psychoanalytic categories" (Peseschkian, 1977) actual capacities, secondary and primary. The secondary capabilities are referring to as norms and behaviors. The primary capacities, that are the subject of our interest in this research, reflect:

the primary emotional needs (Kirillov, 2015b); (Goncharov, 2020) the "emotional ties" and "resonance" (Peseschkian, 1977) charging one's expectations regarding the secondary capabilities with "the pronounced affective

response” based on individual life emotional experience.

the primary capacities to deal “with the predominantly emotional domain”, which is “close to the self” (Peseschkian, 1977), “such as feelings of self-worth and inferiority complex” (Peseschkian, 1977). Thereby, the primary capacities describe the functions of the Ego (Kirillov, 2015b) in its relationships with self and objects. The list of those functions initially included: *contact, sexuality, love, time, patience, trust, hope, confidence, doubt, certitude, unity, faith and model*.

In parallel with this, the OPD Working Group (OPD Task Force (Eds.), 2008) integrated the heritage of psychodynamics thinking with the (at that time) recent idea of the structure of object relations (Kernberg, 1976, 1977, 1980, 1984) “in line with the work of Rudolf (Rudolf G., 1993.)”. Just as as Nossrat Peseschkian described the primary capacities (N. Peseschkian 1974, 1977), the Group instead of using traditional psychoanalytic terms addressed to functions (OPD Task Force (Eds.), 2008) of personality structure in its relation to objects (Rudolf, 2002; Rudolf et al., 1995) to “determine the behaviour and experience of the patient as close to observation as possible”.

In intensive testing of OPD, the structure axis showed good clinical practicability, and inter-rater reliability (Freyberger et al., 1998; Rudolf, 1996, 1999; Rudolf et al., 1997; Rudolf et al., 2000). It appears that less integrated structural functions correlate with a lower ability to express emotional resonance (-0.41; $p<0.01$), to rely on others (-0.43; $p<0.01$) (Rudolf/Grande, 1999); to benefit from therapy (Strauß, 1997), and with longer duration of psychogenic illness (-0.38, $p=0.06$) (Rudolf G., 1996). As well, the level of structural integration correlates with conflicts

and relationship patterns (Heidelberg working group):” The lower the level of structural integration, the more difficult it becomes to identify stable conflict patterns. In a disintegrated level of structural functioning, unequivocally identifiable conflicts are largely absent. (OPD Task Force” (Eds.), 2008). The level of structural integration correlates also with the ICD-10 diagnoses: patients diagnosed with the spectrum of neurotic disorders (mean=1.97) proved to be better structured than patients with personality disorders (mean=2.37, $p<0.01$) (Nitzgen, 2000).

Considering sound proofs of the practical usefulness of OPD’s structural functions, their descriptive similarity with primary capacities of Positive Psychotherapy after N. Peseschkian, the latter was optimized (Kirillov I., 2015a) to increase the theoretical and practical understanding between specialists practising both approaches and to enrich both systems with new ideas (Table 1).

Primary capacities are differentiated from the basic inborn capacity to love: “to establish active emotional ties” with external objects (active mode) (Peseschkian, 1977) and “to accept and bear emotional affection” (Peseschkian, 1977) of external objects (reactive mode) (Kirillov, 2015a). Therefore, primary capacities, as well as structural functions of OPD-2, describe the “mental processes” in two modes: 1) active – directed to object (Rudolf, 2002; Rudolf et al., 1995) and 2) reactive – directed at self (Peseschkian, 1977; Kirillov I., 2015a).

A well-integrated structure allows One even in stressful situations to avail oneself of one’s mental space and to regulate it via intrapsychic processes in such a way that she/he can also establish and maintain satisfactory relationships with external objects.

Table 1. Comparison of structural functions of OPD-2 and primary capacities

OPD-2: functions/abilities		PPT: primary capacities	
Self and object perception	Self-reflection	Contact with self Pleasure (self)	Self and others' perception and mentalization
	Perception of others (realistic and as a whole)	Contact with others Pleasure (others)	
Control of self and of relationships	Regulation of own impulses, affects, and self-worth	Time for self Trust to self	Regulation of own affects and productivity, and those in relations
	Regulation of relation to another	Time for others Trust to others	
Emotional internal and external communication	Internal communication via affects and phantasies	Love to oneself Care for self	Bonds, bounds and relationships with self and others
	Communication with others	Love to others Care for others	
Internal attachment and external relationship	Usage of good internal objects for self-regulation	Meaning (own) Ideal self	Regulation of symbolic structures, concepts, and narratives
	Attachment and detachment	Meaning (others) Ideal others	

Disintegrated structural capacity is unavailable for usage because of its insufficient development or vulnerability under the pressure of internal or external stresses. For diagnostic and prognostic purposes, one must differentiate long-existing structural disintegrations (at least 1-2 years) from situational structural vulnerabilities.

Following the OPD-2 pattern we differentiate 4 levels of structural integration: 1) High, 2) Moderate, 3) Low and 4) Disintegrated. Those levels can be assessed by the “interactional behaviour experienced by the patient’s social surrounding (including the interviewer) and described by the patient in patterns of his/her daily life and life history”.

Our survey is based on the primary capabilities as described by I. Kirillov (2015a, b), let us define them in ontogenetical order:

Contact is the capacity to focus, maintain and switch attention from one object to another, differentiating and naming one’s own characteristics: such as feelings, needs, actions and states and the same for others, finding similarities and distinctions to further integrate them for a holistic view of Self and objects.

Pleasure is the capacity to notice the connection between stimuli and responsive emotion, and to prolong those which are pleasant; to consider and avoid/discontinue the possible dissatisfaction and (or) pain.

Love is the capacity to integrate an emotionally charged experience motivating relationship, to cherish pleasing healthy

interactions, and to optimize the attitude toward harmful and unpleasant objects. To love – is the capacity to enjoy (oneself, others, or life) again and again; to merge oneself emotionally with loved ones and to experience empathy towards them.

Care is the capacity to support pleasant emotional relationships by distinguishing the needs of self and others, knowing how to meet them, and doing or helping to do so; it also is an ability to ask for help and accept it with gratitude.

Time is the capacity to sense (notice) understand, structure, remember and use the sequences and rhythms of occurring events, emotions, thoughts, impulses, actions and their outcomes; to reproduce, build up and modify them efficiently; to provide oneself, others and external events with enough time to unfold in their unique rhythms.

Trust is the capacity to expect good and to accept such expectations from others: to notice successful and predictable acts of care towards oneself or others; to reproduce the learned sequences of actions trusting that they will predictably meet one’s actual needs; to trust predictable results of one’s own and another’s actions, external events, and objects.

Meaning is a capacity to find causality in observed events and objects (including self). It uses fantasy to see the invisible connections and forces to figure out the metaphysical events (such as a relation between people) and to create new insights and ideas.

The ideal is the capacity to differentiate and choose preferable examples of optimal satisfaction of one's needs. Its function is to motivate oneself and others to reproduce optimal strategies and to stabilize intrapersonal and interpersonal relationships when faced with frustration.

COVID-19 appeared to be a major stress, thus had an undoubtful impact on mental health, such as short-term increase of anxiety and long-term increase of depression, as described in meta-analysis of 65 studies (Robinson et al., 2022). Other meta-analysis, which gathered 36 studies, showed the significant increase of depression, anxiety and eating disorders among population, despite their age, gender, race, social and marital status (Schafer et al., 2022). While a lot of studies mention social support (Dobiala et al., 2022) and specific actions as coping mechanisms (Finstad et al., 2021), it is especially interesting to observe psychological resilience factors built on personality structure and capacities. Some of the studies mention inner resources used to cope with stress, anxiety and depression (Finstad et al., 2021; Rahman, 2022; Swami et al., 2021; Oli'E, 2022). The authors of this article are interested in conceptualizing inner resources in terms of primary capacities in positive psychotherapy.

Methodology

The results presented in this article have been obtained within research designed to study the strategies of coping with the stress of the COVID-19 pandemic, related quarantine and the effectiveness of psychoeducational "stress-surfing" (Kirillov, I., 2019) protocol based on the principles of transcultural positive psychotherapy.

We used a web-based (Zoho Survey) questionnaire and online survey formula (CAWI) to reach as many respondents as possible despite pandemic isolations. We have sent the link to the survey by e-mail to the selected respondents. The applied exclusion criteria were hospitalization, incapacitation, conscripts, deprivation of liberty, completing the course of psychiatric outpatient treatment and minors. As a result, we surveyed 1165 respondents with different backgrounds (Poland - 836, Russia - 183, Türkiye - 31, Ukraine - 25, China - 18, Romania - 16, Kosovo - 16 and other countries -

40). Their age varies from 18 to 78, $m=39,9$, $st.d=11,95$.

The survey form included information for the subjects about the purpose and course of the study, a form of voluntary and informed consent of the study participants. Participants were also informed about the possibility of withdrawing their answers after they were sent to the survey system via email contact with each of the researchers.

Completed surveys were recorded in the survey system and available only to the respondents. At the end of this step, the data was anonymized by deleting the email addresses. The study lasted from 30.04.2020 to 31.07.2020.

The survey battery included the Beck Depression Inventory (BDI) (Beck, 1961), the State-Trait Anxiety Inventory (STAI) (Spielberger, 1983) and the author's Self-Reflection Survey (collecting data on emotional reactions, triggers in terms of secondary capabilities (behaviours/norms) and coping strategies (physical, social, behavioural and psychological (imagination)) engaging primary capacities of personality structure).

State-Trait Anxiety Inventory (STAI) (Spielberger, 1983) was not used in Poland. This fact and some incomplete responses affected the number of respondents included in the analysis of the correlation of the integration level of primary capacities and depression ($N=1167$), anxiety (as a state ($N=330$), as a trait ($N=331$)) and stress ($N=836$) (table 2).

The self-Reflection Survey was designed for this study in March 2020 by an international team (I. Kirillov, P. Efremova, E. Dobiala). Stress levels have been evaluated by the reported strength of the emotional reaction rated as: "Very Strong", "Quite Strong", "Moderate", "Weak" and "None". Each of the primary capacities (contact, pleasure, love, care, time, trust, meaning, ideal) was evaluated based on subjective estimation of 4 statements regarding the behaviors, attitudes, and expectations specific to those capacities (2 for active mode and 2 for reactive mode).

Respondents rated the relevance of those statements for their experience as: „too much" [relevant], „more than usual", „not relevant", „less than usual" and „not enough". Those answers were rated from 5 to 1 point, respectively. For a particular area, the arithmetic mean was calculated from the scoring of the respective answers. The cut-off point for the

occurrence of depressive disorders according to Beck's Depression Test was ≥ 14 points (Jackson-Koku, 2016).

Due to the skewed distribution of the variables, we used mainly non-parametric methods for the analysis. Data were presented as median (interquartile range) or number (per cent). Differences among groups were tested with the Kruskal-Wallis test (and post hoc two-way test) or Pearson's chi-square test. The correlation strength of the two variables was expressed with Spearman's correlation coefficient. The logistic regression analysis and determination of the odds ratio were also performed. A P-value < 0.05 was considered

statistically significant. Calculations were performed using Statistica version 13, TIBCO Software Inc.

Results

As a result of this research, we discovered (table 2) that lower integration levels of 4 out of 8 primary capacities, namely *ideal*, *trust*, *love* and *time* are significantly correlating with a higher level of perceived depression, anxiety, and stress. Those results support our initial hypothesis that the lower level of primary capacities would allow a higher level of depression and anxiety.

Table 2. The correlation for 1AC and psychological symptoms

Correlations Spearman		Contact	Pleasure	Love	Care	Time	Trust	Meaning	Ideal
Depression N 1167	Coef.corr	-,033	-,019	-,233*	,046	-,175*	-,247*	,022	-,334*
	Sign. (2-tailed)	,258	,525	,000	,119	,000	,000	,455	,000
Anx. State N 330	Coef.corr	-,093	-,028	-,255*	-,069	-,287*	-,310*	,035	-,263*
	Sign. (2-tailed)	,090	,614	,000	,214	,000	,000	,523	,000
Anx. Trait N 331	Coef.corr	-,024	-,052	-,221*	-,059	-,152*	-,221*	,071	-,229*
	Sign. (2-tailed)	,661	,346	,000	,285	,006	,000	,197	,000
Stress N 836	Coef.corr	-,020	-,026	-,239*	,018	-,205*	-,256*	,003	-,345*
	Sign. (2-tailed)	,562	,451	,000	,597	,000	,000	,937	,000

* Correlation is significant on a level of 0,01 (bilateral)

The lack of capacity to *idealize* (Kirillov I, 2015a) significantly correlates with higher levels of subjectively-perceived stress (-,345) depression (-,334), and anxiety as a state (-,263) and trait (-,229).

The lack of capacity to *trust* (Kirillov I, 2015a) significantly correlates with a higher level of subjectively perceived anxiety as a state (-,310) and trait (-,221), stress (-,256) and depression (-,247).

The lack of capacity to *understand and manage time* (Kirillov I, 2015a) significantly correlates with a higher level of subjectively perceived anxiety as a state (-,287) and trait (-,152), stress (-,205) and depression (-,175).

The lack of capacity to *love* (Kirillov I, 2015a) significantly correlates with a higher level of subjectively perceived anxiety as a state (-,255) and trait (-,221), stress (-,239) and depression (-,233).

Discussion

The results obtained partially support our hypothesis about connection of the lower level

of integration of primary capacities and the higher level of subjectively perceived stress, depression, and anxiety in dealing with a crisis such as the COVID-19 pandemic. Though correlation cannot predict the casual relationship, the theory of actual capacities in positive psychotherapy claims that it takes a long time to develop primary capacities and that most of them are developed in the childhood or develop slowly. Therefore, one could assume that primary capacities tend to be developed to some level before the pandemic and then either help or hinder the coping process depending on their integration level.

The lack of capacity to *idealize* ("useful models for optimized satisfaction of [primary] needs to reproduce and learn them" and to adjust those ideals to ever-changing reality (Kirillov I, 2015a)) significantly correlates with a higher level of subjectively perceived stress (-,345) depression (-,334), and anxiety as a state (-,263) and trait (-,229).

The COVID-19 pandemic and following isolation significantly changed habitual lifestyle

and daily expectations, challenging one's capacity to give up the old and to find the new ideals "to motivate oneself; and others and to stabilize one's own inner world in case of frustration". The limited ability to adjust ideals for changing reality and to find clear guiding ideas and models for life prompt one to perceive the crisis as a strong and more stressful disappointment and to respond to it with depressive reactions, and high situational anxiety "as a state" and even highest risk to activate the anxiety "as a trait" in the situation of long-lasting crisis. It corresponds with the finding (Ofir Ben-Yaakov, 2022) that psychological inflexibility "mediates the association between health anxiety and poorer mental health" and (Rahman, 2022) that a positive professional attitude empowered the coping strategy of nurses dealing with COVID-19.

The lack of capacity **to trust** ("to process one's life experiences", to recognise "one's own and other's needs and patterns of their satisfaction; to rely on those predictable causal successions promising security and satisfaction of need" (Kirillov I, 2015a)) significantly correlates with a higher level of subjectively perceived anxiety as a state (-,310) and trait (-,221), perceived stress (-,256) and depression (-,247). One can say that people who cannot rely on the world and don't feel trustworthy often have higher depression levels. This is in line with the data of (Ofir Ben-Yaakov, 2022) that "Intolerance of uncertainty mediates the association between health anxiety and poorer mental health".

The lack of capacity **to understand and manage the time** ("to grasp succession of events, emotions, thoughts, actions and conditions with their natural rhythm and to create one's own intentional rhythms putting events, emotions, thoughts and actions in optimal sequence" (Kirillov I, 2015a)) significantly correlates with a higher level of subjectively-perceived anxiety as a state (-,287) and trait (-,152), stress (-,205) and depression (-,175). It can be described from two different perspectives: 1) those who feel that time is never enough experience higher stress, depression and anxiety when chronically and largely disturbed by the challenges of the crisis (this corresponds

with (Sh.L. Johnson, 2022) finding that "emotion-related impulsivity could predict heightened vulnerability" to stress; 2) those who have difficulties in rearranging their daily sequences and algorithms to adjust to crises are more likely to meet stress, depression, and anxiety (this is in line with (E.Oli', 2022) assumption that a high level of boredom is an independent risk factor. The lack of capacity **to love** ("to utilize life experiences of primary needs satisfaction in the form of attitudes [and bonds in order] to optimize interaction with the environment by avoiding and preventing what is perceived as harmful, or by cultivating what promises pleasure of satisfaction; to sustain attitudes with memories and fantasies" (Kirillov I, 2015a)) significantly correlates with a higher level of subjectively perceived anxiety as a state (-,255) and trait (-,221), stress (-,239) and depression (-,233). In other words, lonely people experiencing a deficit of healthy attachment are also more vulnerable to subjectively-perceived anxiety as a state and trait, stress and depression. That corresponds with findings showing that, on one hand, high levels of loneliness (E.Oli', 2022) and social isolation (Hans Oh, 2021) are independent risk factors for depressive reaction to lockdown and that Covid 19-related stress is associated with lower self-compassion (Viren Swami, 2021), and that, on the other hand, family, friends and colleagues support (Rahman, 2022) (S.E. Badon, 2022) are effective coping strategies to deal with the stress of COVID-19.

The other primary capacities, namely Contact, Pleasure, Care and Meaning did not show such a strong correlation. This fact can lead us to the following hypotheses:

- those capacities are not significant for coping (this suggestion seems highly doubtful, yet should be considered unless proved otherwise);
- the questions of inventory do not reflect the nature of those capacities clearly enough;
- respondents are less able to notice manifestations of those capacities due to the lack of differentiation of those functions in contemporary culture and thereby in semantic structures;
- those coping capacities are activated in different stages of adaptation.

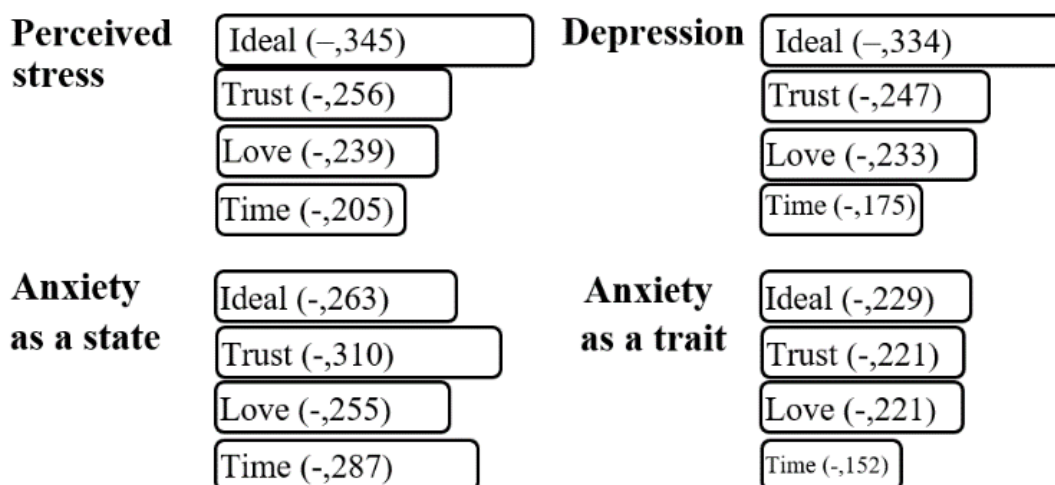


Fig. 1. Correlating primary capacities and symptoms

Conclusions

The view researches are mainly focused on the external copings and resources to detect the possible intensity of anxiety, depression and stress. They conclude that social interaction and physical activity boost mental health during challenging times, such as the COVID-19 pandemic. However, it is rarely included that inner coping capacities contribute to stress resilience as well.

As shown in the above discussion, the primary capacities of ideal, trust, love, and time, postulated by prof. Nossrat Peseschkian can be used as reliable criteria to describe, diagnose, and predict the integration level of personality functioning (I. Kirillov, 2021) in terms of adaptation as an ability to cope with such a strong and long-lasting crisis as the COVID-19 pandemic.

There was no correlation found in this research between the integration level of primary capacities of *contact, pleasure, care and meaning* and quality of coping with the pandemic of COVID-19. There are hypothetical explanations to be further tested:

- those capacities are not significant for coping (this suggestion seems highly doubtful, yet should be considered unless proved otherwise);
- the questions of inventory do not reflect the nature of those capacities clearly enough;
- respondents are less able to notice manifestations of those capacities due to the lack of differentiation of those constructs in contemporary culture and thereby in semantic structures;

- those coping capacities are activated in different (earlier or later) stages of adaptation.

This brings up the importance of continuing the research to identify the adaptive capacities of personality structure and to discover the psychodynamic algorithms allowing to adjust to a long-term crisis such as the COVID-19 pandemic and isolation.

Limitations: 1. The self-reflection survey was conducted for this particular study and was not approbated before. 2. The level of understanding of PPT concepts, computer skills, age, gender, educational and social status were not included as factors for these article. It should be taken into consideration, that some of the might influence the results.

Author Contributions: Conceptualization: I.K., methodology: E.D. & P.E., writing: I.K., E.D., P.E. and I.P.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- [1] ABRAHAM, K. (1925). Psychoanalytische Studien zur Charakterbildung. *Internationale Psychoanalytische Bibliothek*, 16, pp. 1-64
- [2] BADON, S. E., CROEN, L. A., FERRARA, A., AMES, J. L., HEDDERSON, M.M., YOUNG-WOLFF, K.C., ZHU, Y., AVALOS, L. A. (2022). Coping strategies for COVID-19 pandemic-related stress and mental health during pregnancy. *Journal of Affective Disorders* Vol. 309, pp. 309-313

- [3] **BECK, A.** (1961). A systematic investigation of depression. *Comprehensive Psychiatry* 2(3), pp. 163–170.
- [4] **BELLAK, L., HURVICH, M.** (1969). Systematic study of ego functions. *Journal of Nervous and Mental Disease*, 148, 569–585.
- [5] **DOBIAŁA E, GULCZYŃSKA A, MAŁECKI R, EFREMOVA P, ŁAWICKA J, KARMOLIŃSKA-JAGODZIK E, KIRILLOV I.** (2022). Application of the Balance Model in the Analysis of Factors Responsible for Depressive Disorders among Women in the COVID-19 Pandemic. *Int J Environ Res Public Health*; 19(12), pp. 7361
- [6] **DORNES, M.** (1997). *Die frühe Kindheit. Entwicklungspsychologie der ersten Lebensjahre* [Early childhood. Developmental psychology of the first years of life]. Frankfurt: Fischer. [in German]
- [7] **DRAZHEVA, E.** (2021). Preliminary Study of the “Separation Anxiety” Phenomenon Through the Eyes of the Method of Positive and Transcultural Psychotherapy. *The Global Psychotherapist*, Vol. 1, No.1, pp. 22-26.
<https://doi.org/10.52982/ikj137>
- [8] **EMDE, R. M.** (1981). Changing models of infancy and the nature of early development: remodelling the foundations. *Journal of the American Psychoanalytic Association*, 29, pp. 179–219.
- [9] **FINSTAD G.L., GIORGI G., LULLI L.G., PANDOLFI C., FOTI G., LEÓN-PÉREZ J.M., CANTERO-SÁNCHEZ F.J., MUCCI N.** (2021). Resilience, Coping Strategies and Posttraumatic Growth in the Workplace Following COVID-19: A Narrative Review on the Positive Aspects of Trauma. *Public Health*, 18(18), p. 9453
- [10] **FONAGY, P., GERGELY, G., JURIST, E. L., TARGET, M.** (2002). *Affect regulation, mentalization, and the development of the self*. NY: Other Press.
- [11] **FONAGY, P., MORGAN, G. S., EDGUMBE, R., KENNEDY, Y., TARGET, M.** (1993). The roles of mental representations and mental processes in therapeutic action. *Psychoanal Study Child*. 48, pp. 9–48.
- [12] **FONAGY, P., TARGET, M.** (1997) Attachment and reflective function: the role in self organization. *Development and Psychopathology*, 9, pp. 679–700.
- [13] **FREUD, S.** (1923). The Ego and the Id. In: *Freud, S., Standard Edition, Vol. 19*. London: Hogarth Press.
- [14] **FREYBERGER, H.J., SCHNEIDER, W., HEUFT, G., SCHAUBURG, H., SEIDLER, G. H.** (1998). Zur Anwendbarkeit, Praktikabilität, Reliabilität und zukünftigen Forschungsfragestellungen der OPD [On the applicability, practicability, reliability and future research questions of the OPD]. In: *Schauburg, H., Freyberger, H. J., Cierpka, M., Buchheim, P., (Hrsg.): OPD in der Praxis. Konzepte, Anwendungen, Ergebnisse der Operationalisierten Psychodynamischen Diagnostik*. Berlin: Huber. [in German]
- [15] **GERGELY, G.** (2002). Ein neuer Zugang zu Margaret Mahler: Normaler Autismus, Symbiose, Schaltung, libidinöse Objekt Konstanz aus der Perspektive der kognitiven Entwicklungspsychologie [A new approach to Margaret Mahler: normal autism, symbiosis, circuitry, libidinous object constancy from the perspective of cognitive developmental psychology]. *Psyche*, 56 9/10, pp. 809–838. [in German]
- [16] **GONCHAROV, M.** (2020). Conflict Model of Positive Psychotherapy. In: *Messias E., Peseschkian H., Cagande C. (eds), Positive Psychiatry, Psychotherapy and Psychology. Clinical Applications*. (pp. 11-32). Springer, Cham.
- [17] **GROSSMANN, K. E., BECKER-STOLL, F., GROSSMANN, K., KINDLER, H., SCHIECHEM, M., SPENGLER, G., WENNSAUER, M., ZIMMERMANN, P.** (1989). Die Bindungstheorie. Modell und entwicklungspsychologische Forschung [Attachment theory. Model and developmental psychological research]. In: *Keller, H. (Hrsg.), Handbuch der Kleinkindforschung*. Heidelberg: Springer. [in German]
- [18] **HARTMANN, H.** (1960). *Ich-Psychologie und Anpassungsproblem* [Ego psychology and the problem of adaptation]. Stuttgart: Klett.
- [19] **JACKSON-KOKU, G.** (2016). Beck Depression Inventory. *Occupational Medicine, Volume 66, Issue 2*, pp. 174–175.
- [20] **JOHNSON, S. L., PORTER, P.A., MODAVI, K., DEV, A. S., PEARLSEIN, J. G., TIMPANO, K. R.** (2022). Emotion-related impulsivity predicts increased anxiety and depression during the COVID-19 pandemic. *Journal of Affective Disorders*, Vol. 301, pp. 289–299.
- [21] **KERNBERG, O. F.** (1980). *Internal world and external reality. Object relations theory applied*. New York: Jason Aronson.
- [22] **KERNBERG, O. F.** (1976). *Object relations theory and clinical psychoanalysis*. New York: Jason Aronson.
- [23] **KERNBERG, O. F.** (1984). *Severe personality disorders. Psychotherapeutic strategies*. New Haven: Yale University Press.
- [24] **KERNBERG, O. F.** (1977). The structural diagnosis of borderline personality organization. In: *Hartocollis, P. (Ed.), Borderline personality disorders*. New York: International Universities Press.
- [25] **KIRILLOV, I.** (2021). *Basics of Positive Psychotherapy*. Moscow: Academy of Transcultural Psychotherapy, Strana OZ.
- [26] **KIRILLOV, I.** (2020). Positive Psychosomatics. In: *Messias E., Peseschkian H., Cagande C. (Eds.),*

- Positive Psychiatry, Psychotherapy and Psychology. Clinical Applications.* (pp. 165-176). Cham: Springer.
- [27] **KIRILLOV, I.** (2015a). *Positive psychotherapy in progress. Part 1: The theoretical reflections.* Moscow: Moscow Center of Positive Psychotherapy.
- [28] **KIRILLOV, I.** (2019). *Stress Surfing.* Moscow: The land of OZ.
- [29] **КИРИЛЛОВ, И. [KIRILLOV, I.]** (2015b). Практические аспекты операционализации первичных способностей. [Practical aspects of the operationalization of primary capacities]. *Позитум Украина, №6*, 29-39. [in Russian]
- [30] **КОНУТ, Н.** (1973). *Narzißmus. Eine Theorie der psychoanalytischen Behandlung narzißtischer Persönlichkeitsstörungen* [Narcissism. A Theory of the Psychoanalytic Treatment of Narcissistic Personality Disorders]. Suhrkamp: Frankfurt/M. [in German]
- [31] **LICHTENBERG, J. D.** (1983). *Psychoanalysis and infant research.* Hillsdale/London: AnalyticPress.
- [32] **NELA, A., PARRUCA, E.** (2023). 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. *The Global Psychotherapist*, Vol. 3, No. 1, pp. 126-132 <http://www.doi.org/10.52982/ikj191>
- [33] **NITZGEN, D., BRÜNGER, M.** (2000). Operationalisierte Psychodynamische Diagnostik in der Rehabilitationsklinik Birkenbuck: Einsatz und Befunde [Operationalised Psychodynamic Diagnostics in the Birkenbuck Rehabilitation Clinic: Use and Findings]. In: *Schneider, H. Freyberger (Hrsg.), Was leistet die OPD? Empirische Befunde und klinische Erfahrungen mit der Operationalisierten Psychodynamischen Diagnostik.* Bern: Huber.
- [34] **OFIR BEN-YAAKOV, ORIT TAUBMAN – BEN-ARI** (2022). COVID-19-related anxieties in first-time mothers during the first wave of the COVID-19 pandemic and after 6 months: A descriptive study. *Journal of pediatric Nursing*, Vol. 64, pp. 126-132.
- [35] **OH, H., MARINOVICH, C., RAJKUMAR, R., BESECKER, M., ZHOU, S., JACOB, L., KOYANAGI, A., SMOTH, L.** (2021). COVID-19 dimensions are related to depression and anxiety among US college students: Findings from the Healthy Minds Survey 2020. *Journal of Affective Disorders*, Vol. 292, pp. 270-275.
- [36] **OLI'É, E., DUBOIS, J., BENRAMDANE, M., GUILLAUME, S., COURTET, P.** (2022). Poor mental health is associated with loneliness and boredom during Covid-19-related restriction periods in patients with pre-existing depression. *Journal of Affective Disorders*. Vol. 319, pp. 446-461.
- [37] **OPD TASK FORCE (Eds.)** (2008). *Operationalized Psychodynamic Diagnosis OPD-2. Manual of Diagnosis and Treatment Planing.* Cambridge: Hogrefe & Huber Publishers.
- [38] **PAPOUŠEK, M.** (1989). Frühe Phase der Eltern-Kind-Beziehung. *Praxis der Psychotherapie und Psychosomatik*, 34 pp. 109–122.
- [39] **PESECHKIAN H., REMMERS A.** (2020) Positive Psychotherapy: An Introduction. In: *Messias E., Peseschkian H., Cagande C. (eds), Positive Psychiatry, Psychotherapy and Psychology. Clinical Applications.* (pp. 11-32). Springer, Cham.
- [40] **PESECHKIAN, N.** (1974). Actual capabilities as aspects of connotation and social organization of conflict handling. *Fifth international congress of social psychiatry.* Athens.
- [41] **PESECHKIAN, N.** (2013). *Positive Psychotherapy in Psychosomatic Medicine.* Wiesbaden: International Academy for Positive and Transcultural Psychotherapy.
- [42] **PESECHKIAN, N.** (1977). *Positive Psychotherapie. Theorie und Praxis einer neuen Methode* [Positive Psychotherapy. Theory and practice of a new method]. Frankfurt: Fischer. [in German]
- [43] **PESECHKIAN, N., DEIDENBACH, H.** (1988). *Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie WIPPF* [Wiesbaden Inventory of Positive Psychotherapy and Family Therapy WIPPF]. Berlin - Heidelberg - New York - Tokyo: Springer-Verlag. [in German]
- [44] **PESECHKIAN, N., TRITT, K.** (1998). Positive psychotherapy effectiveness study and quality assurance. *European Journal of Psychotherapy & Counselling*, 93-104.
- [45] **RAHMAN, A.** (2022). A scoping review of COVID-19-related stress coping resources among nurses. *International Journal of Nursing Sciences*, Vol. 9, Issue 2, pp. 259-267.
- [46] **REMMERS, A.** (2020). Theoretical Foundations and Roots of Positive Psychotherapy. In: *Messias E., Peseschkian H., Cagande C. (eds), Positive Psychiatry, Psychotherapy and Psychology. Clinical Applications.* (pp. 297-308). Cham: Springer.
- [47] **ROBINSON E., SUTIN A.R., DALY M., JONES A.** (2022). A systematic review and meta-analysis of longitudinal cohort studies comparing mental health before versus during the COVID-19 pandemic in 2020. *Journal of Affective Disorders*. Vol 296, pp. 567-576
- [48] **RUDOLF, G.** (1993.). Die Struktur der Persönlichkeit. In: Rudolf, G., (Hrsg.), *Psychotherapeutische Medizin.* Stuttgart: Enke
- [49] **RUDOLF, G.** (2002). Konfliktaufdeckende und strukturfördernde Zielsetzungen in der tiefenpsychologisch fundierten Psychotherapie. *Zeitschrift für Psychosomatische Medizin und Psychotherapie*, 48 2, pp.163–173.

- [50] **RUDOLF, G.** (1977). *Krankheiten im Grenzbereich von Neurose und Psychose. Ein Beitrag zur Psychopathologie des Ich-Erlebens und der zwischenmenschlichen Beziehungen* [Diseases on the borderline between neurosis and psychosis. A Contribution to the Psychopathology of Ego-Experience and Interpersonal Relationships]. Göttingen: Vandenhoeck & Ruprecht. [in German]
- [51] **RUDOLF, G.** (1996) Operationalisierte Psychodynamische Diagnostik (OPD): Die Einschätzung des Strukturniveaus [Operationalised Psychodynamic Diagnostic (OPD): The assessment of the structural level]. In: *Buchheim, P., Cierpka, M., Seifert, T. (Hrsg.), Lindauer Texte*. Berlin: Springer. [in German]
- [52] **RUDOLF, G. G.** (1999). Vergleich und Validierung zweier Instrumente zur Einschätzung von Struktur und struktureller Veränderung. The Scales of Psychological Capacities (RS Wallerstein) und Operationalized Psychodynamic Diagnosis (Arbeitsgruppe OPD). [Comparison and validation of two instruments for the assessment of structure and structural change. The Scales of Psychological Capacities (RS Wallerstein) and Operationalized Psychodynamic Diagnosis (OPD working group).]. *Psychosomatische Universitätsklinik*. [in German]
- [53] **RUDOLF, G., BUCHHEIM, P., EHLERS, W., KÜCHENHOFF, J., MUHS, A., POUGET-SCHORS, D., RÜGER, U., SEIDLER, G. H., SCHWARZ, F.** (1995). Struktur und strukturelle Störung [Structure and structural disorder]. *Zeitschrift für Psychosomatische Medizin und Psychoanalyse*, 41, pp. 197-212. [in German]
- [54] **RUDOLF, G., CIERPKA, M., FREYBERGER, H. J., HEUFT, G., SCHNEIDER, W.** (1997). Operationalisierte Psychodynamische Diagnostik (OPD) [Operationalised Psychodynamic Diagnostic (OPD)]. In: *Mundt, C., Linden, M., Barnett, W., (Hrsg.), Psychotherapie in der Psychiatrie*. Wien: Springer. [in German]
- [55] **RUDOLF, G., GRANDE, T., OBERBRACHT, C.** (2000). Die Heidelberger Umstrukturierungsskala. Ein Modell der Veränderung in psychoanalytischen Therapien und seine Operationalisierung in einer Schätzskala [The Heidelberg Restructuring Scale. A Model of Change in Psychoanalytic Therapies and its Operationalisation in an Estimation Scale]. *Psychotherapeut*, 45, pp. 237-246. [in German]
- [56] **SCHAFFER K.M., LIEBERMAN A., SEVER A.C., JOINER TH.** (2022). Prevalence rates of anxiety, depressive, and eating pathology symptoms between the pre- and peri-COVID-19 eras: A meta-analysis. *Journal of Affective Disorders*. Vol 298, Part A, pp. 364-372
- [57] **SHAPIRO, D.** (1965). *Neurotic Styles*. New York: Basic Books.
- [58] **SCHULTZ-HENKE, H.** (1951). *Lehrbuch der analytischen Psychotherapie* [Textbook of Analytical Psychotherapy]. Stuttgart: Thieme. [in German]
- [59] **SPIELBERGER, C. D., GORSUCH, R. L., LUSHENE, R., VAGG, P. R., JACOBS, G. A.** (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- [60] **STERN, D. N.** (1979). *Mutter und Kind: Die ersten Beziehung* [Mother and child: the first relationship]. Klett, Stuttgart 1979. [in German]
- [61] **STERN, D. N.** (1985). *The interpersonal world of the infant. A view from psychoanalytic and developmental psychology*. Basic Books, New York 1985.
- [62] **STRAUB, B., HÜTTMANN, B., SCHULZ, N.** (1997). Kategorienhäufigkeit und prognostische Bedeutung einer operationalisierten psychodynamischen Diagnostik. Erste Erfahrungen mit der OPD-1 im stationären Rahmen [Category frequency and prognostic significance of an operationalised psychodynamic diagnosis. First experiences with the OPD-1 in an inpatient setting]. *Psychotherapie, Psychosomatik und Medizinische Psychologie*, 47; 2, pp. 58-63. [in German]
- [63] **SWAMI, V., TODD, J., ROBINSON, C. FUMHAN, A.** (2021). Self-compassion mediates the relationship between COVID-19-related stress and body image disturbance: Evidence from the United Kingdom under lockdown. *Personality and Individual Differences* Vol. 183, pp. 111-130.