

Section: Research and innovations in PPT

## CORRELATES 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 correlational analysis of the concepts used in PPT in the context of social competences, attachment styles and stress-coping strategies in 93 female students of psychotherapy. Polish translation of WIPPF2.0, together with Profile of Social Competencies (PROKOS), Questionnaire of Attachment Styles (KSP) and Polish adaptation of the COPE Inventory were used as measuring tools. Minor to moderate correlations were found between social competences and four Secondary capabilities (Openness, Politeness, Orderliness, Cleanliness) as well as attachment styles and two Primary capabilities (Trust, Sexuality/Tenderness) and three Model dimensions (I-mother, I-father, YOU). Social Contact was moderately (and positively) correlated with Seeking of Instrumental Social Support and Seeking of Emotional Social Support, whereas Body/Senses, Activity/Achievement and Future/Fantasy were positively correlated with Mental Disengagement.

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

### Introduction

The contemporary literature concerning Positive Psychotherapy shows that from the very beginning of his therapeutic work Nossrat Peseschkian hoped to find a method that would be understandable and practicable for patients and at the same time function as an agent of mediation for different schools of psychotherapy (Peseschkian, Remmers, 2020). One way to achieve that was to search for similarities between the constructs of PPT and other theoretical approaches, embracing their specific value and practical implication, but also trying to overcome their one-sidedness. Another way was for Peseschkian to care for the simplicity of language used to describe psychological

constructs in his theory. In that process he always had in mind the point of view of the patient. He explained that openly: "Over 300 different schools, orientations, and psychotherapeutic convictions offer him (the patient) their services, and this number is raised to some higher power by the fact that practically every psychotherapist nurtures his own psychotherapy (p. 366). If we postulate that each of these psychotherapeutic orientations contains at least a partial truth, and has proven valid in a practical way with certain groups of ailments, the situation for the potential patient becomes hazy (...). They speak different languages and emphasize different points (367). Positive Psychotherapy is in a position to provide therapy to all patients, independently of their social strata. The expressions employed in

Positive Psychotherapy, especially the actual capacities, meet the various linguistic styles of the different social strata half way (p. 374). (...) Positive Psychotherapy itself is not to be understood as an exclusive system, but rather attributes a particular value to each of the various psychotherapeutic methods. (...) (It) represents an integral method, in the sense of a multidimensional therapy (p. 400) (Peseschkian, 1987).

As Remmers points out, although inspired by many psychotherapeutic orientations and ideas, from the scientific point of view, Positive Psychotherapy is rooted in humanistic psychology and in psychodynamic therapy. However, PPT is more structured – with the semi-structured First Interview (being one of the first such tools in psychodynamic psychotherapy) used to gather necessary information for diagnosis, the three stages of interaction proposed to organize each session, the five stages implemented to organise the whole process of the therapy and self-help, and finally the use of visualizations such as the balance model, modelling dimensions, stories, proverbs and questionnaires such as the Differentiation Analytic Inventory (DAI) and Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF) (Remmers, 2020).

According to Remmers and Peseschkian the most important use of the WIPPF is in individual therapy, but it can be applied also in couple and family and in other settings. It provides a complete summary of the psychological characteristics described as the actual capacities, conflict reactions and role models (Remmers, Peseschkian, 2020). Additionally, the questionnaire has been also used in scientific research in various languages and populations (Sinici, Sari, Maden, 2014; Zarek, Wyszadko, 2018; Serdiuk, Otenko, 2022; Zarek, 2023).

WIPPF is an instrument of special interest for the author of this article because it is the only one in PPT that was created for a quantitative measurement and by that enables comparing the theoretical concepts of PPT with other constructs using quantitative methods, e.g. correlational studies.

The aim of this work is to analyze the concepts used in Transcultural Positive Psychotherapy and measured by the Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF 2.0) in the context of corresponding theoretical constructs.

Specifically, it was assumed that Secondary capabilities and social behaviors scales will correspond with social competences, Primary capabilities and Model dimensions scales will be related to attachment styles and that Conflict reactions scales will be related to stress-coping strategies. The study was exploratory and a correlational approach was used.

As the therapist's role is to model the patient's perceptions and behaviors, students of psychotherapy were chosen as the group under study.

## Methodology

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

The students of 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 demographic data (gender, age, education, profession, occupation, marital status, number of children, years of therapeutic work) and fill in 4 self-descriptive measuring tools:

1. The Wiesbaden Scale for Positive Psychotherapy and Family Therapy (WIPPF2.0) in Polish translation;
2. Profile of Social Competencies (PROKOS) measuring five types of competencies (assertive, cooperational, social, socially resourceful and community-oriented);
3. The Questionnaire of Attachment Styles (KSP) measuring three attachment styles (secure, anxious-ambivalent and avoidant);
4. The Polish adaptation of the COPE Inventory, measuring 15 different strategies of coping with stress, characterized as active, avoidant and emotion-centered.

Data were collected from 104 students (96 females and 8 males). Due to the limited number of male participants and incomplete data, ultimately 93 females aged 24-58 were included in the analysis.

As was mentioned in the introduction, the aim of the study was to compare the concepts used in PPT and measured by the WIPPF 2.0 with other theoretical constructs that might be seen as similar.

First, the WIPPF profile for the group under study was estimated. Results of that part of the research have been presented in the separate paper (Zarek, 2023).

Then, the Scales of the WIPPF 2.0 were correlated with the corresponding scales of three self-descriptive psychological test: 1) Secondary capabilities and Social behaviors with the scales of the Profile of Social Competencies (PROKOS) measuring five types of competencies and a total result; 2) Primary capabilities and Model dimensions with scales of the Questionnaire of Attachment Styles (KSP) measuring three attachment styles; 3) Conflict reactions with scales of multidimensional questionnaire COPE measuring 15 different strategies of coping with stress, characterized as active, avoidant and emotion-centered.

The Spearman rang correlation was used to estimate the relationship between scales of the WIPPF 2.0 and corresponding scales of PROKOS, KSP and COPE.

As social competencies are supposed to be influenced by training (Martowska, 2012), additionally age, therapeutic experience, partnership status and number of children (being a parent) of participants were correlated with PROKOS scales.

### *2.1. Description of applied measuring tools*

#### **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, 1996). WIPPF2.0 has been translated into the Polish language from the German by Mariusz Hewczuk in 2014 and this translation was used in the present work, as the WIPPF has not been adapted for the Polish population yet.

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 him/herself 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 behaviors (concerning secondary and primary capacities in their active, reactive and ideal form) and emotional reactions (with ego, others and ideals).

#### **The Profile of Social Competencies (PROKOS)**

As the measuring tool for social competencies, the Profile of Social Competencies (Profil Kompetencji Społecznych, PROKOS), authored by Anna Matczak and Katarzyna Martowska, was used. This self-descriptive questionnaire was developed in the Polish population in 2013. It enables us to estimate the adult person's general level of social competencies as well as his/her profile in five various types of competencies: assertive, cooperational, social, socially resourceful and community-oriented. The test consists of 90 items presenting various activities, and the task of the subject is to indicate how well he/she would manage them, using 4-point scale (definitely well, rather well, rather poorly, definitely badly). While calculating the test results, only diagnostic items are taken into account, which are 60 items. They form 6 scales, which are 5 profile scales of competences and the total result scale. Higher results indicates higher levels of the given competence (Matczak, Martowska, 2013).

#### **The Questionnaire of Attachment Styles (KSP)**

The Questionnaire of Attachment Styles (Kwestionariusz Stylów Przywiązaniowych, KSP), developed by Mieczysław Płopa in 2008, was used to estimate the participants' way to build partnership relations in their adult lives. The theoretical basis for the construction of the test is the concept of attachment in romantic relationships described by Hazan i Shaver, in which four such styles are proposed: secure, anxious-ambivalent and avoidant. This self-descriptive tool enables us to discriminate between them. The KSP consists of 24 statements describing behaviors, beliefs, expectations and feelings usually experienced in a close, engaged relationship with a partner. It evaluates the person's tendency to follow a certain attachment style in partnership. The task of the subject is to indicate on a 7-point scale (from "I definitely agree" to "I definitely disagree") to what degree the presented

statements describe him/herself on the basis of his/her general experience in partnership relationships. A higher result indicates a higher level of the given attachment style (Plopa, 2012).

### The Polish adaptation of the COPE Inventory

The Polish adaptation of the multidimensional questionnaire COPE developed by C. Carver, M.F. Scheier and J.K. Wienstraub, authored by Zygfryd Juczyński and Nina Ogińska-Bulik in 2012, was used to estimate the typical ways in which the individuals deal with stress. In COPE there are 15 different strategies named, which are characterized as active, avoidant and emotion-centered. COPE consists of 60 statements, which describe 15 strategies (each strategy is described by 4 items) and is most often used to measure dispositional coping with stress (typical for the subject's ways of reacting in stressful situations). The subject's task is to evaluate how he/she usually acts when being confronted with a difficult or stressful life situation and then indicate how often he/she uses coping strategies presented in the statements using a 4-point scale (1 – "I almost never do it", 2 – "I rarely do it", 3 – "I often do it", 4 – "I almost always do it").

In the Polish adaptation, COPE has a three-factor structure:

- I. Factor – *Active coping* – is constituted by 5 scales: Active coping, Planning, Suppression of competing activities, Positive reinterpretation and development and Restraint coping.
- II. Factor – *Avoidant behaviors* – is constituted by 6 scales: Denial, Behavioral disengagement, Humor, Mental disengagement, Using alcohol and other intoxicants and Acceptance.
- III. Factor – *Seeking support and focus on emotions* – is constituted by 4 scales: Seeking of instrumental social support, Seeking of emotional social support,

Turning to religion, Focus on and venting of emotions (Juczyński, Ogińska-Bulik, 2012).

## Results

### 3.1. Demographic characteristics of the group under study

The mean age of the group was 36,83 years (min=24; max=56, standard deviation SD=8,43), so the participants were relatively young, considering the fact that they all had high level of education.

What is more, the participants in the study were not very experienced in their therapeutic work. They have 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% had worked with patients no more than 2 years.

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 of psychotherapy (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. Secondary capabilities versus Social competences

All eleven Secondary capability scales of the WIPPF2.0 were correlated with the six scales of the PROKOS (5 profile scales of competences and the total result scale). Additionally, age, therapeutic experience, partnership status and number of children of participants were correlated with the PROKOS scales. In Table 1. are presented only those paired variables, for which the relationship was statistically significant (p-value < 0,050).

**Table 1. Relationships between WIPPF 2.0 Secondary capability scales and PROKOS social competencies scales**

Paired variables	N	R Spearman	t (N-2)	p<0,050
Orderliness & PROKOS Assertive	93	-0,239	-2,349	0,021
Politeness & PROKOS Assertive	93	-0,316	-3,175	0,002
Openness & PROKOS Assertive	93	0,445	4,747	0,000
therapeutic experience & PROKOS Socially resourceful	93	0,227	2,220	0,029
Orderliness & PROKOS Socially resourceful	93	-0,210	-2,047	0,044
Openness & PROKOS Socially resourceful	93	0,315	3,167	0,002
Cleanliness & PROKOS Community-oriented	93	0,223	2,183	0,032
Openness & PROKOS Community-oriented	93	0,233	2,284	0,025

Openness & PROKOS total	93	0,300	2,996	0,004
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In the group under study, Spearman's rank coefficients were minor to moderate and they were found between three social competencies (assertive, socially resourceful, community-oriented) and the total score and four secondary capabilities (Openness, Politeness, Orderliness, Cleanliness) and also therapeutic experience.

Openness was positively correlated with assertive, socially resourceful and community-oriented competencies, as well as with total score of PROKOS. The highest correlation ( $r=0,445$ ) was found for the assertive competence, which is described as an ability to efficiently influence others and at the same time to resist their influence, to direct and delegate tasks, to refuse, to act in accordance with one's will. On the other hand, being socially resourceful means that a person is able to obtain something from others, ask for help or a special treatment, which partially is realized because a person knows what he or she is entitled to get. Finally, the community-oriented competence is described as the ability to recognize social needs and purposes and to organize actions that lead to their fulfillment, involving others [Matczak, Martowska, 2013]. Interestingly, this competence was the only one that was positively correlated with the subjects' therapeutic experience.

All these above-mentioned results suggest that a crucial aspect of Openness is connected with the ability to care for personal needs and goals and directly express them, as in "being on your own side". However, this is not done against others.

Politeness was negatively correlated with assertive competence. Although this correlation was minor, it might suggest that this quality describes individuals who find it difficult to carry out their will, to speak for themselves.

Minor and negative correlations were also found between Orderliness and assertive, as well as the socially resourceful competence. One hypothesis concerning the interpretation of this result is that Orderliness is associated with difficulty to take action or with some inhibition, as undertaking action characterizes both assertive and socially resourceful individuals.

#### *Attachment styles versus Primary capabilities and Model Dimensions*

For this part of the analysis, eight Primary capability scales and six Model Dimensions scales of the WIPPF2.0 were correlated with three scales of the Questionnaire of Attachment Styles (KSP) indicating Secure, Anxious-ambivalent or Avoidant styles. Again, in Table 2. are presented only those paired variables, for which the relationship was statistically significant ( $p\text{-value} < 0,050$ ).

**Table 2. Relationships between WIPPF2.0 Primary capabilities and Model dimension scales and KSP attachment styles**

Paired variables	N	R Spearman	t (N-2)	$p < 0,050$
Trust & Secure Attachment	92	0,262	2,578	0,012
Sexuality/Tenderness & Secure Attachment	92	0,329	3,308	0,001
I-mother & Secure Attachment	92	0,257	2,527	0,013
I-father & Secure Attachment	92	0,230	2,241	0,028
YOU - parent's partnership & Secure Attachment	92	0,352	3,568	0,001
I-mother & Anxious-Ambivalent Attachment	92	-0,260	-2,552	0,012
YOU - parent's partnership & Anxious-Ambivalent Attachment	92	-0,313	-3,131	0,002
Sexuality/Tenderness & Avoidant Attachment	92	-0,299	-2,975	0,004
I-mother & Avoidant Attachment	92	-0,253	-2,482	0,015
YOU - parent's partnership & Avoidant Attachment	92	-0,253	-2,486	0,015

Minor Spearman's rank coefficients were found between attachment styles and two Primary capabilities (Trust, Sexuality/Tenderness) and two Model dimensions (I-mother, I-father, YOU).

The secure attachment style was positively correlated with Trust, Sexuality/Tenderness, two aspects of I Model dimension (I-mother, I-father) and YOU Model dimension. This is not surprising, as the Secure style in KSP characterizes individuals who experience high satisfaction with a relationship with their partner, which is based on the belief that the partner will be accessible in difficult, important, stressful situations. Partners often react with tenderness and are often close to each other. They are ready to reveal themselves. Communication is based on mutual trust, openness and support [Plopa, 2008].

On the other hand, the insecure attachment styles (Anxious-ambivalent and Avoidant) were negatively correlated with I-mother and YOU Model dimension. Additionally, the Avoiding attachment style was negatively correlated with Sexuality/Tenderness, which might suggest that individuals who experienced little closeness and

physical contact with their parents – it is usually so in children who formed avoidant attachment (Wallin, 2011) – develop negative attitude toward tender touch in partnership.

The results suggest that primary capabilities, such as Trust, Sexuality/Tenderness and the Model dimensions of I and YOU could be understood as indicators of attachment styles, however the Spearman's rank coefficients are minor. This can partly be explained by the fact that the KSP was created to measure attachment in romantic relationship and not with parents. It was used in this research simply because there was no other self-descriptive tool measuring attachment style known to the author at the time of conducting the research. Further research in this field with the use of the WIPPF is needed.

### 3.3. Stress coping strategies versus Conflict reactions

In the last part of the analysis, four Conflict reactions scales of WIPPF2.0 were correlated with fifteen stress coping strategies of the COPE questionnaire. Only those paired variables, for which the relationship was statistically significant ( $p$ -value < 0,050) are presented in Table 3.

**Table 3. Relationships between WIPPF2.0 Conflict reactions scales and COPE stress coping strategies**

Paired variables	N	R Spearman	t (N-2)	p<0,050
Mental disengagement & Body/Senses	89	0,212	2,020	0,047
Mental disengagement & Activity/Achievement	89	0,267	2,586	0,011
Using alcohol and other intoxicants & Activity/Achievement	89	0,247	2,374	0,020
Seeking of instrumental social support & Social contact	89	0,406	4,147	0,000
Seeking of emotional social support & Social Contact	89	0,557	6,255	0,000
Focus on and venting of emotions & Future/Fantasy	89	0,249	2,396	0,019
Mental disengagement & Future/Fantasy	89	0,259	2,502	0,014

Minor to moderate Spearman's rank coefficients were found between Conflict reactions and five stress coping strategies. Interestingly, all obtained correlations were positive, which means that higher levels of results in those stress coping scales corresponded with a tendency to respond with

psychosomatic reactions in Body and a tendency to “fly into” in the remaining Conflict reaction scales.

Social Contact was moderately correlated with Seeking of instrumental social support ( $r=0,406$ ) and Seeking of emotional social

support ( $r=0,557$ ), which were the highest correlations obtained.

Body/Senses correlated only with Mental disengagement, Activity/Achievement correlated with Mental disengagement and Using alcohol and other intoxicants, Future/Fantasy correlated with Mental disengagement and Focus on and venting of emotions, but all those Spearman's rank coefficients were minor. Because the Mental disengagement stress coping strategy is described as "avoiding thinking about consequences of the event by engaging in other activities such as sleeping, watching TV", it is possible that the common aspect apparent in all three conflict reactions is avoiding the confrontation instead of taking an active attitude toward the problem (Juczyński, Ogińska-Bulik, 2012).

It is difficult to estimate to what degree these results are expected, as there is no other study known to the author that aimed at comparing the Conflict reactions and stress coping strategies.

However, the results obtained in the group studied might suggest that the concept of flying into Contact as a conflict reaction is similar to the stress coping strategies described as Seeking emotional social support ("seeking moral support, liking or understanding") and instrumental social support ("seeking advice, help or information"), which both are more often used by women than men in the Polish population (Juczyński, Ogińska-Bulik, 2012).

Further research is needed to investigate similarities between WIPPF2.0 constructs and other theoretical constructs.

## Conclusions

1. Minor to moderate correlations were found between social competences and four secondary capabilities (Openness, Politeness, Orderliness, Cleanliness). The highest positive correlation was found for assertive competence and Openness ( $r=0,445$ ), which also correlated positively with socially resourceful and community-oriented competencies, as well as with total score of PROKOS.
2. Minor correlations were found between attachment styles and two Primary capabilities (Trust, Sexuality/Tenderness)

and two Model dimensions (I-mother, I-father, YOU).

3. Social Contact was moderately and positively correlated with two of the stress coping strategies: Seeking emotional social support ( $r=0,557$ ) understood as seeking moral support, liking or understanding and Seeking instrumental social support ( $r=0,406$ ), that is seeking advice, help or information.
4. Body/Senses, Activity/Achievement and Future/Fantasy were positively correlated with Mental Disengagement, though the correlation coefficients were minor.

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## Additional important info

### 1 Declarations

#### 1.1 Study Limitations

One limitation of the study is the use of the WIPPF2.0 in translation, however WIPPF has not been adapted in Polish population 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.

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