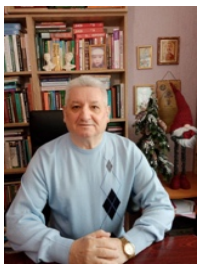
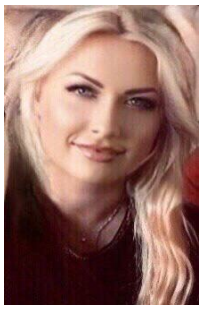
Section: Theoretical reviews and research in PPT

METHODOLOGICAL BASES OF INTEGRATION OF POSITIVE PSYCHOTHERAPY WITH MODERN DIRECTIONS OF PSYCHOTHERAPEUTIC ASSISTANCE



Borys Demyanenko

DM, Associate Professor,
private practice (Kyiv, Ukraine)
Email: borisdemianenko855@gmail.com
ORCID: 0000-0001-5555-9395



Iryna Uninets

Certified positive psychotherapist, Dr. Sc. (Economics),
Professor of the Department of Practical Psychology,
Ukrainian Mykhailo Dragomanov State University (Kyiv, Ukraine)
Email: germanirina777@gmail.com
ORCID: 0000-0002-1690-6590

Received 30.04.2024
Accepted for publication 15.06.2024
Published 08.07.2024
DOI: 10.52982/lkj237

Abstract

The article focuses on a significant increase in emotional and behavioral disorders in recent years. The situation with mental health of the population has worsened due to the coronavirus and military conflicts. Most emotional and behavioral disorders are resistant to classical variants of psychotherapy, and therefore there is a need to create integral psychotherapeutic approaches. Methodological and methodological approaches to the integration of Positive Psychotherapy with modern approaches of psychotherapeutic assistance, as well as with modern epimestological research are analyzed. Attention is paid to the fact that modern approaches in psychotherapy (cognitive-behavioral therapy of the third wave, process-oriented psychotherapy of A. Mindell, therapy of internal family systems of R. Schwartz) the use of meditations of conscious attention (Mindfulness). The correlation between actual abilities in the Positive Psychotherapy method and psychological defense mechanisms is described. The correlation between the model of psychological flexibility "octoflex" and the 5-step technique of Positive Psychotherapy is carried out.

Keywords: Positive Psychotherapy, integral psychotherapy, mindfulness, octoflex model, stages of psychotherapy

Introduction

In modern society in recent years there has been a significant increase in emotional and behavioral disorders. According to the WHO, in the first year of the COVID-19 pandemic alone, the prevalence of anxiety disorders and depression increased by 25% worldwide. The mental health situation is significantly worsened by military conflicts. One in five (22%) people

who have experienced war or other armed conflict in the past 10 years will develop depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder or schizophrenia (WHO, 2022). Despite the large number of studies, the mechanisms of formation of emotional and behavioral disorders remain poorly understood and this, in turn, causes resistance to classical variants of psychotherapy. In such a situation, there has been a need to create integral approaches of psychotherapeutic assistance (Demyanenko, 2023: 130).

Positive Psychotherapy holds a special place among integral approaches of psychotherapy. The key point of Peseschkian's Positive Psychotherapy is an objective view of human nature, which takes into account a holistic view of the individual, but the understanding of the person emphasizes the person's ability to change, self-help, spiritual and personal growth, as well as helping family members. Sometimes such terms as “reality psychotherapy” or “psychotherapy as common sense” are used to refer to this approach in psychotherapy. The basis of the method of Positive Psychotherapy is the positum approach, which implies the following principles: the principles of hope, balance and self-help. An important aspect of Positive Psychotherapy is the formation of hope for the effective resolution of internal and external problems; the holistic view of the individual is represented by a biopsychosocial-spiritual understanding of human nature; differential analysis of the content of conflict is associated with the psychodynamic approach, which is based on the possibility of integration and harmonization of actual and basic abilities; the psychotherapeutic process is based on a five-step model of psychotherapy. In Positive Psychotherapy, the actual primary abilities are considered the ability to love and the secondary ability is the ability to cognize. Clinical symptoms and psychological problems are seen in Positive Psychotherapy as symbolic manifestations of inner conflict. The understanding of the nature and dynamics of conflict in Positive Psychotherapy is based on personality theory, which utilizes a balance model, actual abilities, and an imitation model. The possibility of integrating Positive Psychotherapy with classical variants of psychotherapeutic help was pointed out by N. Peseschkian in 1977 (Peseschkian, 2016a). Flexibility of the psychotherapeutic model of Positive Psychotherapy allows for finding ways of interaction with modern approaches of psychotherapeutic help (schema therapy of J. Young, therapy of internal family systems of R. Schwartz, cognitive-behavioral therapy of the third wave of J. Kabat-Zinn, M. Williams, Z. Segal, D. Siegel, S. Hayes), process-oriented psychotherapy of A. Mindell. The integration of Positive Psychotherapy with modern approaches of psychotherapeutic help is connected with the fact that N. Peseschkian emphasized that classical psychotherapy, especially psychoanalysis, emphasizes the problems of pathology, and to a large extent does not take into account the positive vision of human nature and positive understanding of pathological processes. Current approaches of psychotherapy emphasize psychological resources, positive understanding of pathological problems, and self-help problems. Thus, in the therapy of acceptance and responsibility S. Hayes developed models of psychological health and models of psychopathology, in which 6 parameters of psychological functioning (hexoflex) are proposed. In this model, in the process of psychotherapy, special attention is paid to the processes of awareness and acceptance, as well as to the processes of responsibility and behavioral activation. R. Schwartz's Internal Family Systems Therapy emphasizes that every person has a healthy personal Self core from birth, which brings balance to our inner lives.

The development of emotional and behavioral disorders is associated with the polarization of subpersonalities, and an important point of psychotherapy is to establish a dialogue with these subpersonalities, of particular importance is working with subpersonal protector-subpersonalities and understanding their positive role in psychological functioning. In J. Young's schema therapy, the goal of psychotherapy is to activate functional healthy modes (happy child and healthy adult). Dysfunctional coping modes can be transformed into functional coping modes in the process of psychotherapy. A. Mindell's process-oriented psychotherapy uses shamanic practices in its therapy, which enable working through the system of psychological defenses at a deep archetypal level. Process-oriented psychotherapy uses meditative practices that allow for the formation of mindfulness. Cognitive psychotherapy based on mindfulness (M. Williams, J. Tisdale, Z. Segal) developed a

program of mindfulness and the ability to activate the system of the observing self on the basis of the 8-week Mindfulness meditation program. This program assists patients to overcome various emotional problems, including depressive states and continuing application of this program by the patient independently (self-help program), helps to overcome relapses, emotional and behavioral disorders.

Table 1 gives a comparative characterization of the main provisions of Positive Psychotherapy and similar provisions of modern approaches of psychotherapeutic care.

Methodology

Theoretical analysis and generalization of scientific research data are carried out in order to clarify the methodological and methodological foundations for the integration of Positive Psychotherapy by modern approaches in psychotherapeutic care. The balance model and N. Peseschkian's model of imitation are compared with the models of formation of psychological health and psychopathological disorders (S. Hayes, B. Demyanenko). The forms of conflict processing in Positive Psychotherapy are compared with the main stages and integral psychotherapy (psychodynamic, sociodynamic and existential-dynamic). The model of conflict in Positive Psychotherapy is compared with the poles of the individual's organization used in contextual schema therapy (E. Roediger, B. Stevens, R. Brockman). An analogy is drawn between the formation of psychological flexibility (octoflex model) and the 5-step model of Positive Psychotherapy.

Table 1.
The relationship between Positive Psychotherapy and modern trends

General principles of the relationship between Positive Psychotherapy and modern approaches of psychotherapy.	**Basic principles of Positive Psychotherapy.**	**Similar principles of modern approaches of psychotherapy (acceptance and responsibility therapy; internal family systems therapy; schema therapy; A. Mindell's process-oriented psychotherapy; mindfulness-based cognitive therapy).**
1. Psychotherapeutic models as metatheory.	With its substantial process, Positive Psychotherapy offers such a concept, within the framework of which different methods and special approaches can be rationally applied and complement each other (5. P. 56).	The concepts and methods of modern psychotherapy fit flexibly into the model of Positive Psychotherapy. And internal family systems psychotherapy and acceptance and responsibility therapy are themselves metatheories.
2. A transcultural perspective.	Transcultural thinking is the basis of Positive Psychotherapy, it includes many individuals, family and culturally conditioned phenomena and assumes unity in diversity (5. P. 55).	All areas of modern psychotherapy utilize Eastern experiences of various forms of meditation or shamanic practices and integrate them with Western models of psychotherapy.
3. Awareness.	The five-step model of Positive Psychotherapy is concerned with the development and shaping of mindfulness.	The development of mindfulness is facilitated by the use of various forms of meditation as well as the activation of psychological resources.
4. A positive understanding of human nature.	The concept of Positive Psychotherapy is based on the view that every human being, without exception, has two basic capacities: to know, cognitive, and to love, emotional.	The approaches of modern psychotherapy place great emphasis on activating the true self, the healthy adult, or Self, which at a basic level has two aspects: the capacity for love, and the capacity for knowing.

5. A positive understanding of psychological and psychopathological problems.	Positive Psychotherapy takes into account the positive aspects of each illness, in practice it looks as follows: we ask about the meaning that the symptom has for the person and his social group (about the positive reinterpretation of the symptom) (5. P. 55).	In schema therapy and internal family systems therapy, defense systems are emphasized, and activating healthy adult or Self begins with working through psychological defenses, and in this way psychological resources can be accessed.
6. Models of psychological health and psychopathology formation.	The balance model and the role model, as well as the interaction stages (fusion, differentiation, separation), are models for the formation of psychological health and psychopathologies.	The S. Hayes hexoflex model consists of two parts: parameters of psychological flexibility - a model of health, and parameters of psychological rigidity - a model of psychopathology.
7. A model of conflict.	Microtrauma theory takes into account the content of the conflict and its dynamics. Positive Psychotherapy describes the content of the conflict (actual and basic abilities), often it is not a global shock that leads to disorders and disorders at all, but constantly recurring small psychic wounds that eventually shape the character, especially susceptible to individual conflicts. Four areas of conflict processing are distinguished: body/feeling, activity/achievement, contacts, and fantasy/future.	In schema therapy and internal family systems therapy, the basic conflict is the conflict that formed in early childhood between dysfunctional parent and child modes, in schema therapy, or between managers (inner parent) and outcasts (inner child) which necessarily involves the formation of defense mechanisms.
8. The role of family and early traumatization in the formation of emotional and behavioral disorders.	Positive Psychotherapy identifies 4 role models: Me (parents/children), You (parents to each other), We (parents and the world around us), Primal-We (parents and religion). Role models are the basic foundation of conflicts.	In modern approaches of psychotherapy early childhood traumatization is given much attention. Schematherapy emphasizes basic emotional needs: secure attachment, autonomy, realistic boundaries, free expression of needs and emotions, spontaneity, and the ability to play.
9. Existential aspect.	Positive Psychotherapy emphasizes a wise attitude toward life and an understanding of one's calling and purpose. In the process of psychotherapy, it is possible to expand life strategies and goals. Eastern wisdom (parables, metaphors, tales) is used for egotism.	The modern direction of psychotherapy pays special attention to flow states, which are formed as a result of meditation. Adequate values presuppose meta-needs of the personality (freedom, harmonious relations, meaning of creativity).
10. Psychoprophylaxis and self-help.	The five-step model is a scheme into which the patient and the family must be squeezed. In the course of the first conversation, decisive impulses for activating self-help can already be communicated. Therapy is often completed in this way after the first conversation. What continues is self-help, which lasts a lifetime.	Meditative techniques, which are used in modern approaches of psychotherapy, activates the ability for self-analysis and self-regulation. Meditations not only help to overcome emotional and behavioral problems, but also serve as a way to prevent relapses of the disease.

Results

Actual abilities to love and cognition, which were emphasized by N. Peseschkian, were confirmed in scientific research of the Santiago school of cognition by U. Maturana and F. Varela. The main provisions of the Santiago school of cognition are based on the foundation of the original theory of life of autopoesis. The term “autopoesis” was proposed by Maturana and

comes from the words “auto” - “self” and “poiesis” - “creation”. Autopoiesis distinguishes living things according to two characteristics: the ability to self-reproduce and the ability to maintain autonomy from the external environment. Life is an endless process of cognition and self-discovery. The world is created in the process of cognition. Cognition is life itself (Maturana, Varela, 2019).

U. Maturana and F. Varela express a very important psychotherapeutic idea: “We argue that the root of all the troubles and difficulties we have to deal with at this time is our total ignorance about knowledge. We are not talking about knowledge, but about knowledge of knowledge, which is becoming extremely necessary” (Maturana, Varela, 2019).

“The results we have obtained point to a basic ontological feature of our human condition, which is now not just a hypothesis, namely that we own only the world we create together with other people, and that it is only love that helps us to create this world” (Maturana, Varela, 2019).

The theory of cognition received its development in the studies of American psychologist J. Flavell. Flavell is the author of the theory of metacognitive development and metacognition. The notion of metacognition was introduced by John Flavell and described as a set of human knowledge about the main features of the cognitive sphere and ways of its control. J. Flavell identified four components of metacognition: metacognitive experience, goals and strategies.

Metacognition is activated through the use of Mindfulness Meditation. Mindfulness meditation is the basis for the mainstream of third wave cognitive behavioral therapy (Jonn Kabat-Zinn, Mark Williams, Zinidan Segal, Daniel Siegel, Steven Hayes).

Modern third wave cognitive-behavioral therapists use primarily the 8-week meditation program that Jonn Kabat-Zinn developed. Mindfulness is a specific way of focusing attention that activates mindfulness and helps make sense of the chaos of emotional experiences and cognitive rumination. Mindfulness has two components: self-regulation of attention and orientation to inner experience. Self-regulation of attention is the process of directing attention and consciously observing the flow of thoughts, emotions, and bodily sensations that one experiences in the “here and now”. Experience orientation is an open, interested acceptance of one's own experience at the right moment in time (Demyanenko, 2022: 99-100).

It should be noted that modern psychotherapy uses various variants of meditation (K. Wilber, T. Brach, C. Tart, A. Mindell). A. Mindell, the author of the theory of process-oriented psychotherapy, singles out the concept of “rainbow medicine”, which, unlike classical medicine (“monochromatic”), includes Eastern spiritual practices (Buddhist and shamanic meditations). He identifies two levels of reality and three levels of awareness that are necessary for integral diagnosis and psychotherapy: 1) conditioned reality (assuming physical space and time, as well as traditional clinical and psychological diagnosis); 2) unconditioned reality. This is a spiritual reality that has two sublevels. The first sublevel is the land of dreams, in which dreams manifest, as well as sensations that cannot be changed, and the second sublevel is the realm of essence, in which intuitional fields manifest, where so-called “pre-signals,” i.e., tendencies and unformed energy impulses, can be detected. Meditations, which A. Mindell suggests, allow deep images of spiritual reality as well as bodily sensations, which have diagnostic and psychotherapeutic value (Mindell, 2021). This approach of A. Mindell corresponds to two parameters of Peseschkian's balance model (body and fantasies), which allows for multilevel diagnosis and depth psychotherapy. One of the main goals of cognitive-behavioral therapy of the third wave and procedural psychotherapy is the activation of the observing Self, which in different approaches of psychotherapy has the following names “Self,” “Spiritual Self”, “Transpersonal Self”, “True God within me” (R. Schwartz, A. Lengle, D. Winnicott, R. Walsh, K. Wilberg, C. Jung, A. Dakeman, N. Symington).

The author of systemic family psychotherapy of subpersonalities, Richard Schwartz, emphasizes the concept of Self, which is similar to the concept of Spiritual Self or Transpersonal Self. In his understanding of Self, he distinguishes two aspects: 1) as a state of the individual with boundaries, when the individual communicates with personalities or subpersonalities; 2) quantum wave level, when the person is in a state of meditation and completely distanced from the rest of the parts. Self is characterized by the following manifestations: “I have a sense of

community", "I am inquisitive", "I am able to empathize", "I am calm and balanced". Also in the inner family system, he identified three variants of subpersonalities: Managers (Inner Parents), Exiles (Child modes), and Firefighters (Coping modes). He also emphasizes the concept of Self, which is close to the concept of True Self or Spiritual Self. Schwartz According to Schwartz, psychological problems and trauma alter the proper functioning of the internal family system, and thus the adequate guidance of the system is disrupted, disharmony and imbalance occurs, and spiritual and personal growth is blocked (Anderson, Sweezy, Schwartz, 2021: 79).

Close to R. Schwartz's concept, there is an integral approach in psychotherapy called Schema Therapy. The basic concept of schema therapy is early maladaptive schemas, which are formed as a result of failure to meet the basic emotional needs of the child (secure attachment, autonomy, realistic boundaries, self-control, free expression of needs and emotions, as well as spontaneity and the ability to play). The primary conflict according to schema therapy theory is between dysfunctional child modes and dysfunctional parental modes, which necessarily involves the formation of defense mechanisms. The strategic task of schema-therapy is the activation of the Happy Child and Healthy Adult (Demyanenko, 2023: 130). These concepts are close to the personality aspect of Richard Schwartz's Self.

The model of conflict in Positive Psychotherapy has a correlation with the poles of organization of the individual in conceptual schema therapy (Roediger, Stevens, Brockman, 2021: 23). The capacity for love and the capacity for cognition in Positive Psychotherapy correspond to the two poles of organization (or needs) of individuals in contextual psychotherapy (attachment and assertiveness): "These poles of needs are embedded in the complex orientation of the organism as a whole. They are in an inversive relationship with each other: the more you strive for attachment, the more you sacrifice your own assertiveness and autonomy, and vice versa. Nevertheless, you can make it your task to achieve a healthy and flexible balance between these two needs" (Roediger, Stevens, Brockman, 2021: 22-23). The model of conflict in Positive Psychotherapy finds confirmation in other models of integral psychotherapy, in particular in contextual schema therapy in which internal conflict is clarified from the perspective of the underlying (psychodynamic) organization of the personality, and the polarization between child modes (subpersonalities of the inner child) and parental modes (subpersonalities of the inner parent) is detailed. This analogy between the conflict model in Positive Psychotherapy and the poles of an individual's organization is shown in Figure 1 and Table 2.

The mechanisms of formation of emotional and behavioral disorders in the model of internal family systems and in schema-therapy are very close to the models of formation of psychological disorders as offered in Positive Psychotherapy. N. Peseschkian's theory offers a deeper view of the formation of psychological and psychopathological problems and notes that diseases can be interpreted positively, and this position of the author of Positive Psychotherapy corresponds to modern approaches of psychotherapy (internal family systems model of R. Schwartz, process-oriented psychotherapy of A. Mindell) to such concepts as: "problem as a resource" or "pathological process as a defense mechanism". Firefighters and Managers in Schwartz's interpretation (in J. Young's understanding of coping modes) are Protectors, who at certain stages in their own way protect the internal family system from disintegration, and by their goals and tasks they have an adaptive and positive value. In the process of therapy in the model of internal family systems it is necessary to "negotiate" with the Protectors and then they allow access to all internal resources and the personality is able to develop harmoniously.

In Stephen Hayes's Acceptance and Responsibility Psychotherapy there is a model of psychological health and a model of psychopathology "hexoflex".

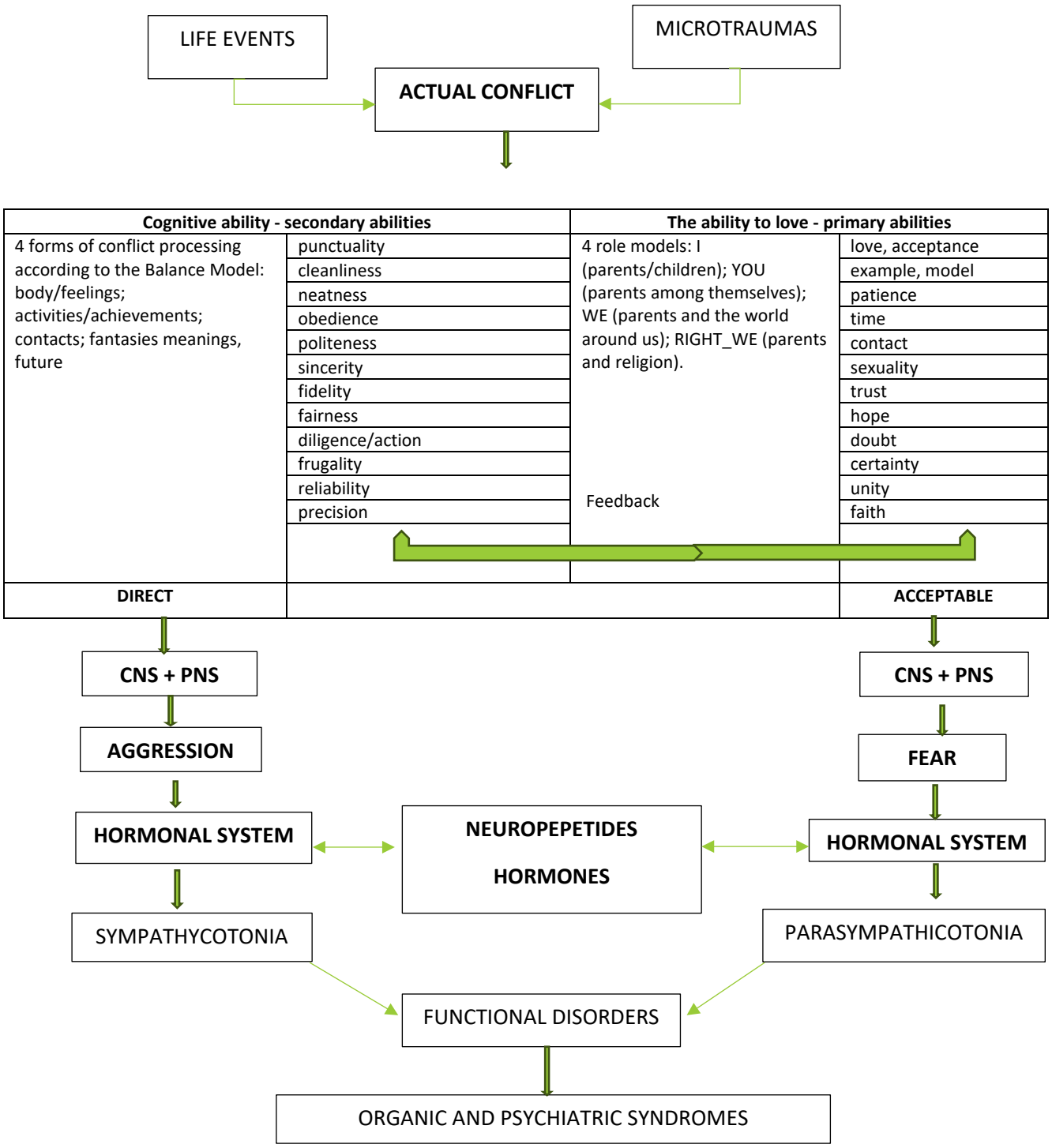


Figure 1. Relationship of Nosrat Peseschkian's model of conflict in Positive Psychotherapy with neurophysiological mechanisms of formation of psychosomatic and psychopathological disorders (Peseschkian, 2016a)

Table 2.
The two poles of the organization of the individual

Characterization	Assertiveness	Attachment
Activated autonomous system	Sympathetic branch	The parasympathetic (vagal) branch
Focus of attention	Outward-facing	Directed inward
Type of physiological response	Activating the warning system	Calm, rest
Social trends	Autonomy and competence	Connection with others, sense of belonging
Type of breathing	“Chest”	"Belly"
Metabolic trend	Exhaustion	Recovery
Motor tendency	Expansive activation	Receptive reaction
Tendency to react	“Hit or Run”	Cooperation to the point of submission
Activating child mode in case of danger	Angry kid mode	Vulnerable Child Mode
Directionality of the modes of internal criticism	Focus on others	Self-focus
Social trend	Dominance, self-directedness	Striving for harmony, prosociality
Directions for action	Externalization	Internalization
Coping style (Piaget, 1985)	Alloplastic	Autoplastic
Parenthood Regime (Lock-wood, Perris, 2012)	Paternal (teaches self-soothing).	Maternal (comforts directly)

Stephen Hayes identifies the following parameters of the psychopathology model: 1) Attachment to the “self-concept”; 2) Rigid attention 3) Avoidance of inner experience; 4) Cognitive fusion; 5) Values disturbance; 6) Inaction, impulsivity, or persistent avoidance. He also calls this model the psychological rigidity model. The model of psychological health includes the following parameters: 1) Self-as-context, 2) flexible attention to the present moment; 3) acceptance of bodily and emotional experience; 4) capacity for cognitive distancing; 5) adequate values; 6) responsible behavior. He also calls this model the psychological flexibility model (Hayes, Strosahl, Wilson, 2021: 108-109).

Stephen Hayes's hexoflex model has similarities to the stages of interaction (fusion, differentiation, and separation) in Positive Psychotherapy, the balance model, and N. Peseschkian's imitation model.

Since 2019, we have been developing an existential-cognitive-analytic theory of psychotherapy. Stephen Hayes's “hexoflex” model of psychological health and psychopathology was taken as a basic model of psychological health and psychopathology. Practical experience has shown that resistance to psychotherapy is related to different levels of psychological defenses (bodily, psychological, existential, and archetypal). Psychological defense mechanisms are closely related to intropsychic and interpersonal defense strategies, and therefore we modified the Stephen Hayes model within the concept of psychopathology by adding the dimensions of dysfunctional coping and disharmonious communication strategies, and within the concept of psychological health we added the following dimensions: functional coping and harmonious communication strategies. Based on the work of Alan Shore argued that the emotional communication between psychotherapist and client should be considered as the psychobiological core of the psychotherapeutic alliance because the contact between the right hemisphere of the psychotherapist and the right hemisphere of the client is essential to the psychotherapeutic process. Shore's research shows the analogy in neurobiological and emotional terms between

the psychotherapeutic process and the mother-child relationship. This fact confirms N. Peseschkian's theory of primary and secondary actual abilities, as well as the possibility of harmonizing emotional and behavioral problems in the process of psychotherapeutic interaction. . During the psychological diagnosis of clients with various emotional-behavioral disorders (depression and anxiety, PTSD, OCD, PDP, BAR types 1 and 2, GTR), we used a battery of psychological tests that also included the Wiesbaden WIPPF/A questionnaire. In the course of the research, we found correlation between violations of the Wiesbaden questionnaire scales, as well as violations of coping reactions indicators. These results have a direct correlation with imbalance in the internal family system (polarization between subpersonalities). For example, borderline personality disorder has a correlation with the identification indicators Imitation: I/Mother; Imitation: I/Father; Imitation: I/We; Imitation: I/Primal. Additional analysis of parental influence on early development showed that clients did not receive adequate support in childhood, which would have contributed to the formation of hope and positive motivation that could have contributed to overcoming psychological problems. The style of upbringing on the contrary formed disharmony of the internal family system and polarization of subpersonalities, as well as contributed to the emergence of dysfunctional coping, which then manifested in rigid defense mechanisms, and this largely formed resistance to psychotherapy.

In 2024, we examined 30 clients with various emotional and behavioral disorders. Among them 12 with depressive states (ICD 11 code - 6A80.3), 12 clients with generalized anxiety disorders (ICD 11 code - 6B00), 6 clients with alcohol dependence (ICD 11 code - 6C40.2). The ages ranged from 20 to 53 years and, among them, women 20, men 10. The following psychodiagnostic tests were administered to the clients: Young's YSQ S3R Schema Questionnaire, WIPPF\A Wiesbaden Questionnaire, ASQ Attachment Style Questionnaire, SACS Stress Coping Strategies. At the stage of psychodiagnostics for diagnostic and psychotherapeutic purposes, we analyzed subpersonalities according to the method of R. Schwartz (inner eye, and inner room). In all cases we found polarization of protectors (managers) and “firefighters”, internal family system models or dysfunctional parental modes and dysfunctional coping modes. This polarization had specific features in each nosological form. Thus, in depressive states, managers dominated, among them there were 12 women aged from 20 to 51 years old, and they came into conflict with dysfunctional coping - humility. At the initial stage, psychodiagnostic tests had the following content:

- Young's modes questionnaire (parental modes - punishing ranged from 3.5 to 4.8, demanding 3.0 to 4.0.; child modes - vulnerable child 2.8 to 3.2, angry 3.6 to 4.2, impulsive 2.8 to 4. 4; avoidance modes - obedient capitulator 4.8 to 5.2, detached protector 3.2 to 3.6, detached self-comforting 3.3 to 3.8; healthy modes - happy child 1.8 to 2.0, healthy adult 1.8 to 2.1);
- attachment style questionnaires showed that anxious attachment dominated in all of them, which reached from 4.8 to 5.2;
- the stress coping strategies showed a low level of constructiveness of 0.8, the assertive actions scale showed a low score of 8 to 10 and avoidance a high level of 18 to 20;
- the Wiesbaden questionnaire showed high scores (in hyper - from 10 to 12) on the sincerity scale for 3 clients and on the politeness scale for 9 clients. And low scores on the conflict: fantasy scale.

After the psychotherapy, which consisted of 16 weekly sessions and included an integrated model of five-step psychotherapy and integration with modern approaches of psychotherapy, all clients successfully completed the therapy. The dynamics were as follows: clients were independently able to dialog with their subpersonalities. Psychodiagnostics at the end of psychotherapy showed the following:

- Young's modes questionnaire (parental modes - punishing ranged from 1.5 to 1.8, demanding from 2.8 to 3.6.; child modes - vulnerable child from 1.6 to 1.9, angry 2.2 to 2.4, impulsive from 1.8 to 2. 6; avoidance modes - obedient capitulator 2.6 to 3.0, detached defender 1.6 to 2.0, detached self-comforting 1.8 to 2.2; healthy modes - happy child 3.8 to 4.2, healthy adult 4.4 to 4.8);

- the attachment style questionnaire showed that the level of anxious attachment decreased in everyone, which reached from 2.8 to 3.4;
- Strategies of coping with stressful situations showed that the level of constructiveness increased from 1.0 to 1.2. The scale of assertive actions showed that the result increased and reached from 18 to 20, and avoidance decreased from 13 to 15;
- The Wiesbaden questionnaire showed average results (balanced - from 6 to 9 points) on the politeness and sincerity scale, as well as average results on the conflict: fantasy scale.

Clients with anxiety included 8 females and 4 males, ranging in age from 22 to 48 years. Thus, the anxiety states were dominated by managers who were in conflict with dysfunctional avoidance coping. At the initial stage, psychodiagnostic tests had the following content:

- Young's modes questionnaire (parental modes - punishing hesitant 2.2 to 4.0, demanding 4.8 to 5.2.; child modes - vulnerable child 2.2 to 2.8, angry 1.8 to 3.8 impulsive 1.8 to 2. 2; avoidance modes - obedient capitulator 2.8 to 3.2, detached protector 3.8 to 4.6, detached self-comforting 1.8 to 2.2; healthy modes - happy child 1.8 to 2.0, healthy adult 2.2 to 2.4;
- attachment style questionnaire showed that anxious attachment dominated in all of them, which reached from 3.8 to 4.6;
- the stress coping strategies showed a low level of constructiveness 0.8, the assertive actions scale showed a low score from 8 to 10 and avoidance a high level from 18 to 22;
- The Wiesbaden questionnaire showed high scores (in hyper - from 10 to 12) on the scale of politeness (6 clients) and sincerity (6 clients), as well as high scores on the abilities: accuracy and punctuality and low scores (in hypo - from 3 to 5 points) on the patience scale. And also high scores on the conflict scale: contacts.

After the psychotherapy, which consisted of 12-14 weekly sessions and included an integrated model of five-step psychotherapy and integration with modern approaches of psychotherapy, all clients successfully completed the therapy. The dynamics were as follows: clients were independently able to dialog with their subpersonalities. Psychodiagnostics at the end of psychotherapy showed the following:

- Young's modes questionnaire (parental modes - punishing ranged from 1.5 to 1.6, demanding from 3.2 to 3.4.; child modes - vulnerable child from 1.2 to 1.6, angry 2.0 to 2.2, impulsive from 1.8 to 2. 0; avoidance modes - obedient capitulator 2.6 to 2.8, detached protector 1.6 to 1.8, detached self-comforting 1.8 to 2.0; healthy modes - happy child 3.8 to 4.0, healthy adult 4.4 to 5.0)8
- attachment style questionnaire showed that all of them decreased the level of anxious attachment, which reached from 2.8 to 3.4,
- Stress coping strategies showed that the level of constructiveness increased from 1.0 to 1.2, the assertive actions scale showed that the result increased and reached from 18 to 20, and avoidance decreased from 13 to 15,
- The Wiesbaden questionnaire showed average results on the neatness, punctuality and honesty scales, as well as average results on the conflict: contact scale.

There were 6 clients with alcohol addiction, 4 of whom successfully completed therapy, all male, aged from 26 to 53 years. Thus, in alcohol addiction managers who conflicted with dysfunctional coping detached self-comfort dominated. At the initial stage, psychodiagnostic tests had the following content:

- Young's modes questionnaire (parental modes - punishing ranged from 2.0 to 4.0, demanding from 4.8 to 5.6.; child modes - vulnerable child from 2.4 to 2.8, angry 2.0 to 3.8 impulsive from 2.0 to 2. 2; avoidance modes - obedient capitulator 2.6 to 3.4, detached protector 3.8 to 4.8, detached self-comforting 4.4 to 5.8; healthy modes - happy child 1.6 to 2.0, healthy adult 2.0 to 2.2),

- attachment style questionnaires showed that avoidant attachment was dominant in all of them, ranging from 4.8 to 5.2,
- Stress coping strategies showed a low level of constructiveness of 0.6, the assertive actions scale showed a low score from 6 to 8 and avoidance a high level from 18 to 28,
- The Wiesbaden questionnaire showed high scores (from 10 to 12) on the punctuality scale, as well as low scores (hypo - from 3 to 5 points) on the scale of sincerity, patience and commitment: and on the politeness scale there were high scores (from 10 to 12 points) in 3 clients with anxious characterology, and low scores on the politeness scale (from 3 to 5 points) were in alcohol addicts with narcissistic characterology. Also, high scores (from 10 to 12 points) were on the conflict: body scale.

After the psychotherapy, which consisted of 12 weekly sessions and included an integrated model of five-step psychotherapy and integration with modern approaches of psychotherapy, 4 clients successfully completed the therapy and 2 left it independently. The dynamics were as follows: clients were independently able to dialog with their subpersonalities. Psychodiagnostics at the end of psychotherapy showed the following:

- Young's modes questionnaire (parental modes - punishing ranged from 1.5 to 1.8, demanding from 3.2 to 3.6.; child modes - vulnerable child from 1.6 to 1.8, angry 2.2 to 2.4, impulsive from 2.0 to 2. 4; avoidance modes - obedient capitulator 2.6 to 2.8, detached protector 1.8 to 2.0, detached self-comforting 1.6 to 1.8; healthy modes - happy child 3.6 to 3.8, healthy adult 3.8 to 4.4);
- the attachment style questionnaire showed that all of them decreased the level of avoidant attachment, which reached from 2.8 to 3.0;
- Stress coping strategies showed that the level of constructiveness increased from 1.2 to 1.4, the assertive actions scale showed that the result increased and reached from 16 to 18, and avoidance decreased from 10 to 13;
- The Wiesbaden questionnaire showed average results (balanced - from 6 to 9 points) on the scale of sincerity, politeness and punctuality, as well as average indicators on the patience and commitment scale and average indicators on the conflict: body scale.

Techniques were utilized to address both the polarization of subpersonalities and dysfunctional coping reactions, which reflect the basic conflict in Positive Psychotherapy. These techniques also allow us to work through various levels of defenses (bodily, archetypal, existential). With the positive dynamics of psychotherapy, coping strategies (resources) at different levels of mental functioning are activated. And, as a result, a person can come to the realization of his/her problems and understanding of his/her life strategies and tasks.

Conclusions

Thus, Positive Psychotherapy can be integrated with modern approaches of psychotherapy, such as: third wave cognitive-behavioral therapy, process psychotherapy, acceptance and responsibility therapy, systemic family psychotherapy of subpersonalities, schema therapy and existential-cognitive-analytical psychotherapy, which will optimize the psychotherapeutic process. We believe that the fundamental basis for the psychotherapeutic process is the creation of a harmonious relationship between psychotherapist and client. In different psychotherapeutic approaches such relations have different names (transference matrix, co-existence, Self in the system of connections and relationships) (Demyanenko, 2023: 132). The "self" of the psychologist or psychotherapist should have the following characteristics: curiosity, caring, creativity, courage, calmness, connectedness, clarity, compassion, presence, patience, perseverance, vision, playfulness. The psychotherapist should be guided by a strong energetic Self and this will allow in the process of psychotherapeutic interaction to harmonize the psychological state of the client (Anderson, Sweezy, Schwartz, 2021: 24, 35). In the octoflex model, it was introduced the parameters “Harmonious Relationships” in the psychological health model and “Disharmonious Relationships” in the psychopathology model. Harmonious

relationships act on basic processes and help to overcome attachment to the self-concept, and such relationships help the client to develop a stronger connection to the self as an aspect of the "I am here and now" experience. Conversely, a disharmonious relationship promotes excessive attachment to the self-concept and rigid attention. This understanding in the role of the psychotherapist in the psychotherapeutic process was outlined by N. Peseschkian as follows: "Already the first interview covers two steps of the differential-analytic process: observation/distance and inventory. However, these steps primarily concern the therapist: they provide him with a complete overview of the conflict situation to the patients. The process in which the therapist is involved here then also captures the patient's point of view: he learns through observation/distance to recognize the specific conditions of his conflict and subsequently accesses less conflictual personality spheres during inventorying" (Peseschkian, 2016a: 72).

We conducted a correlation between the 5 stages of the psychotherapeutic process in the Positive Psychotherapy method and the "octoflex" model (a modified version of "hexoflex"), which demonstrates the dynamics of the mindfulness process and which we divided into two parts: 1) psychopathology model, which is shown in Figure 2; 2) psychological health model, which is shown in Figure 3. The formation of mindfulness in the client presupposes the initial formation of mindfulness in the psychotherapist.

The correlation between the stages of Positive Psychotherapy and the formation of mindfulness (psychological flexibility) is presented as follows:

Stages of Psychotherapy:

1) Observation and distancing - corresponds to the level of "Self-as-context" in the "octoflex" model.
2) Inventory - corresponds to "disengagement" and "acceptance" in the "octoflex" model.
3) Situational encouragement - corresponds to the "contact with the present moment" level.
4) Verbalization - corresponds to the "contact with the present moment" level.
5) Expansion of the goal system - corresponds to the level of "values", "functional coping" and "action fulfillment".

1) In the observation and distancing phase, incorporating meditation will allow the client to objectively assess him/herself, others and the situation. This will help the individual to distance him/herself from the problem and move to the position of an observer. The position of observer corresponds to the position of "Self-as-context" in the "octoflex" model, and this means distancing oneself from attachment to the conceptualized self, and this position will allow one to see the situation objectively, including seeing positive aspects in the problem: "Positive interpretation: in parallel with the clarification of the symptomatology, the therapist gives (first for him/herself) a general positive reinterpretation of the present disorder. It should take into account the significance of the illness for the patient and the family. This process helps the therapist to distance him/herself from his/her own perceptions and thought patterns; at the same time, it avoids repeating the patient's neurotic conception. The therapist, in a suitable situation, communicates the results of his mental experiment to the patient and his family. Subsequently, he makes the interpretation that provides the most effective change of point of view practically" (Peseschkian N., 1996: 73).

2) At the inventory stage. Together with a psychologist or psychotherapist, the client will be able to properly analyze the inner elements of the conflict, as well as to connect his/her actual abilities with the interaction of subpersonalities, find an understanding of his/her rigid defenses, and move to an understanding of his/her true self. This stage corresponds to disengagement and acceptance in the octoflex model. In the process of psychotherapy, the second stage is important in terms of overcoming rigid psychological defenses and the "fusion complex." Peseschkian wrote the following about this stage: "Role models: 'journey to the past' or roots of conflicts: relationships with father, mother, brothers, sisters and other significant persons in childhood; time, patience, ideals of parents, marriage of parents, contacts with the outside world, 'life philosophy of parents', family mottos, customs" (Peseschkian, 2016a: 75). This stage involves the application of the following techniques: rescripting (rewriting past negative experiences) (Roediger, Stevens, Brockman, 2021: 182-188), basic work with the symptom (Mindell, 2021).

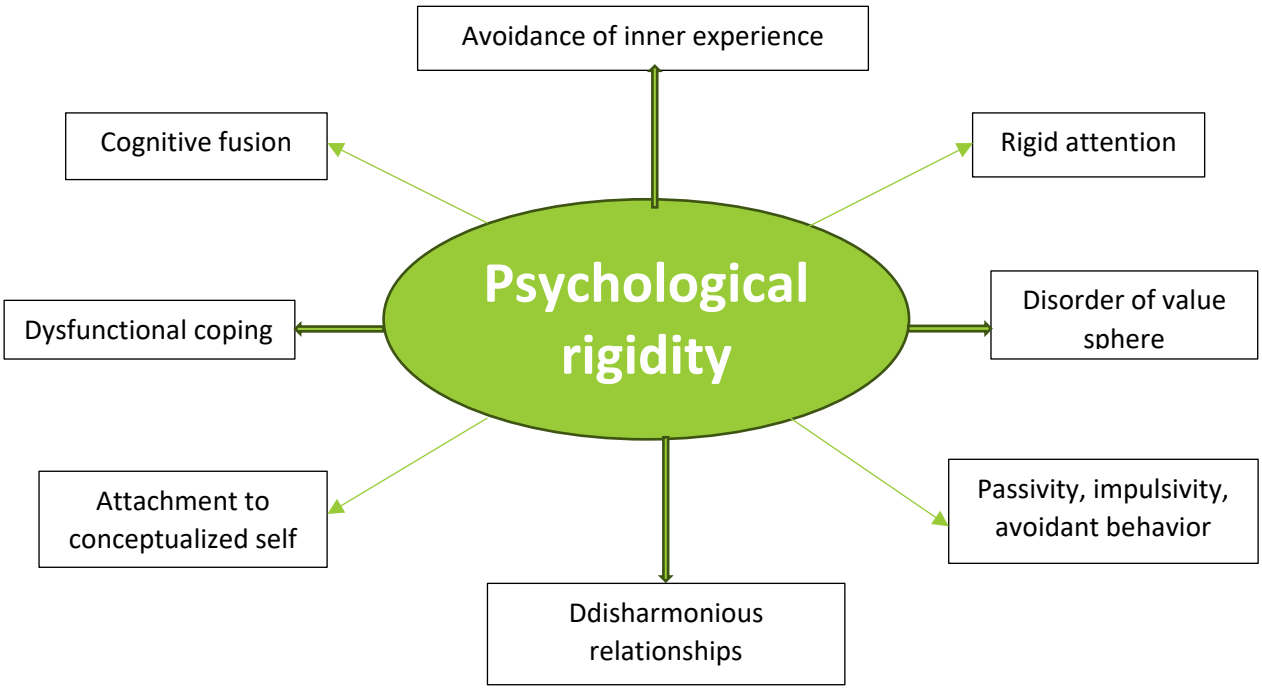


Figure 2. Octoflex model part 1: «Model of psychopathology» (Roediger et al, 2021)

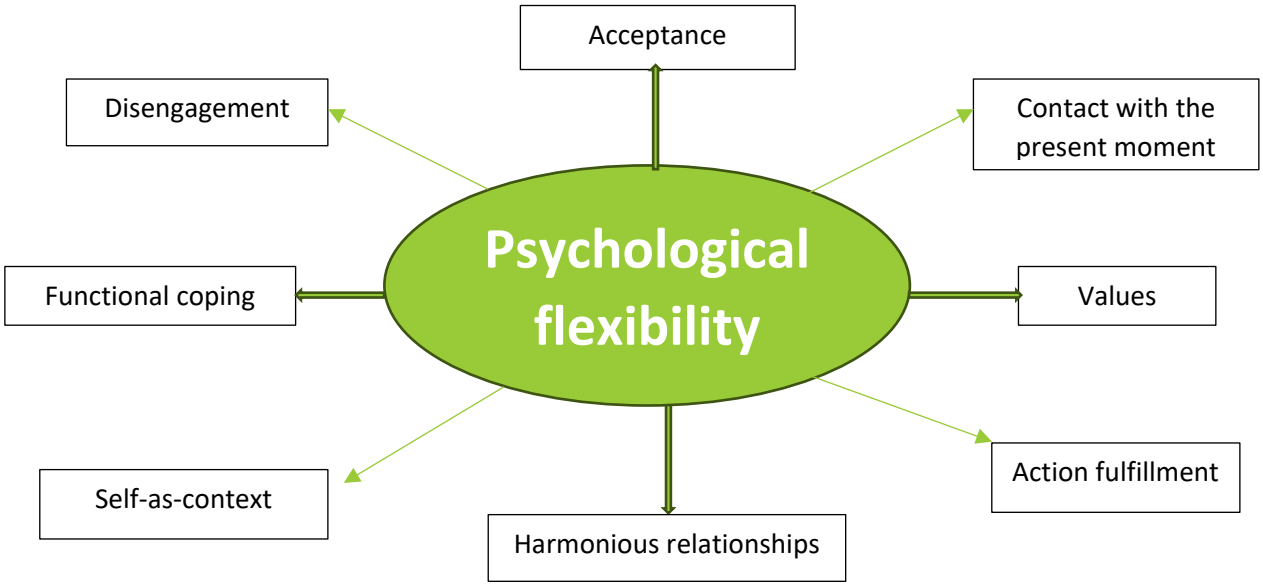


Figure 3. Octoflex model part 2: «Model of psychological health» (Author's development)

3) At the stage of situational encouragement. Overcoming polarization through the techniques of the internal family systems model, as well as the techniques of process-oriented psychotherapy, will allow the integration of the internal family system and the experience of spiritual and psychological resources. Optimization of the psychological process and the ability to enter a state of flow are important at this stage. This stage in the "octoflex" model corresponds to the level of "contact with the present moment", that is, the ability to be in the state of "here and now": "By emphasizing those moments that we experience as positive and inspiring, it becomes easier to reckon with those moments that we perceive as unpleasant and

negative. Briefly put, this is the basic principle of situational encouragement in Positive Psychotherapy" (Peseschkian, 2016a: 76). The main technique that optimizes the client's ability to maintain hope is the Mindfulness technique, especially the First and Second Step (Demyanenko, 2022: 102-103).

4) At the stage of verbalization, the person feels the ability to use and harmonize actual and basic abilities, as well as the ability to understand and accept both positive and negative sides of his personality. Also, at this stage it is important to emphasize the importance of the personality to him/herself and the surrounding loved ones and his/her ability to accept the facts that he/she cannot change and find the courage to change what he/she can. The fourth stage is a natural continuation of the third and involves a flexible attention to the present moment and a reassessment of internal conflicts not fully experienced. In the "octoflex" model, this corresponds to "contact with the present moment". N. Peseschkian writes in this regard: "Therapeutic emphases: development of the ability to purposefully address events and conflicts not fully experienced" (Peseschkian, 2016a). In mindfulness meditation, this stage is best worked through with focused meditations that go by the names: "Sounds and Thoughts" and "Exploring a Difficult Situation" meditations (Demyanenko, 2022: 102-103).

5) At the stage of expanding the goals. This final stage implies a wise attitude to life and understanding of one's recognition and purpose. Expansion of life strategies and goals is possible. Having overcome his/her problems together with the psychotherapist, the client should learn to cope with problems independently and use the acquired theoretical and practical skills in self-help. The last stage of the psychotherapeutic process is related to the three levels of the octoflex model: values, functional coping, and responsible action. Adequate values presuppose the meta-needs of the individual, i.e., the need for freedom, deep harmonious relationships, and the need for meaning and fulfillment of one's vocation and purpose. These values cannot be realized without functional coping, which implies resilience, psychosomatic and spiritual integration, as well as the realization of meaning. Adequate values, which are realized through functional coping, shape responsible behavior. Peseschkian writes: "Expand your goal system: expand your goals in the area of actual abilities (what actual abilities have you been overly strict about so far?). Master new opportunities for yourself in conflict resolution (what areas have you been insufficiently involved in so far?). What forms of relationships do you see as promising for yourself and your partner (four dimensions of ideals)?" (Peseschkian N., 1996: 77).

The problem of protecting the mental health of the Ukrainian population has become extremely acute due to war in Ukraine. According to experts, 40-50% of the population will need psychological help. In certain groups of people, the number of such people will be: among the military and veterans - 1.8 million; among the elderly - 7 million; about 4 million children and adolescents. The projected need for help with mental health issues at the primary level of medicine is 27 million appeals. At the same time, about 3-4 million Ukrainians will have certain mental health disorders - of medium or severe form (National Institute of Strategic Studies Niss.gow.ua, 2023).

Mental disorders affect the physical health of a person and are often accompanied by different types of addictions (alcoholism, drug addiction), which create difficulties in social adaptation and integration, which affect a person's ability to work.

The actual situation that has developed at present requires modern approaches to psychological assistance. One of such effective approaches can be the integration of Positive Psychotherapy with modern approaches of psychotherapeutic assistance.

References

[1] **ERYILMAZ, A.** (2023). The Method of Resolving Actual Conflict in Five Stages and with Five Capabilities Based on Positive Psychotherapy: The Trust-PHAL Method. *The Global Psychotherapist*, *3*(1), 15–24. https://doi.org/10.52982/lkj177

[2] **PESESCHKIAN, N.** (2016a). *Positive Psychosomatics: Clinical Manual of Positive Psychotherapy.* Bloomington, USA: AuthorHouse. 601 p.

[3] **PESESCHKIAN, N.** (2016b). *In Search of Meaning: Positive Psychotherapy Step by Step*. Bloomington, USA: AuthorHouse. 306 p.

[4] **REMMERS, A.** (2021). To Be or Not to Be – Hamlet and the Psychotherapeutic Technique: About Therapeutic Alliance, Growth and Effective Therapy. *The Global*

Psychotherapist, *1*(1), 41–44. https://doi.org/10.52982/lkj140

[1] **АНДЕРСОН, Ф. Г., СУИЗИ, М. ШВАРЦ, Р. С. [ANDERSON, F. G., SWAYZE, M., SCHWARTZ, R. S.]** (2021). *Внутренние семейные системы. Пособие по обучению системным навыкам. Лечение тревожности, депрессии, ПТСР и последствий злоупотребления веществами у пациентов, переживших травму* [Internal Family Systems. Systems Skills Training Manual. Treating anxiety, depression, PTSD, and the effects of substance abuse in trauma patients.]. Москва: Научный мир, 288 с. [In Russian]

[2] **ВЕБЕР, Т. [WEBER, T.]** (2020). *Травмафокус. Спеціалізований психотерапевтичний метод для роботи зі стресом, травмою та хронічним болем* [Trauma Focus. A specialized psychotherapeutic method for dealing with stress, trauma and chronic pain]. Харків: Гуманітарний Центр, 168 p. [In Ukrainian]

[3] **ДЕМ'ЯНЕНКО, Б. Т. [DEMIANENKO, B. T.]** (2022). Сучасні направлення інтегральної психотерапії: методичні основи, механізми психотерапії, техніки [Modern directions of integral psychotherapy: methodological foundations, mechanisms of psychotherapy, techniques]. *Науковий часопис Національного педагогічного університету імені М.П. Драгоманова, 43,* С. 95-105. [In Ukrainian]

[4] **ДЕМ'ЯНЕНКО, Б. Т. [DEMIANENKO, B. T**.] (2023). Методологічні та методичні основи, механізми терапії та техніки екзистенційно-когнітивно-аналітичної психотерапії [Methodological and methodological foundations, mechanisms of therapy and techniques of existential cognitive analytic psychotherapy]. *Науковий часопис Національного педагогічного університету імені М.П. Драгоманова, 44*, С. 129-135. [In Ukrainan]

[5] **ДЕМ'ЯНЕНКО, Б. Т. [DEMYANENKO, B. T.]** (2020). Основні принципи та техніки екзистенційно-когнітивно-аналітичної психотерапії [Basic principles and techniques of existential-cognitive-analytic psychotherapy]. *Науковий часопис Національного педагогічного університету імені М.П. Драгоманова, 39*, С. 141-151. http://enpuir.npu.edu.ua/handle/123456789/33621 [In Ukrainian]

[6] **МАТУРАНА, У. Р., ВАРЕЛА, Ф. Х. [MATURANA U., R., VARELA, F. H.]** (2019). *Древо познания: Биологические корни человеческого понимания*. [The Tree of Knowledge: The Biological Roots of Human Understanding]. Москва: Ленанд, 224 с. [In Russian]

[7] **МИНДЕЛЛ, А. [MINDELL, A.]** (2021) *Сила безмолвия. Как работать с телесными симптомами* [The Power of Stillness. How to work with bodily symptoms]. Ганга. 512 с. [In Russian]

[8] **Національний інститут стратегічних досліджень [National Institute for Strategic Studies]** (2023). *Supporting mental health in times of war* [Поддержка психического здоровья во время войны]. URL:www.niss.gow.ua Accessed: 20.06.2024

[9] **РЁДИГЕР, Э., СТИВЕНС, Б. А., БРОКМАН, Р. Е. [ROEDIGER, E, STEVENS, B. A., BROCKMAN, R. E.]** (2021). *Контекстуальная схематерапия. Интегративный подход к расстройствам личности, межличностных отношений и эмоциональной регуляции* [Contextual schema therapy. An integrative approach to disorders of personality, interpersonal relationships and emotional regulation]. М.: Научный мир. 344 с. [In Russian]

[10] **СИГЕЛ, Д. [SIEGEL, D.]** (2021). *Майндсайт: новая наука о личной трансформации* ["Mindsight: the new science of personal transformation"]. Москва: Манн, Иванов и Фербер, 336 с. [In Russian]