

*Section: Research and innovations in PPT***A JOURNEY TO SELF-DISCOVERY: ASSESSING THE 52-WEEK REBIRTH PROGRAM WITH POSITIVE PSYCHOTHERAPY****Ali Eryilmaz**

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Abstract

This research was conducted to explore the outcomes following the implementation of the self-help strategies recommended in "Psychological Transformation Journey and Finding Yourself Guide: 52 Weeks of Rebirth from a Positive Psychotherapy Perspective." Utilizing a mixed-methods approach, the study employed a single-group pre-test-post-test design for quantitative analysis and a phenomenological approach for qualitative insights. Data collection tools included a Demographic Information Form, a Qualitative Evaluation Form, and the Positive-Negative Affect Scale. The participant pool consisted of 179 psychological counselors and their 179 clients, who varied in educational background and profession. Quantitative results indicated notable enhancements in both positive and negative affect dimensions across areas such as achievement, body image, relationships, and fantasy-spirituality. Qualitatively, the study documented changes in participants' attitudes toward seeking psychological help, increased self-awareness, experimentation with new behaviors, enhanced social support, and self-acceptance. These findings suggest that guided self-reflection and support are critical in overcoming personal challenges and fostering growth and self-awareness, as reflected by participants' expressed gratitude and heightened motivation to tackle personal difficulties.

Keywords: Positive Psychotherapy, self-help, balance model, capacity, capabilities

Introduction

People resolve their problems through psychotherapies. Studies have revealed that individuals' capabilities account for 55% of the improvement in the therapeutic process (Grencavage et al., 1990). At this juncture, 55% of individuals draw strength from their inherent qualities during the psychotherapy process. In other words, humans are inherently capable beings. This inherent capacity inevitably brings forth individuals' self-help processes (Peseschkian, 2016). The most significant indicator of self-help is 'self-help' and the studies conducted in this field.

Studies in the literature have shown that the number of individuals visiting mental health professionals is less than those who read self-help books. Moreover, many people in the USA prefer to join self-help groups rather than seeking psychotherapy (Kessler, Mickelson & Zhao, 1997). Today, self-help is considered one of the most significant ways to change behavior (Klingemann et al., 2001). Psychotherapists are also recommending self-help materials to their clients. For instance, a study conducted on 1,229 clinical and counseling psychologists found that 82% of them recommended self-help groups, 85% recommended self-help books, and 46% recommended films to their psychotherapy

patients (Norcross, 2000). In another study, a majority of 178 school psychologists reported using self-help interventions with their clients. About 43% of school psychologists reported using self-help materials with less than 20% of their clients, 36% with 20% to 50% of their clients, and 21% with more than half of their clients (O'Conner & Kratochwill, 1999).

Self-help refers to efforts made outside of formal treatment or psychotherapy. To enhance the success rate of psychotherapy, self-help resources, such as bibliotherapy, films, and independent self-help sources are integrated into the therapy process outside of psychotherapy sessions. When examining meta-analysis studies on the effectiveness of self-help programs, results from experimental studies using control groups have shown that the effect size ranged from 0.70 to 0.80 post-intervention, with follow-up studies indicating a range from 0.50 to 0.70 (Den Boer et al., 2004). Self-help studies have also been found effective in psychopathological groups. For example, a meta-analysis of 29 studies found that the effect size of bibliotherapy on depression was 0.77 (Gregory, Canning, Lee, & Wise, 2004).

One of the psychotherapies where self-help is an important principle is Positive Psychotherapy. According to Peseschkian (2016), individuals tend to give more importance to physical illnesses and as a result, go to the doctor when they are ill. However, if the discomfort has a psychological effect, most people do not consider going to a psychotherapist. Psychological conflicts and disturbances stem from daily life. Individuals may resort to alcohol in coping with grief issues following a loss. Similarly, a person with family problems may try to cope with these issues through fantasy by using substances. On the other hand, individuals can view these adverse situations as challenges and cope with their problems in a healthy way through the principle of self-help. The principle of self-help assists individuals in abandoning the patient role and taking on the role of providing help to themselves (Peseschkian, 2016).

There are practical studies (Peseschkian, 2000) conducted on the application of Positive Psychotherapy in the treatment of mental disorders. However, tested studies regarding its effectiveness remain scarce. Peseschkian (2009) has conducted studies within a cross-cultural framework, focusing on conflict and resources, in the treatment of depression. The results of

these studies suggest that Positive Psychotherapy effectively reduces depression symptoms in individuals. Eryilmaz (2015) conducted a study among university students to assess the effectiveness of positive group psychotherapy. The findings indicated a decrease in depression symptoms and negative emotions among participants, alongside an increase in positive emotions. Furthermore, there have been preventive and developmental intervention studies based on Positive Psychotherapy. For instance, Eryilmaz (2012) devised and implemented a hope-enhancement program for adolescents, leading to increased levels of hope. Similarly, Eryilmaz (2011) developed and executed a budget management program based on Positive Psychotherapy, enabling adolescents to acquire budgeting skills. While there are theoretical explanations emphasizing the importance of self-help, empirical studies on the effectiveness of self-help in the field of Positive Psychotherapy are lacking. Therefore, the aim of this study is to investigate the effectiveness of 52 self-help activities based on the balance model of Positive Psychotherapy.

Methodology

The aim of this study is to investigate the post-application effects of the activities in the book "Psychological Transformation Journey and Finding Yourself Guide: 52 Weeks of Rebirth from a Positive Psychotherapy Perspective". The study was conducted using a mixed-methods design. Quantitatively, it was carried out in a single-group pre-test-post-test experimental design. For the quantitative analyses of the study, the normality of the distribution was first examined. Pre-test and post-test scores for variables that showed a normal distribution were analyzed using the t-test. For variables that did not show a normal distribution, pre-test and post-test scores were analyzed using the Wilcoxon signed-rank test. The qualitative part of the study was conducted in a phenomenological design. This approach was chosen to capture the essence of participants' lived experiences and to uncover the underlying meanings of their narratives. By systematically analyzing the data, the researchers were able to identify recurring patterns and themes that accurately reflect the participants' perspectives. This method was deemed most appropriate for

this study as it allows for an in-depth exploration of the subjective experiences and provides a comprehensive understanding of the phenomena under investigation.

The research employed a descriptive phenomenology design, which highlights the importance of researcher neutrality, avoiding interpretation influenced by prior knowledge and experiences. Descriptive phenomenology seeks to answer the question: "What is known?" and focuses on describing experiences thematically (Ersoy, 2016). For this study, content analysis was utilized to analyze the data. The core principle of content analysis involves grouping similar data into specific themes and concepts, organizing them coherently, and interpreting them. According to Yıldırım and Şimşek (2013), content analysis is conducted in four stages. During the data analysis phase of this study, data collected from participants were initially read and coded individually. Next, these codes were classified according to their similarities and differences, leading to the creation of themes. Following this, the themes and codes were reviewed for their appropriateness. Finally, the themes were refined and interpreted to provide meaningful insights.

Measurement Tools

Demographic Information Form: A form was prepared in the study to collect demographic information of participants and practitioners. This form includes information on participants' age and gender, as well as perceived socio-economic status.

Qualitative Evaluation Form: In the study, a qualitative evaluation form was used to assess the effectiveness of the self-help task. This form contains the question, "Evaluate the self-help task with its positive and negative aspects". Psychological counselors asked this question to their clients at the end of the self-help task.

Positive-Negative Affect Scale: The Positive and Negative Affect Scale, developed by Watson et al. (1988) and adapted into Turkish by Gençöz (2000), consists of ten positive and ten negative affect items and is rated on a 5-point Likert scale. In the adaptation study, Cronbach's Alpha reliability coefficient was found to be .83 for Negative Affect and .86 for Positive Affect (Gençöz, 2000). The scores for positive and negative affect on the scale are calculated separately.

The PANAS (Positive and Negative Affect Schedule) consists of two 10-item scales: one measuring positive affect (PA) and the other measuring negative affect (NA). Respondents rate the extent to which they have experienced various emotions over a specified time period, such as the past week or at the present moment, on a Likert scale ranging from "very slightly or not at all" to "extremely." The PA scale includes items that reflect emotions such as "excited," "enthusiastic," "inspired," and "determined." The NA scale captures emotions like "upset," "guilty," "scared," and "nervous." The PANAS is valued for its reliability, validity, and versatility in both clinical and research settings to assess mood states and emotional responses. The highest possible score for the negative affect dimension of the scale is 50. Similarly, the highest possible score for the positive affect dimension is also 50.

Participants

Psychological Counselors: The study included a total of 179 psychological counselors, comprising 32 men and 147 women. The age range of the psychological counselors was between 25-52, with an average age of 29.6 and a standard deviation of 7.56. The psychological counselors are pursuing master's degrees at a state university. The majority of them are school psychological counselors working at different educational levels.

Clients: The study included a total of 179 clients, comprising 123 women and 56 men. The age range of the clients was between 18 and 55, with an average age of 28.83 and a standard deviation of 8.97. The clients come from various educational levels, from middle school to postgraduate education. Among the clients are individuals from a wide range of professions, including students, civil servants, freelancers, homemakers, and teachers.

Inclusion Criteria for the Study: Psychological counselors informed potential clients about the study, emphasizing the principle of voluntarism. Subsequently, the topics of the self-help activities were presented to the clients. The initial assessment of the client's needs was conducted by the psychological counselor, who inquired about the client's specific concerns. Clients rated their need levels for each topic on a scale from 1 (none) to 10 (very high). Individuals who rated their need level as higher

than 5 and expressed a desire to improve in the relevant area were included in the study

Although the study was conducted with 179 participants, it was observed that 23 participants did not complete the post-test or that qualitative data could not be collected from them for various reasons. Consequently, despite their participation in the activities, these 23 participants were excluded from the analysis. This exclusion was necessary to ensure the accuracy and reliability of the results; as incomplete data could have introduced bias or inaccuracies in the findings. Therefore, the analysis presented in tables 3-6 includes the results of the remaining 156 participants who provided complete data.

Procedure

Psychological counselors applied the activities to clients who needed assistance in related subjects. Self-help activities were conducted in a single session for each client, with each session lasting a total of one hour. The activities implemented during the session were

tailored to the individual needs of the clients. Initially, the psychological counselor assessed the client's needs by inquiring about their specific concerns. Clients rated their need levels for each issue on a scale from 1 (none) to 10 (very high). Self-help activities were organized for the issues where clients rated their need level as higher than 5. The self-help sessions were structured and timed equally for each client. The structure of the sessions is detailed in the following table (Table 1). During the session process, the clients' demographic information was initially collected and a pre-test was conducted. This was followed by the implementation of the structured activities. Subsequently, the session continued with psycho-educational work on the relevant subject. After the psycho-education, the psychological transformation self-help task found at the end of each topic was applied. At the end of the session, a post-test was conducted. Following the post-test, qualitative evaluations were made to conclude the session.

Table 1. Content of the one session

Steps	Contents
First step	Pre-test condition
Second step	Constructing self-help sessions tailored to the self-help process. During the construction phase, information regarding the purpose, duration, and process has been provided.
Third step	The sharing of the relevant story concerning self-help by the psychological counselor with the client
Fourth step	Making both objective and subjective definitions of the relevant psychological self-help topic.
Fifth step	Conducting psycho-education on the reasons, development, and how to organize the relevant psychological support
Sixth step	The psychological counselor and the client collaboratively creating a one-week plan regarding the relevant self-help topic. The counselor and the client will concretely plan what the client will do each day throughout the week in terms of his/her self-help activities.
Seventh step	Conducting the evaluation of the session
Eighth step	Post-test condition

One of the activities in this study focuses on emotion regulation. This session serves as an example of the types of exercises included in the research. The emotion regulation self-help task is designed to help participants identify, reflect on, and manage their emotions through a series of guided questions and strategies. This is just one of the 52 similar activities included in the study, each aimed at enhancing various aspects

of psychological well-being. The comprehensive range of the session ensures a holistic approach to personal development and mental health improvement. Detailed explanations of how the emotion regulation self-help task is implemented are provided in Table 2.

Table 2. Questions related to self-help task, such as emotion regulation

Questions
1. What emotions did I experience? - Identify the range of emotions you felt during the specified period.
2. What did I notice about my emotions? - Reflect on any patterns, triggers, and intensities of these emotions.
3. What did I do and what should I do to accept my emotions? - Discuss your current strategies for accepting emotions and explore potential improvements.
4. How did I use problem-solving skills for emotion regulation, and how could I have used them? - Examine how you applied problem-solving skills to regulate your emotions and identify missed opportunities.
5. What were the positive aspects of the situation I experienced? - Focus on the positive outcomes and learning experiences from the emotional situations.
6. How did I use relaxation and breathing exercises at the moment of feeling the emotion? - Share your use of relaxation techniques and how they affected your emotional state.
7. What were the dysfunctional thoughts accompanying the emotion, and what functional thoughts could I replace them with? - Identify negative thought patterns and discuss healthier alternatives.
8. Whom did I receive support from and whom could I have received support from to regulate this emotion? - Reflect on your support network and potential untapped sources of support.
9. Did I walk for half an hour every day? What adjustments should I make for walking? - Evaluate the role of physical activity in emotional regulation and plan for future activities.

One example of psychological self-help task: "Regulating My Emotions" Today's session is dedicated to understanding and improving how you regulate your emotions, focusing on the experiences you've had from last week until today. This one-hour session is structured to explore your emotional patterns, the strategies you've employed to manage your emotions, and the ways in which you might enhance your emotional regulation moving forward. We will delve into various aspects of your emotional experiences through the following questions.

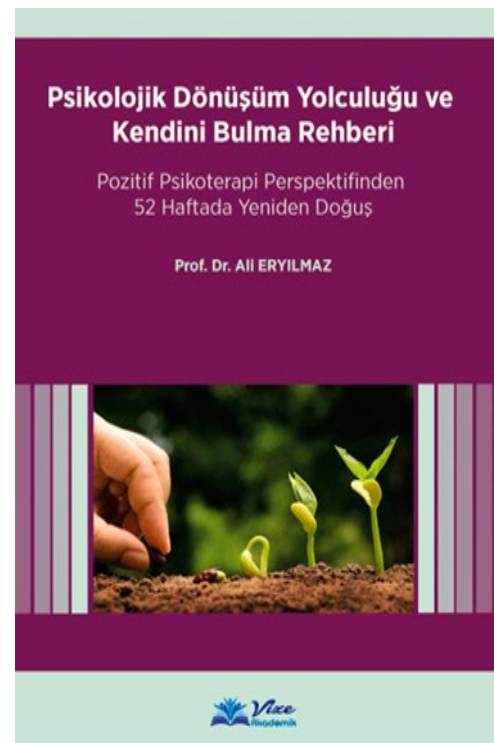


Figure 1. Self-help book: Psychological Transformation Journey and Self-Discovery Guide: Rebirth in 52 Weeks from the Perspective of Positive Psychotherapy

The book is divided into four parts, aiming to develop a person's inner and outer worlds in a balanced way. *The first part deals with the bodily dimension.* Our body plays a critical role in developing basic life skills such as regulating our emotions, coping with existential anxieties, and confronting our fears. This section focuses on ways to be emotionally balanced, increase love and compassion, deal with emotional hunger, and fight negative thoughts. It also thoroughly addresses issues like anger management, stress management, and staying strong during crises.

The second part focuses on the dimension of success. Success is an essential resource in forming an individual's identity and dealing with conflicts. This section covers topics such as organizing life based on knowledge, having a balanced growth mindset, pulling ourselves together, overcoming laziness, and learning to learn. Additionally, themes supporting success in various aspects of life, such as responsibility, moving away from egocentric thoughts, and developing concrete and abstract thinking skills, are also included in this section.

The third part examines the relationship dimension. Relationships are a vital resource in human development and coping with conflicts. Topics such as love, compassion, attachment, being authentic and sincere, and differentiating intra- and interpersonally are detailed in this section. It also focuses on developing social skills like coping with loneliness, being respected and heard, and protecting oneself from gossip and emotional abuse. Parenting roles and supporting children's learning and motivation are also a significant part of this section.

The final part moves on to the dimension of spirituality. This section supports the journey of endowing one's existence with meaning and finding inner peace. It strengthens an individual's spiritual dimension with topics such as having reasons to live, increasing hope and optimism, and finding the meaning of life. It also touches on the topic of ethical and social values such as preventing lying, avoiding developing a Machiavellian personality, fostering patriotism, and healthy aging. This section provides the spiritual foundations necessary for individuals to live a life in harmony with themselves and their surroundings.

In this study, the activities were conducted based on a book. The author of the book assigned the activities to one of four dimensions according to their content, logic, and alignment

with the theoretical framework of Positive Psychotherapy. This classification ensured that the activities were systematically categorized to reflect the core principles of Positive Psychotherapy, enhancing their relevance and applicability to the study's objectives. This methodological approach provides a structured framework for understanding and evaluating the effectiveness of the activities within the context of Positive Psychotherapy.

Results

In this study, the findings are presented based on results of both quantitative and qualitative analysis. The quantitative findings section primarily discusses the results derived from the t-test and Wilcoxon signed-rank test, which are used to assess the statistical significance and effect sizes of the interventions. This provides a robust analysis of the data, highlighting any significant changes in the measured variables. In the qualitative findings section, the focus shifts to participants' perceptions of the effects of the activities. This section includes detailed qualitative insights gathered from the participants, exploring their subjective experiences and the perceived impact of the interventions. By combining both quantitative and qualitative data, the study offers a comprehensive understanding of the outcomes, ensuring that both statistical trends and personal experiences are taken into account. This mixed-methods approach enriches the overall analysis, providing a deeper and more nuanced perspective on the effectiveness of the interventions.

Findings on the achievement dimension

The skewness values range from -0.392 to 0.834. Specifically, Negative Affect Pre-Test and Positive Affect Pre-Test have skewness values of 0.178 and -0.223, respectively, while Negative Affect Post-Test and Positive Affect Post-Test have skewness values of 0.834 and -0.392, respectively. Since skewness values between -1 and 1 indicate approximately symmetric data, these results suggest that the distributions of all variables are reasonably symmetric and close to normal. The kurtosis values range from -0.851 to 0.530. Negative Affect Pre-Test and Positive Affect Pre-Test have kurtosis values of -0.851 and -0.366, respectively, whereas Negative Affect Post-Test and Positive Affect Post-Test

have kurtosis values of 0.032 and 0.530, respectively. As kurtosis values between -2 and 2 are generally considered indicative of a distribution close to normal, these values suggest that the distributions are not excessively

peaked or flat and fall within the acceptable range for normality. Overall, based on the skewness and kurtosis statistics, it can be concluded that the distributions of the variables are approximately normal.

Table 3. t-test Results for the achievement dimension (n = 49)

Affect Type	Test Condition	Mean	Sd	t	p	Effect Size
Positive Affect	Pre-test	28.0816	7.67528	-5.791	0.000	0.11
	Post-test	36.0612	5.84312			
Negative Affect	Pre-test	24.4286	7.04450	7.320	0.000	0.13
	Post-test	15.7755	4.34101			

Based on the results presented in Table 3, which provides t-test results for the Success Dimension with a sample size of 49 participants, notable findings are observed between pre-test and post-test scores. In terms of Positive Affect, participants' mean score significantly increased from 28.08 (SD = 7.67) at pre-test to 36.06 (SD = 5.84) at post-test, $t(48) = -5.791$, $p = 0.000$, with a small effect size ($d = 0.11$). Conversely, for Negative Affect, participants' mean score significantly decreased from 24.42 (SD = 7.044) at pre-test to 15.77 (SD = 4.341) at post-test, $t(48) = 7.320$, $p = 0.000$, with a small-to-medium effect size ($d = 0.13$). These results indicate a statistically significant improvement in both positive and negative affect dimensions following the intervention, suggesting a

favorable impact on participants' emotional states

Findings on the body dimension

For the body dimension, the skewness values range from -0.820 to 0.960, indicating that the distributions of all variables are reasonably symmetric and close to normal, as skewness values between -1 and 1 generally suggest approximate symmetry. The kurtosis values range from -0.639 to 1.389, falling within the acceptable range of -2 to 2, which indicates that the distributions are not excessively peaked or flat and are close to normal. Overall, based on these skewness and kurtosis statistics, it can be concluded that the distributions of the variables are approximately normal.

Table 4. t-test results for the body dimension (n = 51)

Affect Type	Test Condition	Mean	Sd	t	p	Effect Size
Positive Affect	Pre-test	28,1961	6,55445	-4,365	0.000	0.08
	Post-test	33,6863	6,14326			
Negative Affect	Pre-test	27,8627	7,05980	5,921	0.000	0.11
	Post-test	19,9608	6,40300			

Based on the results presented in Table 4, which provides t-test results for the Body Dimension with a sample size of 51 participants, notable findings are observed between pre-test and post-test scores. For Positive Affect, participants' mean score significantly increased from 28.19 (SD = 6.55) at pre-test to 33.68 (SD = 6.14) at post-test, $t(50) = -4.365$, $p = 0.000$, with a small effect size ($d = 0.08$). Similarly, for Negative Affect, participants' mean score significantly decreased from 27.86 (SD = 7.05) at pre-test to 19.96 (SD = 6.40) at post-test, $t(50) = 5.921$, $p = 0.000$, with a small effect size ($d = 0.11$). These results indicate a statistically

significant improvement in both positive and negative affect dimensions following the intervention, suggesting a positive impact on participants' emotional states in relation to the Body Dimension.

Findings on the relationship dimension

The skewness values range from -0.517 to 1.328. Specifically, Positive Affect Pre-Test and Positive Affect Post-Test have skewness values of -0.059 and -0.517, respectively, while Negative Affect Pre-Test and Negative Affect Post-Test have skewness values of 0.643 and 1.328, respectively. Since skewness values between -1 and 1 indicate approximately

symmetric data, the Positive Affect Pre-Test and Post-Test distributions are reasonably symmetric and close to normal. However, the Negative Affect Post-Test's skewness of 1.328 suggests a slight departure from normality. The kurtosis values range from -0.543 to 1.860. Positive Affect Pre-Test and Negative Affect Pre-Test have kurtosis values of -0.398 and -0.543, respectively, while Positive Affect Post-Test and Negative Affect Post-Test have kurtosis values of 0.686 and 1.860, respectively. As kurtosis values between -2 and 2 are generally considered

indicative of a distribution close to normal, these values suggest that the distributions are not excessively peaked or flat and fall within the acceptable range for normality, except for the Negative Affect Post-Test, which is at the higher end of the range. Overall, based on the skewness and kurtosis statistics, it can be concluded that the distributions of the Positive Affect Pre-Test and Post-Test variables are approximately normal, while the Negative Affect Post-Test shows a slight departure from normality.

Table 5. t-test results for the relationship dimension (n = 34)

Affect Type	Test Condition	Mean	Sd	t	p	Effect Size
Positive Affect	Pre-test	31,4412	4,48696	-4,894	0.000	0.36
	Post-test	37,2647	5,29327			
Negative Affect	Pre-test	23,82	6,39	3,675	0.000	0.32
	Post-test	17,97	6,73			

Based on the findings presented in Table 2, which outlines t-test results for the Relationship Dimension with a sample size of 34 participants, notable observations are noted between pre-test and post-test scores. For Positive Affect, participants' mean score significantly increased from 31.44 (SD = 4.48) at pre-test to 37.26 (SD = 5.29) at post-test, $t(33) = -4.894$, $p = 0.000$, with a medium effect size ($d = 0.36$). The findings related to Negative Affect show a significant decrease from the pre-test to the post-test. The pre-test mean score was 23.82 with a standard deviation of 6.39, while the post-test mean score decreased to 17.97 with a standard deviation of 6.73. This reduction is statistically significant with a t-value of 3.675 and a p-value of 0.000, indicating a moderate effect size of 0.32. These results suggest that the intervention had a positive impact on reducing negative affect among participants.

Findings on the Fantasy-Spirituality Dimension

The skewness values range from -1.661 to 0.378, and the kurtosis values range from -0.995 to 3.939. Specifically, Positive Affect Pre-Test and Negative Affect Pre-Test have skewness values of -0.462 and -0.021, respectively, while Positive Affect Post-Test and Negative Affect Post-Test have skewness values of -1.661 and 0.378, respectively. The kurtosis values show that Positive Affect Post-Test has a kurtosis value of 3.939, which is beyond the acceptable range for normality (generally between -2 and 2). Similarly, the other variables also show kurtosis values that suggest deviations from normality. Given the skewness and kurtosis values indicating that the data distributions deviate from normal, non-parametric tests were applied to analyze the data. Non-parametric tests are suitable for data that do not meet the assumptions of normality and are robust for analyzing such distributions.

Table 6. Wilcoxon sign-test results for the fantasy-spirituality dimension (n = 22)

		n	Mean rank	Sum of ranks	z	p	Effect size
Positive affect	Negative Ranks	2	10,00	20,00	-3.428**	0.00	0.54
	Positive Ranks	19	11,11	211,00			
	Ties	1					
Negative affect	Negative Ranks	19	11,71	222,50	-3.761**	0.00	0.59
	Positive Ranks	2	4,25	8,50			
	Ties	1					

The analysis examined changes in positive and negative affect among participants. For positive affect, there were 19 instances where participants reported an increase in positive affect, with a mean rank of 11.11 and a sum of ranks of 211.00. Only 2 participants reported a decrease in positive affect, with a mean rank of 10.00 and a sum of ranks of 20.00. One participant reported no change. The results showed a statistically significant difference, with a z-value of -3.428 and a p-value of 0.00, indicating a moderate effect size of 0.54. Regarding negative affect, 19 participants reported a decrease in negative affect, with a mean rank of 11.71 and a sum of ranks of 222.50. Only 2 participants reported an increase, with a mean rank of 4.25 and a sum of ranks of 8.50. One participant reported no change. The results also showed a statistically significant difference, with a z-value of -3.761 and a p-value of 0.00, indicating a moderate effect size of 0.59

Qualitative Findings

The qualitative findings from this study highlight the profound insights and realizations participants gained through the phenomenological analysis of their counseling sessions. The data were analyzed using a phenomenological approach, resulting in the identification of two primary themes: Self-empowerment and psychotherapeutic effect. Within the self-empowerment theme, various codes emerged, such as self-awareness, self-regulation, self-acceptance and self-recognition. Within the psychotherapeutic effect theme, various codes emerged, such as shift in attitude towards seeking help, seeing the cause of the problem, trying new behaviors and learning, seeking social support, catharsis, motivation and feeling understood (Table 7). These codes represent the key aspects of participants' experiences and perceptions of the intervention. Detailed participant statements corresponding to each code are provided below, offering rich insights into the transformative impact of the intervention on their personal development and emotional well-being.

Table 7. Qualitative analysis findings – self-empowerment theme and psychotherapeutic effect

Theme	Code
Self-empowerment	Self-awareness Self-acceptance Self-recognition Self-regulation
Psychotherapeutic effect	Shift in attitude towards seeking help Seeing the cause of the problem Trying new behaviors and learning Seeking social support Catharsis Motivation Feeling understood

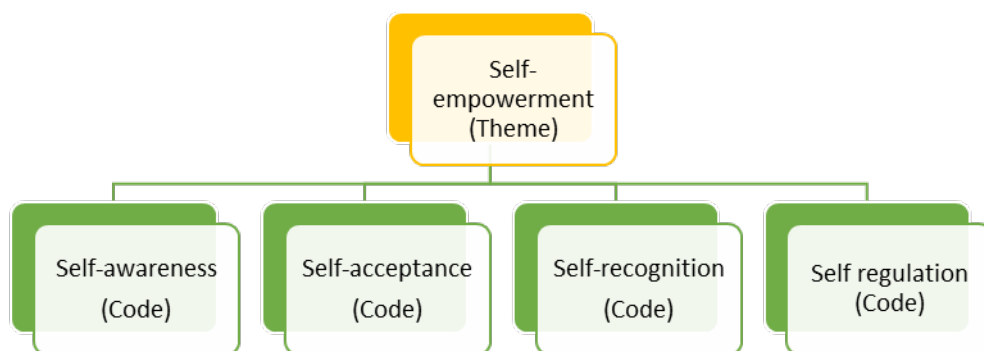


Figure 2. Codes of the self-empowerment theme



Self-awareness: Participants acknowledged gaining awareness in various aspects of their lives. One participant stated, "Of course, I would gladly share. It helped me to become aware of being a conscientious individual, to develop a non-Machiavellian personality, to use power and authority responsibly, to cope with stress, to be honest and reliable, to empathize, and to advocate for my own needs. Thank you."

Self-acceptance: Participants expressed increased confidence and self-acceptance. One participant mentioned, "After this meeting, I actually think I will do better things to make myself happy. Actually, this motivated me a bit more to express myself, to be able to express my pains more comfortably now motivates me even more. I forget about most things now because I used to express them hesitantly, now I can express them much more easily."

Self-recognition: Participants reflected on their learning styles and self-improvement. One

participant mentioned, "I had never thought about my learning styles before, but now I have. I mean, do I have any learning disabilities, how did I overcome them? For example, I've overcome some without realizing it, I've improved some without realizing it. Of course, our cognition inside knows, but I haven't done it consciously. I also realized that hearing my own voice and being happy is equivalent to happiness in learning. Thank you. It was a pleasant meeting."

Self-regulation: Participants acknowledged receiving valuable insights into self-reflection and self-regulation. One participant noted, "It had a positive impact. It allowed me to identify what I am ready for, what I need to change, and reduced the question marks in my mind. It enabled me to determine ways to address these question marks."

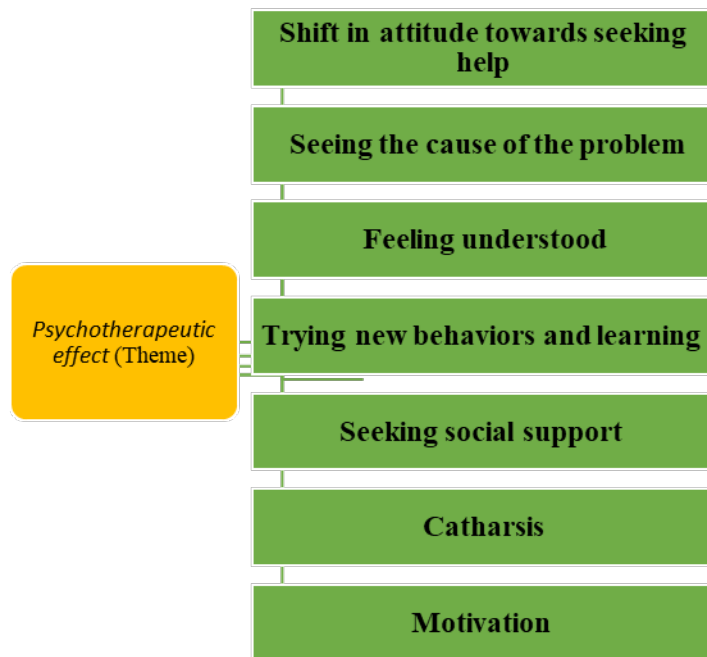


Figure 3. Codes of the psychotherapeutic effect theme

Shift in attitude towards seeking help: Participants expressed a notable change in attitude towards seeking help. One participant mentioned overcoming initial skepticism, stating, "I used to have negative views about these therapy-style things. When my spouse asked if I could help with your supervision study, I said yes, but I had some biases. Now, I have to admit, you broke down my biases if I

experienced this much awareness during the learning process. It means I would benefit greatly from such therapy. Thank you for making me realize this. I feel much relieved and will apply the technique you taught"

Seeing the cause of the problem: Participants recognized the underlying causes of their challenges. One participant shared, "Yes, actually when asking some questions, when the

conversation progresses through questions and answers, sometimes a person doesn't ask himself when he's alone. He wonders why this happened, but when talking to someone else, he can look at it from very different perspectives. Because while I always thought I had a lack of self-confidence, now I'm starting to think it's due to my professional anxieties. Yes, when you look at it like that. Besides, yes, I realized that my anger problems were not due to lack of self-confidence, maybe, how should I say... yes, I realized what I need to research, which resources I can go to. For example, I was thinking of watching documentary movies, but YouTube is a more logical research tool for this subject, and besides, things like... yes, I realized that I don't have a lack of self-confidence in my life. It's more about the paranoia I created with my future anxieties. It was a bit of awareness for me."

Feeling understood: Participants felt understood and recognized the importance of empathy in relationships. One participant stated, "Of course, if I think about it from the beginning, I came here a bit more prejudiced, angry, and upset, let me say. Because I thought I was constantly judged, blamed by my environment, misunderstood in some matters. But now I realize that I need to make an effort to understand them actually. So even if it's just one session, talking to you made me look at my relationships from different perspectives. I understood that I need to be a little more careful about this. I realized that empathy will strengthen my relationships. So I believe that this session was really beneficial for me."

Trying new behaviors and learning: Participants expressed willingness to try new behaviors and strategies. One participant stated, "Frankly, evaluating this session, I can say this: I have already tried some things and failed; I quit smoking and started again. It's not a matter of not knowing what to do; it's a matter of not knowing where to start from where I am. The suggestions you provided during this process are truly valuable. I want to try them for a while."

Seeking social support: Participants expressed gratitude for the opportunity to share and discuss with the counselor. One participant stated, "Thank you. When we talked, I felt a little more. You know, feeling closer to some things. When you share with people, it really decreases the pain when you share the pain. They say when you share love, your joy increases. This is true.

You really. When you share your love, the number of people who share your joy increases. It reduces your pain if you have pain. These therapies will seriously contribute to overcoming such traumas. Everyone at every level. They may not be aware of what's going on. Here are different means. He may not find this will, this determination in himself to overcome it, some break, some break away from life, some get angry, some get angry with the environment, some get angry with society. It's not about getting angry, it's about accepting and living with your pain. Yes, there are various ways to overcome this. I believe that these one-on-one meetings, the events we call therapy, will really contribute seriously to overcoming them. Just listening, even listening to someone, even sharing the difficult process they have experienced. Even sharing your pain will seriously contribute."

Catharsis: Participants reflected on past experiences and coping mechanisms. One participant stated, "While doing this session, I thought about the difficulties I experienced in my life at that time and how I coped with these difficulties. In a way, by taking a journey into the past, I realized what I accumulated in my mind and that I relaxed by talking to you. I had previously been to a doctor for anxiety, but this is the first time I have talked to you in this sense. I realized that I did many things wrong. It benefited me in this regard. I thank you for this session."

Motivation: Participants expressed increased motivation and gratitude for the guidance provided. One participant stated, "First of all, I thank you very much for motivating me a lot, and you contributed a lot to my making a healthy high school choice. You really contributed a lot to me, and I became more motivated because you evaluated me in this way and evaluated my goals. Thank you very much. It was a very useful session."

These qualitative findings shed light on the various insights and realizations participants gained through the counseling sessions. They demonstrate the transformative impact of self-reflection, guidance, and support in addressing personal challenges and fostering growth and awareness.

Discussion

In this study, the effectiveness of single-session psychological counseling practices conducted on the basis of self-help has been examined. The study was conducted both qualitatively and quantitatively. According to the findings of the study, it was concluded that self-help activities reduced clients' negative emotions and increased positive emotions.

Numerous studies have been conducted on the effectiveness of Positive Psychotherapy. These studies have found that Positive Psychotherapy reduces depression symptoms in individuals (Eryilmaz, 2015; Peseschkian, 2009). Additionally, preventive and developmental studies have also demonstrated the effectiveness of Positive Psychotherapy (Eryilmaz, 2011, Eryilmaz, 2012). However, despite the theoretical assertion of the principle of self-help in Positive Psychotherapy (Eryilmaz, 2017; Eryilmaz, 2020; Peseschkian, 2016; Peseschkian, 2000), empirical studies had not confirmed the existence of this principle. At this point, this study can be said to have strengthened the assumptions of the theory by providing empirical evidence for the principle of "self-help" in Positive Psychotherapy.

Positive Psychotherapy asserts that humans are born with two important capacities. One is the capacity to love, and the other is the capacity to know (Peseschkian, 2000). As a reflection of these capacities, primary and secondary abilities develop (Peseschkian, 2016). Positive Psychotherapy emphasizes the positive method in contrast to the traditional approach of psychotherapy. The traditional method presents a structure of therapy as: *Therapist(-) Patient(-) Illness*. In this approach, the therapist directly interacts with the patient and addresses the symptoms of the illness. On the other hand, the positive method offers a structure as: *Therapist > Illnesses + Capabilities -> Patient*. In this approach, the therapist not only focuses on the illness but also considers the patient's abilities and potential. By addressing not only the patient's illnesses but also his/her potential and abilities, the therapist shapes the treatment process. In the positive method, it is believed that patients have the capacity not only for illness and symptoms but also for health. The therapist supports the patient in activating his/her capacity for restructuring. While society may increase sensitivity to illness in individuals,

it can also activate their capacity for health. The goal of psychotherapy is to support the clients in their self-help endeavors. In Positive Psychotherapy, the individual sets aside the role of being a patient and becomes a therapist for his/her surroundings, addressing conflicts. Positive Psychotherapy is entirely dedicated to this role shift, thus encouraging patients to embark on a conscious path towards self-help. These explanations are qualitative in nature and elucidate why the self-help activities addressed in this study are effective.

The qualitative findings of this study encompass a range of experiences, including seeing the cause of the problem, creating awareness, self-reflection and self-regulation, trying new behaviors and learning, shifting attitudes towards seeking help, increasing self-acceptance, self-recognition, feeling understood, seeking social support, catharsis, and motivation. These findings are consistent with explanations in the literature regarding the purpose of psychotherapy. For instance, according to previous studies, psychotherapy provides benefits such as emotional expression and catharsis, enabling individuals to express and regulate their mistakes, rebuilding a new structure, and acquiring skills involving high-level learning (Eryilmaz, 2020; Spillane, 1987).

The effectiveness of guided self-help interventions drawing from Psychodynamic (Andersson, et al., 2012; Johansson, et al., 2012) and Cognitive Behavioral Therapy for Generalized Anxiety Disorder treatment has been investigated (Cuijpers & Schuurmans, 2007). Both therapy approaches showed a decrease in symptoms, though statistically insignificant. Another study targeted refugees in Europe, implementing a self-help program to alleviate stress symptoms. While short-term symptom reduction was evident, long-term alleviation was not observed (Purgato et al., 2021). Additionally, a study focused on smoking cessation through self-help intervention, including telephone and letter counseling. The findings indicated a modest yet positive impact on smoking cessation (Sutton Q Gilbert, 2007). In another study, two self-help models for depression treatment were compared, one incorporating antidepressants and counseling, and the other utilizing bibliotherapy. It was concluded that the counseling-based self-help intervention was more effective (Hanson et al., 2016). These studies highlight the efficacy of

therapist-guided self-help processes. Integrating self-help with psychotherapy is advised. In this study, self-help activities were also implemented within the psychological counseling process. The findings of this study seem consistent with the recommendation in the literature.

This study has confirmed the principle of self-help in Positive Psychotherapy. Based on the findings of this study, several recommendations can be developed. Foremost among these recommendations is the use of self-help activities integrated with the psychotherapy process. Additionally, it is suggested that these activities be employed in preventive and developmental studies for adolescents and children. These activities could particularly be utilized in group guidance or psycho-educational programs. Furthermore, these activities can be implemented with both diagnosed and undiagnosed clients, allowing for comparisons to be made.

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