Section: Theoretical reviews and research in PPT

PSYCHOSYNTHESIS IN POSITIVE PSYCHOTHERAPY



Zlatoslav Arabadzhiev

Assoc. Prof. Dr. Zlatoslav Arabadzhiev, MD, PhD,

Medical University of Plovdiv, Department of Psychiatry and Medical Psychology,

Certified positive psychotherapist (Plovdiv, Bulgaria)

Email: zlatolini@gmail.com
ORCID: 0000-0001-6310-1923



Stefanka Tomcheva

PhD, Master trainer of Positive Psychotherapy, private practice (Shumen, Bulgaria)

Email: stefani petkova@yahoo.com

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Abstract

This article examines the integration of psychosynthesis and positive psychotherapy as a holistic therapeutic approach. Psychosynthesis, developed by Roberto Assagioli, emphasizes integrating conscious and unconscious aspects of personality to foster personal growth and spiritual fulfillment. Positive psychotherapy, introduced by Nossrat Peseschkian, focuses on activating individual resources to address psychological challenges through a structured, transcultural framework.

The integration of these modalities combines psychosynthesis's spiritual depth with the practical tools of positive psychotherapy, offering a comprehensive strategy for addressing complex clinical issues such as identity crises, existential challenges, and developmental trauma. While highlighting their compatibility, the article also addresses potential risks, emphasizing the importance of systematic frameworks and rigorous training.

This synthesis broadens the scope of therapeutic applications, enhancing client-centered, flexible, and effective interventions. The proposed model demonstrates the transformative potential of integrating distinct psychotherapeutic approaches for holistic personal and psychological development.

Keywords: integrative approach, psychosynthesis, Positive Psychotherapy

Introduction

In contemporary psychotherapy, more and more professionals are using an integrative approach to accompany the client in their process of change, reaching a level of self-actualization, and connecting with significant others and society maturely. This article will

offer an exemplary integrative approach to positive psychotherapy theory. Psychosynthesis was developed by Roberto Assagioli (Assagioli, 2000) and emphasizes the idea of a holistic conceptualization of the personality. It provides an understanding of both the conscious and unconscious aspects of the person, providing a resource for harmonizing and integrating all

levels of personality. Nossrat Peseschkian developed the theoretical and therapeutic framework of positive psychotherapy by offering an understanding of the resources of the individual and focusing on the possibilities for the development and positive transformation of the client using his or her capacity (Peseschkian, 1987). Psychotherapists often give a reason for their better understanding of the client's psychodynamics by drawing on the scientific evidence across modalities. On the other hand, related psychotherapeutic fields have formative significance for therapists themselves in their core modality. Psychosynthesis and positive psychotherapy represent distinct two approaches to psychotherapy that can be integrated to achieve a more holistic transformation of clients in therapy.

Psychosynthesis is holistic psychotherapeutic modality created by Italian psychiatrist Roberto Assagioli in the 20th century with its theory. Inspired by psychoanalysis, Assagioli further developed the idea of integrating different psychological and spiritual aspects of the personality into a single holistic process to achieve a congruent self. The main goal of psychosynthesis is to achieve personal development and self-actualization through which the individual becomes aware of his inner potential and synthesizes it into a harmonious whole (Assagioli, 1965). These characteristics of psychosynthesis make it a resource-oriented psychotherapeutic modality.

Two basic principles underlie psychosynthesis - "personal (personality) psychosynthesis" and (spiritual) psychosynthesis." "transcendent Personal psychosynthesis focuses on integrating the conscious and unconscious aspects of the personality into a whole, leading to deeper selfknowledge and psychological well-being congruence. Transcendent psychosynthesis transcends the individual personality and directs attention toward spiritual fulfillment and connection to a higher purpose or meaning (Hardy, 1987). Assagioli also emphasizes that psychosynthesis not exclusively is psychotherapeutic process but can also be applied to education and other areas related to personality development. Methods psychosynthesis include the use of imagination, meditation, dream, and symbol analysis, as well as various techniques of self-knowledge and selfdevelopment (Assagioli, 1973).

Positive psychotherapy is an integrative, psychodynamic, and transcultural method developed by the German psychiatrist and psychotherapist Nossrat Peseschkian in the 1960s. This method is based on the assertion that the individual possesses an innate potential to cope with challenges and achieve balance when his inner resources (actual abilities) are utilized. It integrates theoretical frameworks psychoanalysis, cognitive from behavioral therapy, gestalt therapy, and existential psychology and focuses on building positive resources and healthy interpersonal relationships (Peseschkian, 1987). **Positive** psychotherapy uses the principle of the "four domains of life" - body, achievement, contacts, and future/meaning - to identify and develop an individual's personal qualities and strengths in a balanced way. Peseschkian sees the client's problem not only as a negative factor but as an opportunity for personal development - a positum. According to him, the therapeutic process helps the individual become aware of and use his resources and potential, which are often suppressed, blocked, or underdeveloped by negative beliefs and fears (Peseschkian, 1996). The method of positive psychotherapy is effective in individual, family, and group therapy. Through the transcultural and integrative method, Peseschkian emphasizes the common human values and universal approach that can assist the client in solving psychological problems in a multicultural context, which is important in positively reinterpreting the and symptom bypassing the client's psychological defenses (Peseschkian & Tritt, 1998).

Integrative psychotherapy combines techniques and principles from different therapeutic modalities. The basic idea is to create a personalized, flexible, client-centered, and holistic therapy that meets each client's unique needs (Norcross & Goldfried, 2005). Traditional approaches rely on a specific model or theoretical framework. However, integrative psychotherapy allows for adaptation combining cognitive, behavioral, humanistic, psychodynamic methods with personality of the client and therapist. It is not rare for therapists of a particular modality to unfairly and unprofessionally deny, dismiss, and even denigrate another therapeutic method and fail to recognize the exclusive role of the therapist's effectiveness.

One of the main advantages of the integrative approach is the possibility of adapting the therapy to the personality, narrative, historical time, and the client's specific problem in his current situation. According to Stricker & Gold (2003), many clients do not fit within just one therapeutic model. Integrative psychotherapy allows the therapist to use various techniques that can be adapted to the specific case, thus increasing the chance of helping the client change. This supports the development of personal congruence, self-acceptance, selfactualization, and socially healthy altruism. Through the integration of different methods, clients can become aware of and accept multiple aspects of their personality, which contributes to a deeper understanding of their self and their responsibility not only for the dysfunctional aspects of the current situation but also for the potential for change and alternative thinking and behavior (Prochaska & DiClemente, 1986). This acknowledges the complexity of mental processes and promotes a holistic approach to personal development and mental health, emphasizing the capacity for mentalization. A significant advantage is provided to enhance the therapeutic alliance, a key factor in therapy success (Lampropoulos, 2001). The therapeutic relationship between therapist and client is created based mutual on bonding, differentiation, and separation, an important element of trust and cooperation. emphasizes integrative approach the importance of cultural, historical, and personal differences (Norcross, 2019). This approach provides a space for combining modalities with a specific toolkit for seeking meaning and a will to change that accesses the emotional nature of the client. This makes integrative psychotherapy highly effective when working with clients with diverse, multi-layered, and polyetiological issues (Wachtel, 1997).

Methodology

2.1. Similarities between psychosynthesis and positive psychotherapy

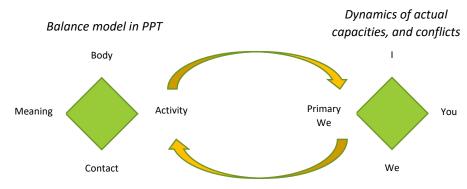
Psychosynthesis is a holistic therapeutic approach aimed at the development of the individual as the basis for therapy. It views the individual as a dynamic and multilayered person with a specific experience of place and role in the world. The main aim is to achieve harmony and

integration between the different aspects of the personality - emotions, thoughts, desires, and spiritual aspirations - without self-sacrificing behavior. In psychosynthesis, techniques such as visualization, symbol work, and meditation help people become aware of these different aspects and achieve balance (Hardy, 1987). This provides the individual with authentic living, realizing their aspirations, and "self-empowerment from within."

Positive psychotherapy is based on the idea that each person possesses inner resources (actual capacities) for coping with life's difficulties and challenges by realizing them in the core life domains-body, achievement, contact, and meaning are seen as key to psychological well-being when balanced (Peseschkian, 1987). Positive psychotherapy offers a "toolkit" for the client to become aware of their abilities and use them to process their conflict dynamics. The main similarities associated with an emphasis on personality development and transformation are:

Focus on the overall development of the (psychological personality experience accumulated so far and stabilized in time - main conflict). These two therapeutic modalities view the person as a dynamic being with potential for growth and transformation. Psychosynthesis focuses on the integration of different aspects of the self (Assagioli, 2000), while positive psychotherapy focuses on inner resources, the ability to cope with challenges and the concepts hidden behind them that shape the individual's life scenario - Peseschkian's understanding that "The patient knows best" and that "Where the problem is, there is the solution" (Peseschkian, 1987).

The role of consciousness and awareness. Psychosynthesis stresses the importance of awareness of and working with different parts of the personality. The psychotherapist assists the client in exploring them and bringing them to his awareness. Similarly, positive psychotherapy also promotes awareness of one's capabilities and the development of skills to overcome negative thoughts, emotions, and behaviors: the mismatch between expectation and reality (AC), the clash between primary need and secondary prohibition (BC); and the misunderstanding resulting from an irrelevant basic concept: the functional: "Every ball is round" versus the dysfunctional: "Everything round is a ball" (IC) (Peseschkian, 1986), Fig. 1.



Harmony in emotions, thoughts and behavior in Psychosynthesis

Integration between different parts of individualization and authenticity

Figure 1. Similarities between psychosynthesis and positive psychotherapy

2.2. Differences and unique features

Philosophical differences. Psychosynthesis emphasizes the spiritual component and connecting with the "higher self" (awareness, integration, and spirituality). At the same time, positive psychotherapy explores the deep psychological aspect of suffering through recognition of its psychodynamics - actual, basic, internal, and kye conflict. Psychosynthesis often uses visualizations and symbol work. In Positive Psychotherapy, the therapist, drawing on an easily understood and user-friendly schema - the 5-step intervention model - gradually introduces the client to the logic of his/her psychic suffering through an exploration of the balance between the four major domains of life (body, activity, contacts, and fantasy/future); the conflict response model - localization, processing domain, and content; and the family rhombus the "Role Model" (I, You, We, Origin We) in which the various concepts, beliefs, and convictions are arranged. Conflict reaction, resistance, and defense mechanisms find their meaningful description through the actual abilities and function of the symptom (Peseschkian, 1987).

2.3. Integration of psychosynthesis in positive psychotherapy

Many of the principles of psychosynthesis (mindfulness, integration, spirituality) complement positive psychotherapy, especially for clients experiencing normative and/or identity crises, people who are challenged to find meaning in their lives. Psychosynthesis can enhance the process of positive transformation through integration, finding one's inner center, and processing inner conflict. This process can have a cumulative effect with the tools of positive psychotherapy to address current life situations that are understandable in the context of the client's conflict dynamics. These two psychotherapeutic modalities have a synergistic and additive effect. Their combination can offer a more complex and holistic therapeutic process for the client's individual development and spiritual growth. Integrating psychosynthesis into positive psychotherapy can enrich the therapeutic process by adding a spiritual and personal aspect to the resource-based approach. It can help the patient become aware of his inner resources and how to use them to cope with his current situation. Psychosynthesis can help the client connect with and integrate his deeper experiences, such as inner conflicts and spiritual aspirations (Hardy, 1987), Fig. 2.

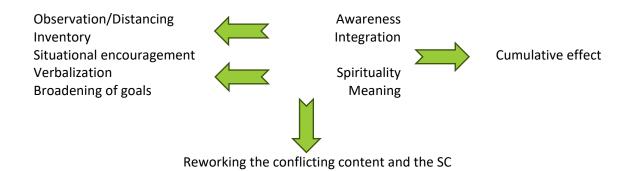


Figure 2. Integration of psychosynthesis and positive psychotherapy

2.4. Psychosynthesis in positive psychotherapy: A proposal for clinical integration

The integrative approach to psychotherapy is a therapeutic work model combining different psychotherapeutic theories and techniques to offer the best possible strategy for formulating a therapeutic task for a particular client. This approach emerged as a response to the limitations of one-sided therapeutic models and provides a framework for flexibility and adaptation to the client's needs in their current situation (Norcross & Goldfried, Integrative psychotherapy integrates elements different modalities-psychodynamic, cognitive-behavioral, humanistic, existential, and others to create a holistic therapeutic process tailored to the client's individual needs (Prochaska & Norcross, 2018). In the integrative approach, the focus is on how the different models can be combined to maximize effectiveness in the psychotherapeutic diagnosis and the therapeutic process. **Positive** psychotherapy is one successful example of integrative psychotherapy that also has its theory and toolkit. In the context of integrating psychosynthesis and positive psychotherapy, the therapist can work with both the spiritual and psychosocial side of the client. This is particularly useful for patients searching for meaning and purpose in their lives but also struggling with particular life issues (Norcross, 2005).

According to Prochaska& Norcross (2018), integrative psychotherapy is based on the fact that no single therapeutic paradigm can provide all the tools necessary to address the patient's

complex needs (biological, psychological, social, and spiritual). Combining different models helps the therapist adapt his approach to the client's specific needs, but always taking into account the client's current situation, on whose stage his own and/or systemic conflict dynamics are played out (Prochaska& Norcross, 2018).

Psychosynthesis and positive psychotherapy, although they may seem different at first glance, can be successfully integrated to achieve comprehensive therapeutic work. This provides the following advantages:

2.1.1. Expanding the concept of resources

In positive psychotherapy, resources are seen as capacities that can be activated to overcome challenges in the current situation. These capacities are seen as dynamic, conditioned by different concepts, and have different manifestations (developed, hyperbolized, blocked, and underdeveloped). Psychosynthesis add a further dimension to understanding of internal resources examining the psychological and physical and spiritual and emotional aspects of the individual. Psychosynthesis seeks to integrate all parts of the personality, including aspects that are often repressed or unconscious yet represent powerful internal resources (Assagioli, 2000). Understanding psychosynthesis theory has a formative effect on the positive psychotherapist. The integrative professional can illuminate the patient's path in the right direction and assist him in his congruence, Fig. 3.

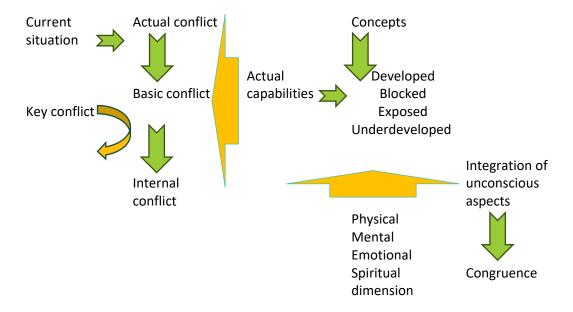


Figure 3. Expanding the concept of resource

2.4.2. Working with internal conflict and dissonance in the main conflict

Often, clients in positive psychotherapy experience distress as a consequence of internal conflict that makes it difficult to mobilize their resources and use alternative ways of thinking, experiencing, and behaving. Psychosynthesis provides techniques for working with this dissonance. including visualizations exercises for becoming aware of different parts of the personality that may be in conflict (Hardy, 1987). For example, a client with an internal dilemma between professional success and personal life can work on harmonizing these two aspects through the methods of psychosynthesis and arranging them in the Balance model of positive psychotherapy. The same model can be applied in working with the family rhombus, in becoming aware of and differentiating one's experiences from those of the family system or society. This process must involve setting realistic and acceptable boundaries.

2.4.3. Connecting with the "higher self"

While positive psychotherapy emphasizes the balance between the four domains of life (body, activity, contacts, and meaning), psychosynthesis adds another important dimension - connecting with the "higher self" or higher level of consciousness. This is important for patients seeking meaning in their lives or

facing existential crises (Assagioli, 2000). This would assist in removing the deep sense of a vacuum, an existential meaninglessness that is not only seen in occupational burnout syndrome but also many patients with depression. Empirically speaking, this process would happen more easily in religious people where transcendental belief is integrated into their personality. This approach is also preferable when working with terminal patients anticipating the end of their lives.

2.5. Potential risks in integrating different psychotherapeutic modalities

While integrative psychotherapy numerous advocates, significant arguments exist against the unsupervised integration of psychotherapeutic approaches due to their theoretical incompatibility. For instance, psychodynamic theories emphasize unconscious conflicts and early-life experiences, whereas cognitive-behavioral approaches (CBT) focus on the "here-and-now" and modifying dysfunctional patterns (Safran & Muran, 1995). If these modalities are combined without a coherent methodological framework, therapist may inadvertently apply contradictory interventions - for example, simultaneously exploring unconscious conflicts while assigning behavioral tasks. This can create confusion for the client and diminish the overall effectiveness of the therapy. It underscores the necessity of

rigorous theoretical training, substantial clinical experience, and adherence to standards of psychotherapeutic integration, particularly in managing conflicting dynamics with emotional synthesis.

A pertinent example is the treatment of a client with generalized anxiety disorder (GAD). While CBT interventions such as cognitive restructuring effectively reduce provoking thoughts, integrating psychodynamic approach that emphasizes the exploration of early experiential factors can lead to an exacerbation of the client's anxiety in the short term if not carefully structured (Wachtel, 1977). A systematic progression, such as the fivestep model of Positive Psychotherapy, can mitigate such pitfalls.

2.5.1. Risks of technique distortion

Another critique of integrative modalities pertains to the risk of distorting or misapplying techniques when they are disconnected from the contextual framework of their original theoretical model. For example, desensitization techniques used in CBT for treating phobias operate under strictly defined protocols, including controlled and gradual exposure to the stressor. Suppose this technique is integrated into a humanistic framework emphasizing the client's freedom and autonomy. In that case, the therapist may overlook crucial components such as structured planning and monitoring, thereby compromising the success of the intervention (Norcross & Goldfried, 2005).

2.5.2. The need for a systematic approach

To circumvent such challenges, some researchers advocate for systematic integration models, such as the Common Factors Approach. This model identifies universal elements underlying all successful therapies, including therapeutic alliance, empathy, and structured methods (Norcross & Lambert, 2019). An example of the effective application of this approach is the development of therapeutic plans that combine empathic client exploration with clearly defined, measurable goals grounded in evidence-based techniques. The five-step model of Positive Psychotherapy serves as a well-established example of a systematic and integrative approach.

2.5.3. An example of successful integration

A notable example of successful integration is the combination of Motivational Interviewing (MI) and Cognitive-Behavioral Therapy (CBT) for clients with substance use disorders. MI focuses on exploring and enhancing motivation for change, while CBT provides structured strategies for addressing specific maladaptive behaviors. Integrating these two approaches necessitates a clear understanding of their respective theoretical foundations and a sequential application to prevent therapeutic confusion (Miller & Rollnick, 2013).

2.6. Application of the integration of Positive psychotherapy (PPT) and Psychosynthesis in various clinical conditions

Integrating Positive psychotherapy (PPT) and Psychosynthesis presents a promising opportunity to combine two theoretical and therapeutic frameworks that place the client at the center of the therapeutic process. However, for this integration to be effective, it is essential to delineate the clinical conditions where they are most applicable while also understanding their limitations.

Discussion

3.1. Clinical conditions where integration is justified

3.1.1. Depressive Disorders

Positive **Psychotherapy** (PPT) and Psychosynthesis are particularly effective for clients with depression, especially when the condition involves a loss of meaning and motivation. PPT employs techniques such as identifying individual strengths and fostering a positive outlook, helping clients focus on attainable goals and process underlying conflict dynamics (Rashid & Seligman, 2018). Psychosynthesis complements this approach by encouraging clients to integrate various aspects of the self and discover inner harmony through work with archetypal images and symbols (Assagioli, 1965).

Example: A client with moderate depression experiencing feelings of isolation and

meaninglessness could explore their "inner subpersonalities" through **Psychosynthesis** like techniques guided visualization. Concurrently, PPT can emphasize processing micro-traumas and understanding the dynamics of current abilities and the hidden concepts behind them, including addressing macrotraumatic experiences and personality pathology.

3.1.2. Anxiety disorders

For anxiety disorders such as generalized anxiety disorder (GAD), social phobia, or panic disorder, PPT and Psychosynthesis can be integrated to reduce anxiety and enhance self-regulation. PPT employs techniques that enhance calmness and gratitude, effectively alleviating anxiety symptoms within the framework of the Balance model (Rashid, 2015). Psychosynthesis adds value by fostering awareness and managing internal conflicts through symbolic work.

Example: A client with GAD can create symbolic representations of "calmness" and "anxiety" within themselves, enabling awareness of opposing internal forces. Simultaneously, PPT can guide the client to construct balanced models of these inner images and develop alternative behavioral pathways.

3.1.3. Existential crises and trauma

A key contribution of this integration is its application to existential crises and post-traumatic growth. Psychosynthesis provides a framework for exploring deeper aspects of identity and life's meaning, while PPT offers techniques such as positive reframing and identifying the functional role of symptoms (Tedeschi & Calhoun, 2004).

Example: A client who has experienced the loss of a loved one can employ Psychosynthesis

techniques, such as connecting with their "Higher Self," to cultivate a sense of spiritual connection. At the same time, PPT can introduce exercises like identifying personal values and resources to restore meaning and hope.

Case: Clinical conditions where

integration is less applicable

3.1. Acute psychotic states

In clients with acute psychotic disorders (e.g., schizophrenia), methods involving introspection and symbolic imagery can exacerbate symptoms and lead to cognitive disorganization. Such conditions require structured approaches like Cognitive Behavioral Therapy for Psychosis (CBTp), which focuses on addressing distorted perceptions of reality (Morrison et al., 2014).

3.3. Severe addictions

During the early stages of addiction treatment, when clients often struggle with instability and impulse control, applying complex Psychosynthesis techniques can be counterproductive. More appropriate approaches include Motivational Interviewing (MI), which emphasizes short-term, concrete goals and behavior-change strategies (Miller & Rollnick, 2013).

3.4. Clients with cognitive or intellectual impairments

Therapeutic techniques requiring abstract reasoning or symbolic work, as used in Psychosynthesis, are inapplicable for clients with severe cognitive or intellectual impairments. In such cases, therapy should focus on practical skill development and structured interventions tailored to the client's needs.

3.5. Clinical case

The patient is a 55-year-old woman who suffers from depression (dysthymia, anhedonia, and hypobulia), feelings of meaninglessness, and emotional and social isolation. She lost her job a year ago, feels abandoned by her social circle, and does not belong anywhere. She complains of physical symptoms such as chronic fatigue, lack of appetite, energy, and insomnia. The patient is symptomatic in every area of functioning, and the onset of this pathological cascade is associated with an acute onset of dysfunction in the area of achievement activity. At the patient's request, no antidepressant therapy was used, and positive psychotherapy was initiated. The patient reports that her life has lost balance in the area of achievement, as the lack of work makes her feel worthless - she points to the conditioned concept between achievement and her sense of significance, respectively, identity. She also experiences a lack of social contact, which contributes to feelings of isolation and reinforces her sense of hopelessness and lack

of perspective. The first part of therapy focuses on restoring a sense of achievement by identifying new personal goals and opportunities for development in other areas, including those she has already achieved or put on the back burner. Positive psychotherapy helps the patient realize that she still has resources to cope with life and to achieve new goals by assisting her in formulating them. Psychosynthesis is introduced into the therapeutic process to integrate the inner conflicts related to identity and the meaning of life and how this connects only to her professional role. The therapist uses visualization to help the patient connect with her "higher self" and become aware of the deep inner resources she possesses, which is similar to the situational encouragement step. The patient begins to realize that her life is not just about professional success but has a broader meaning related to her spiritual, social, and personal development. In addition, the patient works on harmonizing different aspects of personality that have been in conflict in the past, such as the desire for career success versus the need for more personal time. The patient connects with his inner child and follows his needs, which have been repressed for years and are now time to be satisfied. Through psychosynthesis, the patient begins to integrate these conflicts, viewing them as parts of her larger identity, forming a complete puzzle - the individual pieces make no sense. However, the overall picture takes on new meaning. The combination of positive psychotherapy and psychosynthesis leads to transformation in the patient. She can regain her sense of personal worth and achievement through small but important life goals, distributing them in a balanced way in a rhombus. In addition, she discovers a deeper meaning in her life, develops a better relationship with her inner identity, and lives more authentically.

From the above clinical case, we can conclude that an integrative approach in psychotherapy is critical for improving the quality of therapeutic providing more flexible by personalized therapeutic interventions. This is particularly important in the context of complex clinical cases (developmental personality disharmony, and superimposed psychopathology), where different therapeutic models can complement and enrich the therapist's work (Norcross & Goldfried, 2005). An integrative approach to psychotherapy greatly enhances the quality of therapeutic work by providing additional techniques for working with different clinical situations. According to Prochaska& Norcross (2018), there is no single therapeutic model that addresses the patient's needs in the therapeutic process and, respectively, in his or her current situation. The integration of approaches such psychosynthesis and positive psychotherapy allows the therapist to address the multifaceted aspects of the personality, such as spiritual and personality crises (Assagioli, 2000), and to connect its resources in order to regain balance in one's life (Peseschkian, 1987).

3.6. Transference and countertransference

The integration of the different modalities plays a critical role in exploring and incorporating the transference and countertransference processes into therapy. This also plays an important role in formative and remedial

supervision, where the therapist has the opportunity to develop a deeper understanding of their own reactions and attitudes towards the client.

Transference and countertransference are key concepts in psychotherapy that describe emotional reactions and relationships between therapist and patient (Freud, 1912), emphasizing the relationship between past and present experience. In integrative psychotherapy, these processes become even more important and difficult as the therapist works with different aspects of the patient's personality and may encounter different emotional reactions depending on their approaches (covering, revealing, and/or rebuilding). According to Norcross (2005), the integrative approach allows the therapist to become aware of and analyze transference and countertransference using different models and theories. Psychosynthesis can allow the therapist to work on their personal reactions and spiritual conflicts that affect the therapeutic process (Hardy, 1987). At the same time, positive psychotherapy provides a structured way of examining the patient's resources and abilities, which can help to overcome countertransference (Peseschkian, 1987). These further evidence the importance of the therapist's personal experience and establish a moral and ethical framework for a standard in psychotherapy based on theory, practice, and scientific evidence.

3.5. Supervision in the integrative approach

Supervision is a key component of the professional development and formation of the psychotherapist, providing a space for reflection and discussion of therapeutic processes, including transference and countertransference. This supervision has not only a remedial but also formative effect on psychotherapists. Integrative psychotherapy provides a greater and more complex challenge to supervision. The therapist and supervisor must be able to view their interventions and interpretations and set tasks through different therapeutic models (Bernard & Goodyear, 2018). An integrative approach requires the therapist to develop skills in using various tools and techniques, making supervision particularly important for analyzing how and when to apply these techniques and how congruent they are to the process. Bernard&Goodyear (2018)noted supervision in integrative psychotherapy helps the therapist develop the ability to judge when and how to combine different models while being aware of their emotional reactions and potential personality obstacles. The process is complicated because the therapist must be part of the process at every moment, and authentically congruent and empathic Supervision also facilitates awareness of transference and countertransference, which can be amplified when working with various therapeutic approaches. There is a risk where the therapist becomes consumed with trying to be successful, pursuing their own need for rhythm in the process rather than following their client's pace, readiness, and need

During therapy, the patient begins to develop a strong transference to the therapist, seeing him or her as an authoritative (parental) figure who can answer spiritual questions, offer a ready solution, or shoulder the client's responsibility. The therapist is aware of this transference and should discuss it during the psychotherapeutic process and in supervision. The supervisor helps patient to analyze his reactions (countertransference) by pointing out that the therapist may feel a desire to "save" the patient because of his unresolved issues with authority figures (Freud, 1912). Naturally, in both cases, there is the possibility of developing romantic transference and countertransference. Supervision helps the therapist consider how

their different approaches lead to enhanced transference and countertransference and how this influences therapy dynamics (Bernard & Goodyear, 2018). Aware of these dynamics, the therapist decides to work on creating more distance (more successful differentiation) in the therapeutic process and give the patient more autonomy.

3.6. Avoiding the misperception of insufficiency in Positive psychotherapy (PPT) without integration with Psychosynthesis

3.6.1. PPT as a Holistic and Multifaceted Approach

Positive Psychotherapy (PPT), developed by Nossrat Peseschkian, extends far beyond a superficial focus on positive aspects. It is built upon a profound balance between the client's life's past, present, and future dimensions.

- Balance of Capacities: PPT emphasizes actual capacities and hidden concepts, enabling clients to identify, activate, and integrate their inner resources functionally and transformatively (Peseschkian, 2000).
- Conflict Dynamics: Symptoms are viewed as functional, with a clearly defined role within the individual's psychological life. This perspective enables PPT to analyze and transform internal conflicts comprehensively and integratively (Peseschkian, 1996).

3.6.2. The Existential and symbolic potential of PPT

PPT possesses significant depth in addressing existential and symbolic dimensions, essential for its work on values, meaning, and identity.

- Exploring Meaning: Techniques such as positive reinterpretation and identifying the function of symptoms empower clients to transcend suffering by fostering a deeper understanding of the self. This aligns with the psychosynthetic process of accessing the "Higher Self" (Tedeschi & Calhoun, 2004; Assagioli, 1965).
- Symbolic Work: PPT integrates culturally specific and universal metaphorical stories and tales as symbolic tools. These techniques activate unconscious resources

and potentially transform archetypal conflicts (Peseschkian, 2000).

3.6.3. Structured methodology as an advantage, not a limitation

PPT's structured yet flexible methodology serves as a critical advantage, enhancing its adaptability to the unique needs of each client:

- The Five-Step Model of PPT: This framework allows for interventions at both a surface level (addressing immediate behavioral changes) and a deeper level (working through internal conflicts and trauma) (Peseschkian, 1987).
- Cultural Adaptability: PPT incorporates cultural values and contextual dynamics into its therapeutic work unlike the universalist psychosynthesis approach. This flexibility makes PPT particularly effective in addressing varying levels of acculturation and cultural diversity (Peseschkian, 2000).

Conclusion

Integrating different but similar psychotherapeutic modalities is a responsible, clinically proven, and effective therapeutic process. This provides greater flexibility in therapeutic techniques and the opportunity to be individualized and client-centered. Good integrative psychotherapeutic work provides additive effects in terms of effectiveness. There are implications for complex recognition and inclusion in the

transference and countertransference process. It also allows for qualitative remedial and formative supervision of psychotherapists. Positive psychotherapy and psychosynthesis are one example of successful integrative psychotherapeutic work and the formation of the psychotherapist in his or her core modality.

Positive Psychotherapy is a self-sufficient therapeutic approach that integrates cognitive, behavioral, and psychodynamic techniques to achieve balance, meaning, and personality integration. While the integration of PPT with psychosynthesis may enrich the therapeutic process, it is not necessary to validate PPT's efficacy as a comprehensive, holistic model. By addressing existential, symbolic, and cultural dimensions through a structured yet flexible framework, PPT demonstrates its ability to meet

clients' complex and varied needs without external supplementation.

References

- [1]. ARABADZHIEV, Z. & TOMCHEVA, S. (2024).

 Two "faces" of repressed aggressive impulses and feelings. Atopic dermatitis and hypertension's conflict dynamic through the prism of Positive psychosomatic psychotherapy. *The Global Psychotherapist*, 4(2), 156–167.

 http://doi.org/10.52982/lkj244
- [2]. **ASSAGIOLI, R.** (1965). *Psychosynthesis: A manual of principles and techniques.* The Psychosynthesis Research Foundation, pp. 15–30. New York: Viking Press.
- [3]. **ASSAGIOLI, R.** (1973). *The act of will.* The Viking Press, pp. 45–75.
- [4]. **ASSAGIOLI, R.** (2000). *Psychosynthesis: A collection of basic writings.* Penguin, pp. 101–120.
- [5]. **BERNARD, J. M., & GOODYEAR, R. K.** (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson, pp. 10–42.
- [6]. CIESIELSKI, R. (2023). The Integrative Model of Reflective Team Supervision in Positive Psychotherapy. *The Global Psychotherapist*, 3(1), 80–86. https://doi.org/10.52982/lkj184
- [7]. **DEMYANENKO, B. & UNINETS, I.** (2024). Methodological bases of integration of Positive Psychotherapy with modern directions of psychotherapeutic assistance. *The Global Psychotherapist*, 4(2), 93–107. http://doi.org/10.52982/lkj237
- [8]. **FREUD, S.** (1912). The dynamics of transference. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 12, pp. 97–108).
- [9]. **HARDY, C.** (1987). *Living from the center: Guided meditations and visualizations.* Theosophical Publishing House, pp. 20–55.
- [10]. **HEFFERON, K., & BONIWELL, I.** (2011). *Positive Psychology: Theory, Research and Applications.* McGraw-Hill Education.
- [11]. **LAMPROPOULOS, G.** (2001). Integrative psychotherapy: Toward a comprehensive approach. *Psychotherapy: Theory, Research, Practice, Training, 38*(3), 285–294.
- [12]. MILLER, W. R., & ROLLNICK, S. (2013). Motivational Interviewing: Helping People Change (3rd ed.). Guilford Press.
- [13]. MORRISON, A. P., TURKINGTON, D., PYLE, M., SPENCER, H., BRABBAN, A., DUNN, G., & HUTTON, P. (2014). Cognitive therapy for people with schizophrenia spectrum disorders not taking antipsychotic drugs: A

- single-blind randomized controlled trial. *The Lancet Psychiatry*, 1(2), 87–96.
- [14]. **NORCROSS, J.** (n.d.). *Towards a comprehensive approach.* Oxford University Press, pp. 50–80.
- [15]. **NORCROSS, J. C.** (2019). Psychotherapy relationships that work: Volume 1: Evidence-based therapist contributions. Oxford University Press, pp. 60–100.
- [16]. NORCROSS, J. C., & GOLDFRIED, M. R. (2005). Handbook of psychotherapy integration (2nd ed.). Oxford University Press, pp. 25–100.
- [17]. **NORCROSS, J. C., & GOLDFRIED, M. R.** (2005). The future of psychotherapy integration. *American Psychologist, 60*(6), 644–652.
- [18]. NORCROSS, J. C., & LAMBERT, M. J. (2019).

 Evidence-Based Psychotherapy
 Relationships. American Psychological
 Association.
- [19]. **PESESCHKIAN,** N. (1986). Positive psychotherapy of everyday life: Training in partnership and self-help. Springer, pp. 30–70.
- [20]. **PESESCHKIAN, N.** (1987). *Positive* psychotherapy: Theory and practice of a new method. Springer, pp. 50–90.
- [21]. **PESESCHKIAN, N.** (1996). Oriental stories as tools in psychotherapy: The merchant and the parrot. Springer, pp. 15–60.
- [22]. **PESESCHKIAN, N.** (2000). *Positive Family Therapy.* Cambridge, MA: Perseus Publishing, pp. 30–70.

- [23]. **PESESCHKIAN, N., & TRITT, K.** (1998). *Positive family therapy: The family as therapist.* Springer, pp. 40–80.
- [24]. PROCHASKA, J. O., & DICLEMENTE, C. C. (1986). Toward a comprehensive model of change. In *Treating addictive behaviors* (pp. 3–27). Springer.
- [25]. PROCHASKA, J. O., & NORCROSS, J. C. (2018). Systems of psychotherapy: A transtheoretical analysis (9th ed.). Oxford University Press, pp. 20–100.
- [26]. **RASHID, T.** (2015). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology, 10*(1), 25–40.
- [27]. **SAFRAN, J. D., & MURAN, J. C.** (1995). *Negotiating the Therapeutic Alliance: A Relational Treatment Guide.* Guilford Press.
- [28]. **STRICKER, G., & GOLD, J. R.** (2003). *Comprehensive handbook of psychotherapy integration.* John Wiley & Sons, pp. 5–50.
- [29]. **TEDESCHI, R. G., & CALHOUN, L. G.** (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18.
- [30]. **TEDESCHI, R. G., & CALHOUN, L. G.** (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry, 15*(1), 1–18.
- [31]. **WACHTEL, P. L.** (1977). Psychoanalysis and Behavior Therapy: Toward an Integration. Basic Books, pp. 20–100.
- [32]. **WACHTEL, P. L.** (1997). Integrative and eclectic psychotherapy: Process and practice. Guilford Press, pp. 35–75.