

*Section: PPT cases*

## THE WOMAN AND HER INNER DIALOGUE: HOW POSITIVE PSYCHOTHERAPY TRANSFORMS PSYCHOSOMATIC CHALLENGES INTO STRENGTH



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### Abstract

This article presents the case of a patient with endometriosis and related reproductive difficulties who sought support through positive psychotherapy to cope with the emotional and physical challenges of her health condition. Applying the Five Fingers method, the therapist works with the patient to build a positive internal dialogue and accept vulnerability as a strength. Through this approach, the patient recognizes and makes sense of her emotions, needs, and internal conflicts, turning difficulties into a stimulus for personal development. The case study highlights the importance of an empathic and structured therapeutic approach when dealing with psychosomatic symptoms. It demonstrates the potential of positive psychotherapy to support patients in processing traumatic experiences. The article offers a useful model for clinical work with patients suffering from chronic illness and points to new perspectives for coping and personal growth.

**Keywords:** Positive Psychotherapy, endometriosis, psychosomatic therapy, reproductive health, internal dialogue

### Introduction

Endometriosis is a condition that affects about 10% of women of reproductive age and presents with a variety of symptoms, including chronic pain, heavy menstrual cycles, and difficulties in daily life (Benagiano et al., 2014). According to a study by Eskenazi and Warner

(1997), between 35 and 50% of women with endometriosis suffer from infertility and 80% experience severe pain during menstruation that cannot be controlled with conventional analgesics. The time to diagnosis often extends between 8 and 12 years, further increasing the

mental and physical burden on affected women (Kiesel & Sourouni, 2019).

Many gynecological and reproductive problems, including endometriosis and hormone abnormalities, may have a strong emotional foundation in addition to being physical disorders, according to a recent psychosomatic study (Arabadzhiev & Tomcheva, 2024; Drazheva & Stamova, 2024).

Research on the psychosomatic nature of the disease emphasizes the importance of the emotional component in developing and controlling symptoms. For example, studies by Laganà et al. (2017) and Szyplowska et al. (2023) revealed that women with endometriosis often experience depression and anxiety, which worsen physical symptoms and lead to chronic fatigue and difficulty in social integration. These mental states prevent effective coping with the disease, forming a vicious cycle between mental stress and physical discomfort (van Stein et al., 2023).

Psychotherapeutic approaches, such as positive psychotherapy, have been shown to help reduce stress and improve the quality of life of women with endometriosis. A study by Bandyopadhyay et al. (2021) found that women who participated in therapy sessions focused on awareness and processing of internal conflicts related to illness showed a significant reduction in symptoms and an easier acceptance of physical challenges. They can also develop more positive self-talk, which is essential for coping with chronic conditions (Wortman et al., 2023).

This article builds on this research and aims to clarify how positive psychotherapy can serve as an effective method for women suffering from endometriosis and hormonal imbalances. By building a positive internal dialogue and identifying the emotional sources of symptoms, women can overcome the internal conflicts that contribute to the physical manifestations of illness and transform these challenges into a resource for personal growth and inner strength (Lunde et al., 2024).

The specific issue addressed in this case centers on a 34-year-old woman, A.K., who suffers from the emotional and physical problems of endometriosis and repeated unsuccessful attempts to conceive. Her journey

reflects the broader challenges many women face when reproductive difficulties intersect with societal expectations, self-esteem, and relationships. A.K.'s case illustrates how feelings of isolation, fear of vulnerability, and unresolved internal issues can exacerbate physical symptoms and strain interpersonal relationships.

Through the lens of positive psychotherapy, the article highlights the transformative potential of building a positive internal dialogue and addressing conflicts that manifest as physical symptoms. It seeks to demonstrate how therapy can provide women with the tools to regain a sense of control, strengthen their relationships, and redefine their self-worth in the face of chronic health challenges.

Positive psychotherapy emphasizes how obstacles may be used as opportunities for personal development and give women the skills they need to recognize and embrace these internal conflicts (Mohammadi et al., 2019). By developing a constructive internal conversation and listening to their inner voices, women can turn these challenges into sources of strength and avenues for better psychosomatic health.

## Case

### *2.1. Case study: A.K.*

A.K., a 34-year-old woman, married for six years, works as a project manager in a marketing firm. She attended therapy on the recommendation of her gynecologist after being diagnosed with endometriosis and having difficulty conceiving. In the past three years, she has undergone two unsuccessful IVF procedures, which has caused her a sense of failure and growing emotional tension. Problems in the reproductive area began to affect her self-esteem, her relationship with her husband, and her motivation at work.

At the first meeting, A.K. shared that she felt exhausted and untrustworthy. Despite her professional appearance, she appeared depressed and spoke softly, avoiding eye contact. She talked about the strain in her relationship with her husband, who, she said, didn't fully understand the psychological pressure she felt from her lack of success in trying to conceive. "I felt alone like I was the only

one carrying the burden of this problem," she shared with a hint of exasperation and despair.

### 2.2. The Actual Situation

A.K. described that over the past year, following her second failed IVF attempt, she had felt an increasing strain in both her relationship with her husband and in her personal efforts to cope with her endometriosis diagnosis. She shared that she had recently lost motivation and satisfaction in her work, which used to be a source of confidence and success. She admitted that she had withdrawn into herself, avoiding social contact even with close friends and relatives who she felt didn't fully understand the gravity of her situation.

#### Actual Conflict

The Actual Conflict is localized in the area of contact - she can only contact only with herself (standalone, she can count only herself), but not with others (closed, melancholic, "I don't want to talk to anyone"). The area of the process is in the fantasy/future domain (closes herself off, doesn't communicate with anyone, and imagines that she will die, abandoned but proud) and domain the body (does not eat animal products, leads a healthy, environmentally friendly and healthy lifestyle, reproductive issues, endometriosis).

### 2.3. The Basic Situation

A.K. recounted past traumatic events that had reinforced her belief that she had to fend for herself. She had a father with alcohol problems, and her mother very often said, *"You should be able to handle problems alone, independently,"* and *"You don't need anyone; you can do it alone."* As a child, she was often left to solve problems independently while her parents fought. She spoke of moments of loneliness and isolation when she felt misunderstood and unsupported by her parents. This environment strengthened her sense of independence but also left traces of mistrust of others. Since then, she has developed a strong drive to achieve in order to gain approval, acceptance, and love.

### 2.4. Basic Conflict

A.K.'s conflict is localized in the concept of "I." It is expressed in her feelings of personal failure and insecurity about her importance in the eyes of others due to her failure to become pregnant (unable to respond to concepts of dealing with her problems alone). On the one hand, she longs for support and understanding from her husband, but on the other, she is afraid to show vulnerability, which she perceives as weakness. At the same time, she feels a deep fear of failure in her attempt to conceive and avoids the subject of children in her conversations with those close to her.

### 2.5. Inner Conflict

A.K. longs to earn acceptance and love but, at the same time, feels a sense of powerlessness to cope with her diagnosis and reproductive difficulties alone that distances her from what she wants. In her quest for independence, she often avoids sharing her inner emotions and fears, seeing them as "a sign of weakness." She believes she needs achievement to receive love and support but does not understand that contact is also achievement in the sense of successfully making contact, which is an activity that leads to achievement.

### 2.6. Key conflict

A.K.'s desire to have a good relationship with her relatives means swallowing herself and her problems and bearing aggressive impulses. She is afraid of losing them if she is honest.

### 2.7. Therapeutic Task

Therapy focuses on building a positive internal dialogue and accepting vulnerability as a strength rather than a weakness. Building a positive internal dialogue and accepting vulnerability as a strength is achieved by guiding A.K. toward awareness of her emotions and constructively expressing them. She was encouraged to name her fears and needs. Each session included self-reflection in which A.K. identified and replaced her negative beliefs with more positive and realistic thoughts. The Positive The psychotherapy techniques (PPT) used included creating balance and expanding the content of primary abilities.

Using the Five Fingers Method, the therapist worked with A.K. on different areas of her life:

1. Empathic listening: The therapist accepts A.K.'s complaints without judgment and creates a safe and supportive space for her to articulate her fears and emotions.

2. Clarifying conflicts: The therapist used the life Balance model (body, activity, contact, and fantasy) to help A.K. identify key conflicts, such as her struggle between independence and the need for support.

3. Identifying strengths: A.K. was supported in identifying her inner resources, such as resilience and determination, which could help her overcome her challenges.

4. Verbalising inner conflicts: Through discussions, A.K. learned to discuss her fears and contradictions, making them more manageable.

5. Focusing on the future: The therapist helped A.K. envision her future life, emphasizing resilience and the possibility of finding new meaning in her experiences. A.K. realized that sharing her feelings and opening up to her husband could be a source of support and strength rather than frustration. During the sessions, she developed skills for more open communication and realized that relying on others did not mean losing her independence.

A.K. began working on improving communication with her husband by openly sharing her feelings and needs. She accepted her reproductive problems caused by endometriosis as a sobering sign, part of the journey to understanding her need for closeness, sharing, trust, and faith in her life. "It takes two to make a baby."

## Discussion

This article explores how positive psychotherapy can support women to make the connection between their emotional experiences and their physical health, with a focus on gynecological and reproductive problems such as endometriosis and hormonal imbalances. The article aims to show how women can use the difficulties associated with these conditions as a source of strength and personal development by developing a positive internal dialogue and overcoming the internal

conflicts that contribute to the physical symptoms. This case draws attention to the particular importance of internal dialogue and how the perception of vulnerability as strength can support the process of coping with serious health and emotional challenges such as endometriosis and infertility. A.K.'s case illustrates how reproductive problems can be accompanied by psychosomatic manifestations such as pain and feelings of insecurity, affecting her identity and relationships with others. This case study is noteworthy because it illustrates how profoundly such problems can affect self-esteem and mental health and highlights the need for approaches that integrate physical and mental health in therapeutic work with patients with chronic illness.

The literature on positive psychotherapy in patients with endometriosis shows that it helps to reduce the depressive and anxiety states that often accompany the condition. Research suggests that positive psychotherapy can encourage patients to view their vulnerability as an opportunity for personal growth, which can alleviate feelings of isolation and inadequacy (Kimball, 1978; von der Tann & Ristl, 2008)

An important element of therapy is recognising the inner conflict rooted in feelings of loss of control and fear of social disapproval. Patients like A.K. often show a high degree of association between physical symptoms and experiences of shame and guilt, which can exacerbate symptomatology if not addressed (Peseschkian, 2016).

The existing literature highlights that integrating emotional awareness and promoting positive internal dialogue can improve patient's quality of life and facilitate acceptance of their own experiences as meaningful and valuable rather than a source of shame and isolation. In A.K.'s case, this method was used to help her recognize her need for acceptance and support and to realize how reproductive difficulties and endometriosis affected her not only physically but also emotionally. First, the therapist listened empathetically to facilitate the expression of her fears and emotions. Then, by looking at different aspects of her life, such as her relationships and health problems, the therapist encouraged her to discover and mobilize her inner resources. In

this way, A.K. was able to verbalize and process her conflict between her desire for independence and her need for support, which prepared her for new goals and meaning in life after the end of therapy.

The case presented adds to the observations about the benefits of positive psychotherapy in working with psychosomatic patients by demonstrating how positive psychotherapy can help patients like A.K. cope with the somatic problems caused by endometriosis by reformulating perceptions of themselves and their illness. The case supports the proposition that building a positive internal dialogue and accepting vulnerability as a strength not only improves emotional resilience but also provides mechanisms for coping with chronic stress caused by health limitations. This approach has the potential to enrich future clinical practice by encouraging therapists to integrate methods of developing inner strength and self-acceptance, which is particularly important for patients with chronic, intractable conditions such as endometriosis.

## Conclusions

In conclusion, A.K.'s case illustrates how positive psychotherapy can help patients experiencing the complex emotional and physical effects of endometriosis and associated reproductive difficulties. The authors of this article have shown how the Positive and Transcultural Psychotherapy method can provide a structured yet flexible approach to enable clients such as A.K. to identify and verbalize their fears and conflicts. This method created a space in which A.K. was able to name her feelings and relate them to her physical symptoms, an important step in processing the trauma and emotional distress associated with her health problem. The main aim of the therapy was to mobilize A.K.'s inner resources by focusing on her resources and finding new meaning in her experiences. The positive psychotherapy approach helped A.K. to address different areas of her life, allowing her to see how her reproductive difficulties and endometriosis affected her not only physically but also mentally. With this holistic approach, A.K. could better understand her internal conflicts and see new perspectives for personal

development. By focusing on self-reflection and awareness of her needs, she overcame difficulties in building a positive internal dialogue and accepting vulnerability as a source of strength. This case illustrates to clinicians the importance of an empathic, structured, and resource-oriented approach when working with patients with chronic psychosomatic symptoms. The therapeutic process with A.K. may be a useful example for therapists and researchers who wish to understand and implement strategies for coping with psychosomatic illness through positive psychotherapy. The case described and the overall practice of the authors of this article demonstrates the possibilities of positive psychotherapy and open the field for future research and development of its effectiveness in psychosomatics. The case helps us see the value of focusing on accepting symptoms not as a weakness but as a message from the body that can be processed and transformed into a stimulus for personal growth. This approach can potentially support and inspire patients in a worsening emotional and physical state, offering new perspectives on integration and coping with life's challenges.

## 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), 157–165. <http://doi.org/10.52982/lkj244>
- [2]. BANDEALY, S. S., SHETH, N. C., MATUELLA, S. K., CHAIKIND, J. R., OLIVA, I. A., PHILIP, S. R., JONES, P. M., & HOGE, E. A. (2021). Mind-Body Interventions for Anxiety Disorders: A Review of the Evidence Base for Mental Health Practitioners. *FOCUS*, 19(2), 173–183. <https://doi.org/10.1176/appi.focus.20200042>
- [3]. BENAGIANO, G., BROSENS, I., & LIPPI, D. (2014). The History of Endometriosis. *Gynecologic and Obstetric Investigation*, 78(1), 1–9. <https://doi.org/10.1159/000358919>
- [4]. DRAZHEVA, E., & STAMOVA, S. (2024). Study on the ways of accepting and coping with the endometriosis diagnosis. *The Global Psychotherapist*, 4(1), 24–32. <https://doi.org/10.52982/lkj214>
- [5]. ESKENAZI, B., & WARNER, M. L. (1997).



- Epidemiology of Endometriosis. *Obstetrics and Gynecology Clinics of North America*, 24(2), 235–258. [https://doi.org/10.1016/s0889-8545\(05\)70302-8](https://doi.org/10.1016/s0889-8545(05)70302-8)
- [6]. KIESEL, L., & SOUROUNI, M. (2019). Diagnosis of endometriosis in the 21st century. *Climacteric*, 22(3), 296–302. <https://doi.org/10.1080/13697137.2019.1578743>
- [7]. KIMBALL, C. P. (1978). Diagnosing Psychosomatic Situations. *Springer EBooks*, 677–708. [https://doi.org/10.1007/978-1-4684-2490-4\\_19](https://doi.org/10.1007/978-1-4684-2490-4_19)
- [8]. LAGANÀ, A. S., LA ROSA, V. L., RAPISARDA, A. M. C., VALENTI, G., SAPIA, F., CHIOFALO, B., ROSSETTI, D., BAN FRANGEŽ, H., VRTAČNIK BOKAL, E., & GIOVANNI VITALE, S. (2017). Anxiety and depression in patients with endometriosis: impact and management challenges. *International Journal of Women's Health*, Volume 9(9), 323–330. <https://doi.org/10.2147/ijwh.s119729>
- [9]. LUNDE, C. E., WU, Z., REINECKE, A., & SIEBERG, C. B. (2024). The Application of Cognitive Behavioral Therapy for Adolescent Patients With Endometriosis: A Topical Review. *Cognitive and Behavioral Practice*. <https://doi.org/10.1016/j.cbpra.2024.01.005>
- [10]. MOHAMMADI, R. K., BOZORGI, S. A., SHARIAT, S., & HAMIDI, M. (2019). The Effectiveness of Positive Psychotherapy on Mental Endurance, Self-Compassion and Resilience of Infertile Women. *Social Behavior Research & Health*. <https://doi.org/10.18502/sbrh.v2i2.285>
- [11]. PESECHKIAN, N. (2016). *Positive Psychosomatics*. AuthorHouse.
- [12]. REMMERS, A. (2024). The therapeutic process in positive psychosomatics: “Five fingers” forming a therapeutic relationship in psychosomatic medicine. *The Global Psychotherapist*, 4(2), 57–61. <https://doi.org/10.52982/lkj233>
- [13]. SZYŁOWSKA, M., TARKOWSKI, R., & KUŁAK, K. (2023). The impact of endometriosis on depressive and anxiety symptoms and quality of life: a systematic review. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1230303>
- [14]. VAN STEIN, K., SCHUBERT, K., DITZEN, B., & WEISE, C. (2023). Understanding Psychological Symptoms of Endometriosis from a Research Domain Criteria Perspective. *Journal of Clinical Medicine*, 12(12), 4056. <https://doi.org/10.3390/jcm12124056>
- [15]. VON DER TANN, M., & RISTL, E. (2008). *Operationalized Psychodynamic Diagnostics OPD-2: Manual of Diagnosis and Treatment Planning*. Hogrefe. URL: [https://pubengine2.s3.eu-central-1.amazonaws.com/preview/99.110005/9781616763534\\_preview.pdf](https://pubengine2.s3.eu-central-1.amazonaws.com/preview/99.110005/9781616763534_preview.pdf) Accessed: 10.01.2025
- [16]. WORTMAN, M. S. H., JOS W. R. TWISK, VAN, VISSER, B., ASSENDELFT, W. J. J., & TIM OLDE HARTMAN, VAN. (2023). Effectiveness of psychosomatic therapy for patients with persistent somatic symptoms: Results from the CORPUS randomized controlled trial in primary care. *Journal of Psychosomatic Research*, 167, 111178–111178. <https://doi.org/10.1016/j.jpsychores.2023.111178>