Section: Theoretical reviews and research in PPT

PRIMARY CAPACITIES OF LOVE AND CARE

Ivan Kirillov

MD, PhD, psychiatrist, psychotherapist,
Master trainer of PPT,
private practice (Istanbul, Türkiye)
Email: surfstress@gmail.com
ORCID: 0009-0005-1701-8367

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Abstract

This article follows up the previous one as part of the four-publication series, clarifying the list, definitions, and diagnostic criteria for primary actual capacities postulated by Nossrat Peseschkian in line with recent psychodynamic theory and practice developments. This second article addresses capacities of love and care, offering a deeper understanding of related psychodynamics of motivations, cognitions, behaviors, and relationships.

Specification of diagnostic criteria equips therapists for more accurate and objective clinical assessment, personalized interventions, development of self-help tools, and further research.

Keywords: Positive Psychotherapy, operationalization, primary capacities, love, care

Introduction

Primary capacities are "basic mental processes (Peseschkian, 1974, 1987), similar to personality structure functions (OPD Task Force, 2023), that regulate impulses (stress & emotions), mental functıons, and meet primary needs (Kirillov, 2015).

These capacities develop through relationships, particularly with primary caregivers (Peseschkian, 1987; Rudolf, 2002; Rudolf et al., 1995; OPD Task Force, 2023) and shape our ruther interactions with ourselves (reactive mode) and others (active mode).

These personality functions are not directly observable and can only be inferred from bodily reactions (stress, emotions, expressions, movements) and associated behaviors.

To improve clinical usability, the list of primary capacities was optimized (Peseschkian, N., 2016; Peseschkian, N., Deidenbach, H., 1988) and recently refined with OPD insights (Kirillov, 2015, 2024).

This optimization provides a minimal yet sufficient operationalization for description, diagnosis, systematization of therapy, and research. While therapists can still use all available linguistic richness of their language to tailor unique interventions for every patient, this concise set facilitates clinical work and reasoning. It has been well-received by practitioners and proven clinically useful (Kirillov et al., 2023).

To refine the optimized list of primary capacities and operationalize their use, this article continues a four-part series by exploring capacities of *love* and *care* associated with the dimension of relationships in the Balance model.[1]

Methodology:

[1] 1) Body (Contact & Pleasure), 2) Relationships (Love & Care), 3) Achievement (Time & Trust), 4) Imagination (Meaning & Ideal).

Operationalisation and Diagnostic.

For ease of understanding, each primary capacity is described along the following pattern:

1. Definition
2. Reactive (self-directed) mode
3. Active (object-oriented) mode

Each capacity mode is detailed by three **sub-capacities** and the specifics of their manifestation at each of the three levels of integration, corresponding to three stages of relationship development. *Low* (attachment stage), *moderate* (differentiation stage), and *good* integrations of personality structure are respectively manifested in dysfunctional, limited (especially under stress), and sufficient self-regulation and healthy object relations even under stress. All tables offer corresponding references to ease their comparison with the (sub)functions of the OPD personality structure.

Then, reference questions are provided to provoke the patient to explore the specifics of his/her sub-capacities and their impact on his/her life and the therapeutic relationship.

Finally, some exemplary ideas for therapeutic interventions according to the level of ability integration are presented.

I. Love

I.1. Definition

The APA Dictionary and Oxford Languages Dictionary defines love as a complex, multifaceted (biological, psychological, interpersonal, and behavioral) subjective dynamic experience involving:

- *Passion:* intense "pleasurable sensations" in the presence of the love object, "profoundly tender affection," excitement, and enthusiasm for it, including but not limited to romantic and sexual attraction and desire.
- *Intimacy:* closeness, vulnerability (sensitivity to the reactions of the loved one to the loving one), shared experience, and oxytocin-powered bonding and attachment.
- *Commitment and loyalty:* A willingness to invest in and maintain the relationship over time, even through challenges. This involves dedication, perseverance, and a sense of a shared future.

H. Peseschkian (1977) believed that the main basis of love is confidence. He spoke of love as the ability to appreciate another person as they are, with their strengths and weaknesses. He emphasized the importance of both: "the ability to actively take up emotional ties (to love) and the ability to accept emotional attention (to be loved)."

Considering the insights of the OPD-3 on the function of structure *Affection* for inner and outer objects, the above definitions can be summarised as follows.

Love is a capacity to integrate and internalize as resourceful introjects secure, emotionally charged, validating relationships to generate, accept, experience, and cultivate deep, vibrant, joyful, and fulfilling affection to self and diverse others with their strengths and weaknesses, balancing inevitable dependence with autonomy.

Mature love enables one to cope constructively with parting and loss by appropriately grieving and moving forward. It sustains the memories of love experiences as resourceful introjects, allowing one to enjoy and productively use solitude and initiate/accept new relationships.

A prerequisite of the mature capacity of love is a sufficiently developed ability for contact and pleasure (Kirillov I., 2024), allowing one to differentiate the quality and satisfactoriness of experience.

The instruments of love are the ability to generate [resourceful] introjects from pleasant experiences of togetherness to build and stabilize an attitude (readiness to respond with a certain emotion to a recurring stimulus) and affection.

The love can be *reactive* or *active*.

I.2. Reactive Love

Reactive love is directed toward the self by self and others. It is described by three sub-capacities (aspects)

I.2.A. Sub-capacities of reactive love (Table 2)

- **to love self –** to create and enjoy a positive image of self and one's capacities based on emotionally charged loving, encouraging, and forgiving introjects, and to enjoy solitude productively.
- **to use introjects –** to draw on internalized experiences of loving relationships to calm, stabilize, and protect oneself even in frustrating and conflicting situations.
- **to accept and appreciate other's affection**, coping with the stress of adequate co-dependency and possible disliking and rejection.

Table 1.
Three levels of integration of sub-capacities of reactive love

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Self-love (ST 5.1 Internalization)	- Creates and sustains affectively charged loving, encouraging, and forgiving introjects to enjoy and sustain the image of good enough self and one's capacities. - Takes solitude well, uses it productively, and enjoys it.	- Less differentiated and stable introjects of loving people, often criticizing and blaming, create a vulnerable image of self and one's abilities. - Takes loneliness as a burden or relief (depending on the conflict).	- Fragmented, unstable introjects, often frightening and punishing, result in fantastically idealized or devaluated images of self. - Loneliness is unbearable and can provoke a crisis.
Use of introjects (ST 5.2 Use of introjects)	- Draws on internalized experiences of loving relationships to calm, stabilize, and protect oneself even in frustrating and conflict situations.	- Has difficulty using ambivalent or criticizing introjects to calm, stabilize, and protect oneself. Under stress, such introjects can even destabilize.	- Frightening and punishing introjects are destabilizing down to decompensation.
Acceptance of affection	- Accepts and values others' affection. - Copes with the stress of adequate co-dependency and of disliking and rejection.	- Shies away or gets overexcited from others' affection. - Hardly copes with the stress of codependency. Avoids or fosters co-dependency.	- Perceives other's affection as an attack and can react aggressively.
The predominant emotions	- Enjoys one's existence as a pleasant and exciting rich experience.	- Fears to lose the love of an important validating, supportive, and controlling object.	- Self-experience is painfully unpleasant, colored with self-contempt, disgust, and hatred
Coping & defense	- Flexibly and consciously uses pleasant experiences of self and loving introjects.	Seeks for the love of others.	Affective impulsive actions aimed at destroying oneself or an object.
EXAMPLES			
Therapist: *How do you feel about yourself?*	**Client:** *I feel good, calm, and interested in myself. I enjoy solitude to recuperate, reflect, and contemplate.*	**Client:** It depends, but most of the time, I'm hard on myself; because I fear becoming unproductive and losing my value to others.	**Client:** *I hate myself and my life, which has turned into pain and fear of more pain and more loneliness.*
Therapist: *Does your self-attitude change in difficult situations?*	**Client:** *Of course, for a while, I lose my temper, blame or doubt myself. But soon, my dad's words brought my spirit back: 'It's not how you fall, but how you get up, that matters".*	**Client:** *I lose my temper and blame myself. I feel like everyone has turned their backs on me. I need someone who understands and supports me; otherwise, I will be tormented by doubts forever.*	**Client:** *It's only getting worse. I'm ruining everything just to make it end sooner – no matter how.*
Therapist: *How do people usually feel about you?*	**Client:** *People usually like me. It feels good, encourages me, and I gratefully accept their love. When someone does not like me, I usually know why.*	**Client:** *I do everything to earn their favor, and they either embarrass me with love or torment me with indifference.*	**Client:** *Nobody cares. They despise me and push me away. I try to hold on to them, but all I get is hatred and rejection.*

I.2.B. How do we ask about reactive love?

Sub-capacity to love self.

- How do you feel when you are alone?
- How do others treat you?
- How do you treat yourself?
- Are you jealous?

Questions for the therapist about countertransference

- Do you feel that the patient seeks your affection?
- Do you feel affection towards the patient?
- Does it seem that the patient appreciates and enjoys him/herself?

Sub-capacity to use introjects.

- How do you react to criticism or rejection?
- How quickly do you recover from stress?
- Do you tend to be self-critical or offer support and encouragement in tough situations?
- When faced with difficulties, do you support yourself with inspiring memories and/or imagining the encouragement and advice of loved ones?

Questions for the therapist about countertransference

- Do you worry about the patient?
- Do you want to soothe, support, and encourage the patient or criticize them?
- Do you feel the patient's inner solid core can cope with shocks and difficult feelings?

Sub-capacity to accept and appreciate other's affection.

- Do you try to earn the love of others?
- How do you take other people's affection for you?
- How do you cope with it?

Questions for the therapist about countertransference

- Do you sense that the patient is demanding or avoiding your affection?

I.3. Active Love

Active love is directed toward objects and other people. It is described by 3 sub-capacities (aspects)

I.3.A. Sub-capacities of active love (Table 2)

- **to develop, enjoy, and maintain affection,** endowing objects with an emotional value, enduring and utilizing necessary dependency yet respecting one's own and others' independence.
- **to deal with multiple affections (triangulation),** simultaneously experiencing emotionally diverse relationships with different multidimensionally perceived people.
- **to disconnect bonding and bear parting,** grieving the loss appropriately.

I.3.B. How do you ask about active love?

Sub-capacity to develop and maintain affection.

- How would you describe your relationship with N?
- Do you get attached to people easily?
- Are you able to form close relationships?
- Are you able to maintain long-term relationships?
- What prevents you from engaging in deep relationships with others?

Questions for the therapist about countertransference

- Do you understand the emotional relationships and connections the patient is describing?
- Do you feel coldness/detachment (or excessive attachment) in your relationship with the patient?

Sub-capacity to deal with multiple affections.

- Can you feel affection for several people simultaneously?
- How is your attitude towards different people similar or different?
- What are the similarities/differences between people you (dis)like?

Questions for the therapist about countertransference

- Do you feel discomfort and tension when the patient describes their relationships with one or more partners?

Sub-capacity to disconnect bonding and bear parting.

- How do you experience break-ups?
- How do you handle conflicts?
- Have you had relationships that were difficult for you to end?

Questions for the therapist about countertransference

- Do you feel embarrassed, withdrawn, or engaged... when the patient talks about break-ups?

- Do you experience a sense of emptiness or impending doom when the patient describes break-ups?

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Table 2.
Three levels of integration of sub-capacities of active love

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Affection (ST 5.4 Affection) (ST 5.1 internalization)	- Develops, enjoys, and maintains affection, endowing objects with an emotional value of joyful experiences of closeness, integrated into good, consistent introjects - Endures and utilizes necessary dependency yet respects one's and others' independence.	- Tends to over- or under-estimate others according to immediate situative needs/impulses. Forms vague, unstable, often ambivalent introjects that poorly support rigid, conflictual, emotionally draining relationships. - Tends to rigid overdependency or alienation.	- Intense symbiotic or distant relationships form unstable, fragmented, fantastically idealized, or frightening introjects, enabling only unstable or no attachment. - Symbiotic, sometimes masochistic dependency alternates with aggressive attempts to control objects.
Triangulation (ST 5.3 Variability)	- Simultaneously accesses emotionally varying attachments to different multidimensionally perceived people.	- Tends to simplify and equate images of others and relationships. Triadic relationships are difficult and vulnerable.	- Others' images are not differentiated and cliched. Triadic relationships are unimaginable.
Disconnect bonding and bear parting. (ST 5.6 Release from liability)	- Able to let go of the affective investments from the lost others and own preoccupation with them. - Endures separation and grieves the loss appropriately.	- Struggles to end affective preoccupation with the lost object, discards its once positive introjects. - Ignores parting or clings to the object.	- Unable to discontinue an affective preoccupation with the lost object. After parting, destroy or idealize related introjects. - Unable to bear the grief.
The predominant emotions (ST 4.5 Closeness)	Vivid, tender emotional intimacy with or without sexual excitement and pleasure.	Fear of losing an object or being consumed by it.	Fear of being damaged by the object.
Coping & defense	Openly creates joyful closeness and bounds.	Overattachment, avoidance of attachment, or ambivalence.	Compensation by fantasies or impulsive actions. Anhedonia.
EXAMPLES			
Therapist: *Tell me about your attitude towards Elena.*	**Client:** *I love her and cherish our time together. While I do not always understand her, I feel connected and happy with her. Even her tardiness is endearing to me, although I prefer punctuality.*	**Client:** *I love her. She's the meaning of my life. It's a shame that she doesn't appreciate that and loves me less than I love her. Every time she's late, I'm afraid she's left me.*	**Client:** *She possesses me completely. It's scary. But parting with her would kill me. Yet when she is gone, it takes me a minute to return to my life, and I don't think about her until the next time I see her.*
Therapist: *Do you have other close relationships?*	**Client:** *Yes, I have many supportive, tender, open, close friends and girlfriends.*	**Client:** *I don't want anyone but her. I don't get her desire to be with someone else.*	**Client:** *No! I can't even think of anyone else. I can't lose her.*
Therapist: *How do you handle separations?*	**Client:** *It hurts at first, but then I feel tender gratitude for the good experiences we have co-created, which have made me who I am now.*	**Client:** *It's awful. It feels like a part of me is disappearing forever. With each breakup, I trust people less and less and doubt myself more and more.*	**Client:** *I don't want to think about it. After breaking up with my ex, I hardly ever left the house,*

			and I still can't trust anyone.

II. Care

II.1. Definition

Oxford Languages defines care as "the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something." The APA Dictionary addresses care and protection as a fundamental aspect of love, encompassing dedication to the well-being of loved ones, empathy, compassion, responsibility, and readiness to act in their best interest.

While Peseschkian (1987) didn't initially include care as a primary capacity, he recognized its vital role, stating that love "is marked by the mutual relationship between giving and taking." Indeed, love thrives on giving and receiving care that meets our needs for attention (contact), time, appreciation (love), tenderness and sex (pleasure), trust, meaning, and ideals.

However, while deeply linked to love, care is a distinct capacity: one can love without caring, and vice versa.

Research clearly demonstrates (Emde, 1988) that infants have not only an innate need for care but also the capacity to find caregivers and engage them in caring relationships actively (Young et al., 2017; Spokes & Spelke, 2017), stimulating the development of brain structures (Ilyka, D. et al., 2021) and self-regulation (Fonagy et al., 2002). The primacy of the need/ability of care is confirmed by empirical validation of the "need for care versus autarky" conflict (Schneider et al., 2008; Vierl et al., 2023).

In this article, care is defined considering clinically distinctive criteria correlating with the structural functions of the OPD-3:

Care is the capacity to balance interests (ST 2.6) and protect (ST 2.4) mutually satisfying relationships by differentiating one's and others' needs, knowing how and being able to meet them, regulating impulses, asking for help when needed, and gratefully accepting help.

A prerequisite of the mature capacity of care is a sufficiently developed ability to recognize (contact) one's own and others' emotions and triggers (pleasure), to form one's own, and to distinguish between other people's preferences (love).

The instruments of care are abilities:

- to distinguish (notice and understand) one's own and others' needs;
- to consider and meet one's and others' needs by regulating impulses and mastering secondary capabilities and skills.

It is helpful to differentiate between active and reactive care.

II.2. Reactive care

Reactive care is directed toward the self by self and others. It is described by 3 sub-capacities (aspects)

II.2.A. Sub-capacities of reactive care (Table 3)

- to care for self, using forgiving and caring introjects to notice, understand, consider, express, and meet one's own needs, balancing them with the altruistic position in the conflict.
- to ask for help and rely on resourceful people when self-care is impossible, without falling into helpless dependence on them.
- to accept help, care, guidelines, apologies, etc., gratefully.

II.2.B. How do we ask about reactive care?

Sub-capacity to care for self.

- How do you take care of yourself?
- Who takes care of you now? How?
- Who took care of you in your childhood? How?
- Do you always understand what you need and why?
- Can you always openly say what you need?
- Do you always say openly what you like or dislike?
- Can you cope without the help of your partner?

Questions for the therapist about countertransference

- Do you feel that you are helping the patient enough?
- Are you overly worried about or pitying the patient?
- Do you feel that the patient is too demanding or exploiting you?

- Do you tend to blame the patient or his/her environment?
- Do you feel guilty towards the patient?
- Do you have an impulsive urge to protect or care for the patient?

Table 3.
Three levels of integration of sub-capacities of reactive care

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Caring for self (ST 2.6 Balancing interests)	- Uses resourceful introjects of forgiving and caring for others to: - Notice, understand, consider, express, and meet one's needs. - Balance own interests with the altruistic position in the conflict.	- Inconsistently demanding or pampering introjects drive one to: - Poor understanding and asserting of one's own needs. - Behave impulsively, altruistically, selfishly, or ambivalently in conflicts.	- Fragmented demanding, punishing, or permissive introjects erupt in impulsive: - situational demands, - selfish behaviors. - One cannot perceive one's own strong needs. Alternatively, have no intentions at all.
Asking for help	- Able to rely on resourceful others, asking them for help when self-care is impossible, without falling into helpless dependence on them.	- Ability to ask for help is limited by guilt or fear of rejection. Alternatively, tends to depend on and exploit others, occasionally feeling guilty.	- Shamelessly exploits others or never asks for help.
Accepting help	-Gratefully accepts help, care, guidelines, apologies, etc.	- Rejects help as an attempt to control or takes it for granted.	- Aggressively rejects help offered as an intrusion or abuses it.
The predominant emotions	- Confidence and gratefulness.	- Craving, irritation with unfairness, or suppressed guilt.	Craving, impatience, anger, greediness.
Coping & defense	Negotiates: asks, listens, understands, explains.	- Impulsively suppress or express claims and guilt.	-Compensatory fantasies about needs and care.
EXAMPLES			
Therapist: *How do you care for yourself?*	**Client:** *I usually understand and meet my needs well.*	**Client:** *I feel guilty prioritizing my own needs. I dedicate myself to my family.*	**Client:** *My impulsive urge to get something can be so strong that I can't think about anything else until I get it.*
Therapist: *What do you expect from Andrei?*	**Client:** *Sometimes, I just need him to let me be weak, to listen and support me, to tell me where I'm cheating myself, and, of course, to help with daily matters.*	**Client:** *Simple human understanding and caring. I do everything for him, and he doesn't even bother to ask how to help me.*	**Client:** *To be a man, not a selfish and greedy prick. He should make sure that I have everything I need and that I have peace of mind.*
Therapist: *How do you ask him to do that? (how do you get it from him?)*	**Client:** *I just tell him what I need. If he can, he always helps, and I'm grateful. And if he can't, he just says so. We agreed on this, and I don't take offense or pester him, but I look for a way to cope or ask my friends.*	**Client:** *Why do I have to ask him? It's humiliating. It's easier for me to do it myself. He just brings money and thinks that's enough. How can he do that?! I had to ask him ten times for everything, and I couldn't stand it.*	**Client:** *I have to demand because he doesn't understand otherwise. He tries to buy me with rubbish! I don't need his charity. It's not fair! He ruined my life, and now he's gonna leave me? How am I supposed to survive on my own?*

Sub-capacity to ask for help

- What do you expect from N? How do you ask for it?

- Can you ask for help in difficult situations?

Questions for the therapist about countertransference

- Do you feel the patient does not tell you everything about his/her feelings and desires?
- Do you understand why the patient is in therapy?
- Do you feel that you are imposing your help on the patient?

Sub-capacity to accept help

- Do you easily accept help from others?
- How do you thank people for their help?

Questions for the therapist about countertransference

- Are you seeking the patient's gratitude?
- Are you concerned about the patient's satisfaction?

II.3. Active Care

Active care is directed toward objects and other people. It is described by 3 sub-capacities (aspects)

II.3.A. Sub-capacities of active care (Table 5)

- **to care for others,** considering their needs and balancing them with egoistic impulses in conflict.
- **to protect others from one's impulses** by dealing with them within one's Self.
- **to sustain relationships actively** by temporarily adopting the perspective of others to predict their reactions to one's behavior and adjust one's actions to get the desired outcome.

II.3.B. How do you ask about active care?

Sub-capacity to care for others.

- Do you often help those around you? How?
- How well do you understand people's needs?
- How do you feel when people ask you for help?
- Do you consider the other's interests when making decisions?
- Do you often say no to people?

Questions for the therapist about countertransference

- Are you comfortable asking the patient for something?
- Do you feel that you are over-exploiting the patient?

Sub-capacity to protect others from one's impulses.

- Do you often hold back to avoid hurting others?

Questions for the therapist about countertransference

- Do you suspect the patient of insincerity?
- Are you angry with the patient's environment?
- Are you angry at the patient's 'spinelessness'?
- Are you afraid of offending the patient?

Sub-capacity to sustain relationships actively.

- Can you imagine other's reactions to your actions?
- Do you find it easy to compromise?
- Do you often demand more of yourself than those around you expect of you?
- Do you break agreements and/or rules? Can you sacrifice your interests for the sake of others?
- In what circumstances? Why?

Questions for the therapist about countertransference

- Do you feel that the patient manipulates you or others?

Discussion: Therapeutic Interventions.

The operationalization of love and care capacities enables the optimization of therapeutic interventions to integrate these primary abilities, fostering resilience and effective coping for inner and external challenges.

Here are some suggestions for differentiated interventions to spark therapeutic creativity:

I. Ideas for the development of low-integrated capacities for love and care

If love and care are not sufficiently integrated, it would be wise to prioritize transference-based psychodynamic interventions to counteract destructive patterns of inadequate attachment and care learned earlier and to foster a healthier exchange of affection and mutual care.

Interventions should be mainly conducted during sessions to maximize the outcome, with simple and manageable tasks assigned for intersession practice.

Table 4.
Three levels of integration of sub-capacities of active care

Integration / Characteristics	HIGH – *even under intense pressure, when emotions drive behavior, one:*	MEDIUM – *the ability is limited (especially under stress):*	LOW – *the capacity is little or not available (even with external help):*
Caring for others (ST 2.6 Balancing interests)	- Considers others' needs, balancing them with egoistic impulses in conflict.	- In conflict, perceives the others' needs as competing and acts selfishly or altruistically.	- Constructs incomprehensible others' needs. Acts impulsively selfish or fake altruism.
Protection of others from own impulses (ST 2.4 Protection of relationships)	- Protects relationships by dealing with one's impulses within one's Self, considering others' needs.	- In conflict, he tends to blame others for his/her impulses and use relationships to deal with inner problems.	- Destroys relationships by unmanaged impulses or avoids shared experiences.
Active sustaining of relationships (ST 2.4 Protection of relationships ST 2.5 Forecast)	- Can temporarily adopt the other's perspective to predict their reactions to one's behavior and adjust one's actions to get the desired outcome.	- In conflict, perceives others' position as a threat, forecasts their reactions based on one's concepts, and reacts accordingly.	- Unable to predict other people's reactions and consider their point of view or severely distorts it by own needs and fears.
The predominant emotions	- Altruistic enthusiasm. - Sometimes, an adequate guilt for selfish actions.	- Pride in own "altruism." - Zeal for justice. - Painful guilt for own egoism.	- Irritation, anger, rejecting contempt. - Passionate dedication.
Coping & defense	- Creates rules/values and follows them to regulate own impulses.	- Passive-aggressively awaits the reward for altruism. - Demands justice.	- Refuses to care for others or eagerly cares for needs fantastically attributed to them.
EXAMPLES			
Therapist: Do you care about Andrei?	**Client:** *Yes. He even says that I know what he needs better than he does. This is nice and favorable for me: when he's happy, he's always ready to do something for me.*	**Client:** *Even too much and often to my detriment. And what for? He doesn't understand what I need and doesn't do anything for me without twenty reminders.*	**Client:** *I feed him and wash his trousers. But that's not enough; he's always demanding something else. Ungrateful beast!*
Therapist: What if your interests don't align?	**Client:** *It depends on the circumstances. If something is important to me, I'm more likely to do it, even if he doesn't support me. But I will gladly give in if it is not as important to me as it is to him.*	**Client:** *That's why his requests piss me off – he doesn't care about my needs if I don't start scandalizing him. And he doesn't understand anything; he's just trying to avoid arguments and guilt.*	**Client:** *I'm sending him to hell with his requests. He didn't hire me! This is my life! I'm his wife, not his slave.*
Therapist: Do you have to hold back to avoid upsetting Andrei?	**Client:** *Of course! I often know that I get crazy over nothing, and after a few seconds, I realize everything is fine. We've agreed to take a time-out for half an hour if one of us goes off the rails. Then, once we've calmed down, we talk it through.*	**Client:** *I try, but there are limits. I often snap and then blame myself for it. He doesn't deserve to be tortured like this, and I don't think he'll ever realize it, and it drives me crazy.*	**Client:** *Oh, yeah?! He doesn't hold back when he invades my life and sits on my neck. I tell him everything, I think. Then I feel bad, I don't know why. He pisses me off. On purpose. I take it out on him so he won't do it again.*

I.I.A. Psychodynamic Interventions[2]

- ***Build rapport*** by creating a safe space and time and being emotionally engaged and available for emotional contact and interaction.
- ***Empathically mirror and compassionately validate*** the patient's story, reactions, and behaviors with a genuine, gentle, encouraging smile. Explore with the patient their functions for affection management and care exchange.
- ***Guide the therapeutic relationship,*** accepting and appreciating the affection and transference dynamics offered by the patient/client to condition the ground for stable validating introjects, fostering her/his value and further autonomy.

I.I.B. Body-oriented interventions

- ***Notice and name*** the patient's and your recurring emotions and other body reactions: *"You smile every time speaking of her. What does that suggest about your attitude towards her?" "I feel tension whenever you mention it. Does this correspond to your experience with him?"*
- ***Ask the patient to describe*** the physical sensations they attribute to different feelings/attitudes: *"What do you experience physically when you are in love, hate, respect, envy, etc.?"*

I.I.C. Cognitive interventions

- ***Foster mentalization: Encourage the patient to notice their and others'*** recurring emotions and attitudes: *"What do you feel about N? Why do you think so? How does he/she feel about you? Why do you think so?"*
- ***Ask the patient to measure*** his/her and others' attitudes/feelings (love, hate, etc.) for themselves and different people.

I.I.D. Behavioral interventions

- ***Ask the patient to describe*** his/her typical behaviors and outcomes in relationships with those he/she loves, hates, respects, etc.
- ***Ask the patient to describe*** the features and behaviors that condition him/her to (not)love others.

I.2. Care

I.2.A. Psychodynamic interventions

- ***Actively explore and validate the patient's needs,*** driving his/her reactions and behaviors. Verify/confirm your understanding by summarising, paraphrasing, and/or repeating their words.
- ***Agree with the patient on the therapeutic contract and adhere to it,*** yet carefully consider his/her immediate needs.
- ***Explore with the patient what needs*** are to motivate others (including your own) reactions and behaviors in interactions with him/her.

I.2.B. Body-oriented interventions

- ***Note the patient's bodily reactions*** of frustration, enthusiasm, and suppression and discuss the needs, concepts, and behaviors, conditioning those.
- ***Explore with the patient the other's (including your own) reactions*** of frustration, enthusiasm, and suppression and discuss the possible needs, concepts, and behaviors, conditioning those.

I.2.C. Cognitive interventions

- ***Explore the patient's experience of care and needs satisfaction*** in childhood and life history.
- ***Explore the patient's concepts and habits,*** associating certain norms, behaviors, and behavioral expectations with particular needs.

I.2.D. Behavioral interventions

- **Ask the patient to practice:**
  - simple acts of care for self and others,
  - small favour requests,
  - o grateful acceptance of help,
  - gratitude to self and others.

II. Ideas for the development of medium-integrated capacities for love and care

If/when the patient initially demonstrates or progresses in therapy to a **medium level of capacity integration**, the therapist can leverage these established abilities and introduce more challenging (cognitive and behavioral) interventions, fostering the patient's inner processes to further empower him/her towards greater autonomy.

Therapy for these people focuses on strengthening their ability to differentiate their

[2] Psychodynamic techniques should be used for all patients, yet particularly for patients with low levels of integration.

affections, care, and responsibilities from those of others, exploring the impact of those on relationships with self and others, developing self-regulation, and dealing with inner conflicts and destructive patterns of relationships.

II.1. Love

II.1.A. Psychodynamic interventions

- ***Navigate the patient's curiosity*** with questions to explore his/her love for self and others, capacity to deal with others' affections towards him/her, loneliness, and co-dependency. Encourage the patient to investigate related concepts, conflicts, and their biographical origins.
- ***Encourage the patient's maturation and optimization of their coping with the challenged capacity to love self and*** *others and accept love*.
- ***Attribute any positive development to the patient's efforts, capacities, and recourses*** (Asay T, Lambert M, 2001).

II.1.B. Body-oriented interventions

- **Condition the patient to explore, embody, and experiment with different bodily experiences associated with attachment, differentiation,** and mature individuation.

II.1.C. Cognitive interventions

- ***Use questions to encourage the patient to recognize realistic positive functions of his/her styles of attachment, differentiation,*** and mature individuation.
- ***Discover and use the patient's symbols, metaphors, and narratives*** associated with love, affection, and other attitudes and relationships.
- **Condition the realistic positive**[3] **expectations**[4] by verbalizing realistic criteria for developing the capacity to love and accept affection.

II.1.D. Behavioral interventions

- ***Engage the patient in active practice and experimentation*** with behavioral patterns in relationships between sessions, collaboratively defining realistic actions to practice and discussing gained experience at the next session.
- ***Encourage the patient to journal*** his/her observations and experiments in his/her relationships with self and others*

II.2. Care

II.2.A. Psychodynamic interventions

- ***Attribute success in therapy to the patient's efforts,*** referring to it as their ability for self-care.
- ***Address and facilitate (if appropriate) challenges in the therapeutic process*** for yourself and the patient.
- ***Encourage the patient's ability to be aware and cope*** with their own and others' needs.

II.2.B. Body-oriented interventions

- ***Ask the patient to notice and journal his/her bodily reactions*** for frustration, suppression, satisfaction, or expected satisfaction of different needs. Discuss it.
- ***Ask the patient to notice and journal others' bodily reactions*** for frustration, suppression, satisfaction, or expected satisfaction of different needs. Discuss it.

II.2.C. Cognitive interventions

- ***Using questions, provoke the patient's awareness of:***
  - the care-exchange balance in their relationships;
  - his/her ways to ask for and accept help;
  - the other's ways to ask for and accept help;
  - the other's reactions to his/her behavior**.**
- ***Discover and engage the patient's symbols, metaphors, and narratives*** associated with their care to optimize it.
- ***Discuss the patient's expectations of your and others' care for him/her and his/her active participation (responsibility) in therapy.***
- ***Prompt the patient to take ownership (make rules) of their actions,*** considering their own and others' needs and expected reactions of others.

II.2.D. Behavioral interventions

- ***Encourage the patient to journal*** his/her observations and experiments of self-care and care exchange.
- ***Encourage the patient to find and probe alternative reactions and behaviors*** that would mutually meet his/her needs and those of others (including yours).

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[3] to reduce the anxiety and boost faster recovery (Egbert LD, et al 1964)

[4] To activate mesolimbic dopaminergic system (Benedetti, 2011.)

III. Ideas for the development of high-integrated capacities for love and care

If/when the patient enjoys **a high integration of love and care capacities, therapy shifts towards empowering them through active experimentation and practice in physical, behavioral**, mental, and interpersonal dimensions to cultivate flexible and sustainable health resources addressing inner and outer challenges.

Therapeutic approaches include:

- Active practice of:
  - love and care in diverse scenarios;
  - awareness, understanding, negotiating one's and others' affections and needs, fostering self-appreciation and care, and optimizing affectionate relationships and care exchange.

The goal of therapeutic collaboration is to cultivate the following:

- Sustainable loving, encouraging, forgiving, and caring introjects to enjoy self-love and self-care, allowing to:
  - Stabilise and protect one's self even under stress.
  - Balance own needs with those of others.
  - Use the solitude productively and joyfully.
  - Accept and appreciate others' affection, coping with the stress of adequate co-dependency.
  - Cope with disliking and rejection.
  - Ask for help without falling into helpless dependence and accept it gratefully.
- Initiation and maintenance of affection, endowing objects with an emotional value of good, consistent introjects, allowing to:
  - Endure and utilize necessary dependency while respecting one's own and others' independence.
  - Simultaneously access emotionally varying attachments to different multidimensionally perceived people (triangulation).
  - Endure separation and appropriate grieving, let go of the affective investments from the lost others and own preoccupation with them.
  - Consider others' needs, balancing them with egoistic impulses in conflict, protecting relationships by dealing with one's own impulses within one's Self, and adjusting one's actions to predicted reactions of others to one's behavior (care).

3.1 Love & Care

Psychodynamic practice experimentation

- **Trust the patient's perception, reactions, capacities, and learning style**, encouraging and prompting their optimization. Involve the patient in decisions and agreements, honor promises, and encourage patient responsibility.
- **Use Questions** to provoke awareness about relationship dynamics, functions of conflicts, reactions and/or symptoms, needs, expectations, and alternative behaviours.
- **Engage the patient in conscious navigation of 3 stages of the relationship's dynamic,** facilitating their maturing experience towards autonomy, acknowledging and planning approaching completion of therapy.
- **Condition the patient to internalize and optimize constructive relationship algorithms** of affection and care.

Bodily practice experimentation

- **Encourage the patient to actively experiment using body states, emotions, moves, and gestures to navigate the nonverbal relationships**.
- **Help the patient to embody** new experiences of affection, separation, care, asking and accepting help: *"How would you feel when…?"*

Cognitive practice experimentation

- **Autogenic training,** including "programming" new resourceful introjects and narratives, attitudes and affection/separation styles, and care exchange.
- **Ask the patient to develop a convincing positive interpretation** of the symptoms, reactions, and behaviors in a relationship as a capacity to regulate their relationships and care exchange with others.
- **Ask the patient for new ideas and possibilities** to manage their experiences of affection, separation, care exchange.

Behavioral practice experimentation

- **Encourage active practice, experimentation**, exploration, and optimization of various behaviors and experiences in relationships and care exchange, managing associated discomfort.

Conclusions

Exploring the primary needs/capacities of *love* and *care* sheds light on the psychodynamics of one's relationship with self and others, including in the therapeutic process.

A differentiated understanding of the integration levels of these capacities allows the therapist to plan and deliver tailor-made therapeutic interventions, resulting in sustainable improvements beyond mere behavior modification and symptom management.

The detailed operationalization of love and care, enriched with illustrative dialogues, allows for comprehensive differentiated psycho-socio-biological diagnosis, clinical reasoning, tailored treatment planning, interventions, self-help facilitation, and further research.

Practical ideas for possible psychodynamic, body-oriented, cognitive, and behavioral interventions are intended to stimulate further therapeutic creativity and experimentation.

While promising, this model requires further research to solidify its empirical foundation and practical efficiency. Its potential for transforming the therapeutic practice and promoting personal growth is intuitively obvious. It has proven helpful in different practices, but systematic scientific validation across diverse populations and exploration of various therapeutic applications is crucial for its future development.

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