

*Section: Theoretical reviews and research in PPT***DISSOCIATION: UNDERSTANDING THE DYNAMICS OF PRIMARY AND SECONDARY CAPACITIES****Veronica Maria Mateescu**

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Abstract

This article explores the psychological defense mechanism of dissociation within the context of trauma and micro-traumas, particularly its impact on primary and secondary capacities as defined in Positive Psychotherapy (PPT). Dissociation initially acts as a protective mechanism, allowing temporary detachment from overwhelming emotional realities. However, it can become maladaptive, disrupting the balance between primary capacities (e.g., love, trust, and hope) and secondary capacities (e.g., punctuality, honesty, and achievement). Through the framework of PPT, the study highlights how dissociation compartmentalizes psychological functioning, impairing self-integration and balance across the four domains of life: body/senses, work/achievement, relationships/contact, and future/meaning/goals. Employing therapeutic autoethnography and insights from trauma theory, this analysis demonstrates how PPT's distinctive tools, such as differential analysis and transcultural approach, facilitate nuanced and gradual healing. PPT fosters post-traumatic growth by integrating cultural sensitivity, metaphors, and storytelling, empowering individuals to transform dissociative mechanisms into resources for resilience and balanced self-functioning. This study underscores the need for culturally informed, holistic therapeutic strategies to address the multifaceted impacts of trauma.

Keywords: dissociation, trauma, Positive Psychotherapy, primary and secondary capacities, self-integration

Introduction:

This article explores the phenomenon of dissociation through the lens of Positive Psychotherapy (PPT), focusing on its impact on primary and secondary capacities. Primary capacities (capacity to love) are fundamental, innate abilities tied to an individual's emotional and relational life. In contrast, secondary capacities (capacity to know) involve cognitive, practical, and social skills, norms, and models of behavior influenced by the socio-cultural context of individual development. Dissociation, often triggered by unresolved conflicts, initially serves

as a defense mechanism but can later disrupt the balance between these capacities, undermining healthy psychological functioning.

The Balance model, a core concept in Positive Psychotherapy, seeks harmony across four life domains: body/senses, work/achievement, relationships/contact, and future/meaning/goals. When dissociation occurs, it can disturb this balance by disconnecting the Self from experiences, particularly in the context of trauma. One of the initial definitions of "trauma" describes it as a dissociative response, where the intensity of the experience leads to its storage in a separate area

of the mind or Self, preventing it from integrating into the broader sense of identity (NICAMB, van der Kolk: min. 0:06:13-0:06:53; Kalsched, 1996). Central elements of experiencing trauma are a feeling of absolute helplessness and loss of control over one's body and the course of events, overwhelming the person's ability to process what is happening, and unbearable emotional experiences (Banzhaf, 2018). The main symptoms of dissociation are identity and self-representation/concept problems; physical or emotional anesthesia; amnesia; depersonalization; derealization; extremely intense (and inexplicable) emotional states (flashbacks, impulsivity, etc.), alteration of the perception of time (Stern, 2010; van der Kolk, 1996).

As examples of trauma, we can mention violence, the threat of death, attacks, very intense shocks/surprises, sudden/unforeseen losses, repeated exposure to emotional, physical, and sexual abuse, systemic conditions like poverty, racism, and oppression, historical traumas (e.g., war, colonialism). In addition to traumas, an individual can experience micro-traumas. Micro-trauma is an accumulation of (apparently) insignificant events that can generate recurring episodes of conflict. These "Small 't' traumas" (Vasile, 2024) tend to be overlooked by the person who has gone through the experience, and usually, the person does not have an accurate memory of the timing of events. Actual capabilities (unreliability, injustice, lack of punctuality of a partner, etc.) are often involved in this kind of micro-events. Over time, such episodes can lead to traumatization or retraumatization because they drain an individual's energy and resources and actualize basic conflicts (Goncharov, 2014). Micro-traumatic experiences can build up over time, leading to a deeply profound traumatic impact (Crastrnopol, 2019). At some point, they exceed an individual's capacity to cope and cause a disruption or even a collapse in emotional functioning (Vasile, 2024).

Contemporary approaches to trauma draw on insights from psychology, neuroscience, sociology, and cultural studies to provide a comprehensive understanding of trauma and its multifaceted effects. Within this interdisciplinary context, Contemporary Trauma Theory (CTT) is a foundational framework for examining how trauma impacts an individual's biological, psychological, and social functioning (Ringel and

Brandell, 2012). Grounded in a holistic perspective, CTT emphasizes several core characteristics that highlight the complex interplay between trauma and human behavior. (1) dissociation as the primary defense mechanism; (2) attachment - difficulties in establishing and maintaining healthy relationships; (3) reenactment of the original traumatic event; (4) long-term negative effects on functioning in adulthood; (5) impairment in emotional capacities (Goodman, 2017).

Contemporary Trauma Theory and Positive Psychotherapy (PPT) are interconnected through their complementary approaches, both aimed at understanding and addressing trauma by acknowledging its challenges while emphasizing the growth potential (Calhoun & Tedeschi, 2012; Tedeschi & Calhoun, 2004). PPT acknowledges the impact of trauma but emphasizes the potential for post-traumatic growth. It focuses on utilizing internal and external resources to help individuals transcend suffering, promoting hope and resilience. Both theories embrace a holistic view, addressing trauma's impact across mind, body, social, and spiritual dimensions to promote balanced healing. PPT similarly emphasizes reinterpreting challenging experiences by focusing on positive resources and strengths. It shifts the narrative from pathology to identifying strengths and creating new meaning in life. Positive psychotherapy (PPT) builds on this perspective by embracing a humanistic, positive, and optimistic view of humankind (Marseille & Messias in Messias et al. 2020).

A meta-analysis of studies on dissociation using the Dissociative Experiences Scale (Lyssenko et al., 2017), comprising 15,219 individuals in 19 diagnostic categories, confirms the prevalence of dissociative symptoms in nearly all mental disorders. Another meta-analysis of studies on dissociation and emotion regulation strategies, comprising 57 independent studies and 11596 individuals, indicates that dissociation is a fundamental neuro-mental mechanism that automatically contributes to the excessive regulation of emotional states by triggering avoidance responses to both internal and external realities (Cavicchioli et al., 2021).

Dissociation can affect memory related to events due to the disconnection of the Self from the experience, especially in the case of macro traumas (Gabbard, 2015). The mental effects of

microtraumas can persist long after the traumatic events have ended. Our memories and fantasies reinforce reactions, causing us to relive those experiences repeatedly. These charged thoughts and images shape our emotional background, potentially challenging our values and altering our worldview (Kirillov, 2021).

A significant question in psychodynamics is whether dissociation is an ally or an enemy of the Self's integrity. Integration refers to the "organization of all different aspects of personality (including self-awareness) into a cohesive whole that functions coherently" (Boon, Steele & van der Hart, 2011:17). Integration enables a coherent life narrative, provides a stable sense of who we are, differentiates between past and present, and fosters a sense of Self. An integrated personality is characterized by stability, predictability, and flexibility. An integrated Self is defined by connecting life experiences (different periods and situations), social roles, thoughts, emotions, sensations, and memories (both pleasant and unpleasant) with our personality, self-awareness, and how we feel about ourselves, including our sense of Self. Dissociation, in addition to its defensive role, leads to a "major failure of integration that interferes with and alters the representation/sense of Self and personality" (Boon, Steele & van der Hart, 2011:23).

Methodology

This study employs a qualitative methodology grounded in therapeutic autoethnography and Positive Psychotherapy (PPT) theoretical framework. In this approach, the practitioner assumes the role of both researcher and autoethnographer. The goal is to explore and provide insights into the psychotherapeutic process from the therapist's direct, experiential perspective (Chew Helbig, 2022). While therapeutic autoethnography offers valuable insights into the therapist's direct, experiential perspective, it is limited by its subjective nature, which affects generalizability and introduces potential bias. However, it also provides a unique, in-depth understanding of the therapeutic process, fostering personal reflection and professional growth.

Secondary literature on dissociation, trauma, psychodynamics, and PPT principles provides a conceptual framework for understanding how

dissociation impacts primary and secondary capacities. This approach aims to integrate theoretical findings with practical experiences to examine dissociation's dual role in protecting and fragmenting the Self in contexts of trauma and micro-trauma.

Discussion

3.1. Dissociation and the Functioning of Primary and Secondary Capacities

Primary and secondary capacities are actual capacities that manifest in daily life and significantly impact an individual's personality. They are dynamic, interacting psychoneurological realities that often create conflicts within individuals and their relationships (Cope, 2023). Primary capacities refer to the ability to love; they are particularly linked to the emotional sphere and are closely related to the Self (Peseschkian N., 2007). Primary actual capacities define the structural functions of personality. They play a key role in information processing, interpersonal relationships, emotional experiences, and the individual's psychological space. Secondary capacities are patterns of behavior and norms that embody the achievement standards of the individual's social group (Kirilov, 2021).

Actual conflicts involve mobilizing primary and secondary capacities. The intensity and the symptoms it generates vary depending on the basic conflict, which brings an additional energy that increases the current tension and stress (Goncharov, 2014). According to Nossrat Peseschkian (2016), there are four ways of working out conflicts: body (senses), achievement (reason), contact (tradition), and fantasy (intuition). These ways of working out conflicts correspond to the four spheres of life that potentially give self-esteem to a person, according to the Balance model of Positive Psychotherapy: body/health (physical), work/achievement (mental), relationships/contact (emotional), and future/meaning/goals (spiritual) (Peseschkian H., Remmers, 2020). In Positive Psychotherapy, a central question is asked about the content: What causes or triggers this emotion? (Peseschkian, H. & Remmers, 2020) and about the localization of conflict (Goncharov, 2014). For example, unresolved issues in the physical sphere might manifest as health problems, while challenges in the emotional sphere could lead to

difficulties in relationships. According to Peseschkian and Remmers (2020), an illness can reflect a person's capacity to respond to conflict.

Dissociation, which serves as a defensive mechanism to protect the individual from overwhelming conflict or trauma, can evolve into a negative symptom if the person fails to develop more mature or healthy coping strategies. When this happens, the individual cannot effectively process or metabolize the conflicts that originally required dissociation as a defense. In situations where a new conflict arises, it can reactivate an older, unresolved, or sleeping basic conflict (Peseschkian & Remmers, 2020). This reactivation also returns the previously used defense mechanisms, such as dissociation. Dissociative processes both affect (can hinder the development of the self) and are affected by the organization of the self (arise from disruptions within the self itself) (Carlson et al., 2009).

In my clinical practice, I have encountered various forms of dissociation, which can manifest in different ways. For illustration, I have chosen a few client narratives that highlight how dissociation manifests in the conflicts they experience and in their ways of functioning:

"I lost myself, look at myself, and don't know who I am (...) I had a relationship where I felt inhibited; I decided to end it because I wanted to be free. Now, I am free and lost myself; I cannot find myself. I turned back to myself like I always was: small pieces that don't fit together." (feeling of fragmentation, a loose sense of identity)

"I don't remember too many things from my childhood; I don't remember almost anything until I went to the university (...) I feel only fragments of emotions; the emotions are pale like the entire world around me is pale colors. I believe I am calm, but recently, I got extremely angry; I cannot explain why: my mother had not washed her glasses well. I don't understand what happened to me." (amnesia and emotional anesthesia)

"I don't feel anything; nothing touches me, as if I were a robot. I have learned to flinch and to

sigh by observing others and seeing that it has an effect. I have learned to sigh so that others will like me, to make them think that I am in pain, but I don't feel anything." (emotional numbness, robotization experience, depersonalization).

"I enter the house and look at my child as if they were a stranger. I look at my husband, and it's as if I don't know him. Everything feels strange to me. I feel like a stranger to myself." (disconnection, feeling of alienation and self-alienation, depersonalization).

The literature on Positive Psychotherapy found no studies that directly address the dynamics between dissociation and primary and secondary capacities. Both underdevelopment and overdevelopment of primary and secondary capacities can create significant issues. Underdevelopment involves an inability to use a capacity effectively, while overdevelopment indicates excessive activity. This imbalance can lead to various problems that impact overall functioning and well-being (Peseschkian, 2007). The results of a study influenced by the perspective of positive psychotherapy on the functioning of primary and secondary capacities in PTSD have shown lower levels of primary capacities compared to secondary capacities (Sinici et al., 2014). Given that primary capacities are more significantly tied to emotional needs and emotional relations, they are more adversely impacted by PTSD and are less fully developed (Sinici et al., 2014). These conclusions can be applied to some extent in analyzing the dynamics between dissociation and primary and secondary capacities, with dissociation being one of the main mechanisms and symptoms involved in PTSD (Fung et al., 2023).

Combining information obtained from observing various forms and manifestations of dissociation in my private practice and from the literature on dissociation with the theoretical and conceptual framework of Positive Psychotherapy, I have attempted to present a summary of the dynamics between dissociation and primary and secondary capacities in the table below.

Table 1.
The dynamics between dissociation and primary and secondary capacities

Primary capacities (Peseschkian N., 2016)	Effects of dissociation
love (emotionality), trust	the inability to feel and to connect with others and yourself; emotional withdrawal; difficulties in expressing tenderness and vulnerability with other people or with yourself; increased level of mistrust in other people; difficulties in developing/maintaining a sense of self-trust; depersonalization
modeling	disruption of the ability to learn from others; decreased self-efficacy - diminished capacity to learn and apply new skills; disconnection from values/identity; fragmented self-concept; difficulties in internalizing positive modeling behaviors;
time	amnesia, alteration of the perception of time, difficulties in time management, difficulties in integrating experiences over time (fragmented sense of self), and envisioning the future
contact	the inability to connect and to maintain relationships;
patience	too high or too low frustration tolerance; disconnection; irritability; impulsivity; increased anxiety and stress; unpredictable reactions;
sexuality	numbness, anesthesia, disconnection from bodily sensations, emotional detachment, difficulties in sexual functioning, difficulties in communicating sexual needs and boundaries, risk of compulsive sexual behavior
self-confidence	fragmentation, a loose sense of identity; negative self-perception; internalized shame; difficulty making choices; fear of failure and avoidance of responsibility;
unity	identity and self-representation/self-concept problems; altered sense of unity (internally - within oneself; externally - with others)
certainty	confusion, ambivalence; inconsistent self-concept; uncertainty in making decisions and choices; identity confusion
hope	emotional numbness; emotional detachment; difficulties connecting with future aspirations and ideals; a sense of helplessness; detachment from reality/disconnection from meaningful life experiences or relationships
faith/religion	confusion about spiritual identity; feelings of guilt and shame (as a result of the disconnection from morality and personal values); changed perception of religious experiences
Secondary capacities (Peseschkian N., 2016)	
punctuality	one can lose the track of time; lateness; missed appointments/deadlines; difficulties to prioritize tasks; procrastination;
precision, performance	inability to focus, difficulties to remember; attention fragmentation; concentration problems; errors, mistakes, incomplete tasks; inconsistency in performance; difficulties to follow complex processes; memory loss;
diligence, seriousness	inability to focus; difficulties to remember; difficulties to maintain efforts; emotional dysregulation that can affect the ability to learn and to finish different tasks; emotional disengagement and lack of purpose; decreased motivation; neglect of one's duties; avoidance/lack of responsibility;
cleanliness	one can lose the track of routines; neglect of personal hygiene; impaired recognition of environmental cleanliness;
obedience, courtesy	weakened sense of obligation to authority; disconnection from rules and norms; disobedience as a result of altered states of awareness; fluctuation in

	following norms; (sometimes) lack of empathy; difficulties focusing and maintaining polite conversations;
honesty	(difficulties in recalling accurate information); disconnection from personal truths (disconnection from oneself); difficulties with self-disclosure; detachment from responsibility or accountability (esp. in stressful, overwhelming contexts)
faithfulness	difficulties in maintaining consistent relational and emotional commitments (numbness, disconnection, impulsivity), unpredictability, risk of seeking escapism;
justice	poor judgment; disconnection from consequences; confusion/difficulties in understanding legal rights, responsibilities, or procedures; difficulties in understanding and processing justice (i.e., poor judgment about right or wrong)
thrift	careless spending, disconnect from/neglect of financial responsibilities or consequences; unpredictable financial behavior (fluctuation between thriftiness and recklessness)

3.2. Positive interpretation of dissociation

A distinctive element of the theory and practice in PPT is the positive interpretation of the symptoms (Peseschkian, H., Remmers, A. 2020), according to the Principle of Hope (Peseschkian, N., 2016). Dissociation can be understood as a self-care and self-protective system that plays a crucial role in managing overwhelming experiences, particularly in the context of trauma. It serves as a mechanism for sorting relationships and establishing boundaries.

When faced with an overwhelming traumatic reality, dissociation acts as a protective barrier, shielding individuals from immediate emotional pain and distress. This protective function is vital for survival in situations where the mind may need to detach from the harshness of reality to prevent psychological disintegration and preserve psychological well-being and mental health. (Ruppert in Ruppert & Banzhaf, 2018).

Moreover, dissociation can temporarily escape reality, facilitating a postponement of emotional involvement and providing valuable time for individuals to process experiences that are too painful or overwhelming. (Ruppert, 2020). It is particularly useful in high-stress environments or settings marked by cumulative micro-trauma experiences where individuals need to maintain their functionality.

Furthermore, dissociation can enhance flexibility in one's emotional responses. This flexibility allows individuals to not tie themselves down to a singular emotional state or identity. As Peseschkian (2016) suggests, this adaptability

can be a strength, enabling individuals to navigate life's challenges without becoming rigid or confined by their experiences.

PPT offers a five-step intervention approach: (1) observation, (2) inventory, (3) situational encouragement, (4) verbalization, and (5) broadening of goals. This approach promotes a positive reinterpretation of trauma, focusing on restoring balance in the individual's life to foster empowerment and personal growth. This approach enables post-traumatic growth, which, in PPT terms, means that individuals achieve a renewed balance across the body, achievements, relationships, and spirituality. In post-traumatic growth, spiritual transformation aligns with the fourth sphere of the Balance model, representing future/fantasy. Character-strengthening changes in post-traumatic growth correspond to the body dimension, identified as a potential source of conflict in Positive Psychotherapy (PPT). Evolving relationships in post-traumatic growth align with the relational dimension in PPT. At the same time, the emergence of new possibilities may correspond to other areas of the Balance model, including the achievement dimension (Sari & Eryilmaz in Messias et al., 2020).

3.1. PPT in trauma therapy: gradual healing through differential analysis and cross-cultural insights

The use of differential analysis (DAI - Differential Analytical Inventory (DAI).) and understanding different types of conflicts and their levels of depth (actual, internal, basic) are

specific PPT approaches that enhance the ability to identify and differentiate emotional experiences, conceptions, values, and attitudes involved in traumatic events in a nuanced and gradual manner. This gradual approach mitigates the abrupt release of encapsulated emotional experiences, a specific element of trauma (Vasile, 2004), thereby preventing potential retraumatization from confronting painful realities that the individual initially defended against through dissociation. Additionally, differential analysis brings clarity, an extremely important healing element compared to the confusion and overwhelm characteristic of traumatic experiences. In this way, the client gains the control they initially sought through dissociative mechanisms, but in a healthy, mature form that allows for integrated functioning.

Differentiating types of conflicts and the constant interplay between surface and depth during therapy sessions enables a more controlled descent into the traumatic core, activating and creating more mature and healthier defensive mechanisms than the primary dissociative response.

Working with primary and secondary capacities facilitates an understanding of the socio-cultural structure and context in which the individual and relationships are formed, allowing for reshaping ways of thinking and experiencing oneself and others. This is achieved through distancing, broadening perspectives, and understanding oneself as capable of agency and shaping personal and environmental resources to balance the four areas of human functioning (body/senses, work/achievement, relationships/contact, and future/meaning/goals). It also allows for renegotiation of meaning and reorganization of the internal narrative. Understanding how culture and belonging to different communities and groups shape our identity allows for a deeper comprehension of both the formation of various anxieties and vulnerabilities and how cultural systems function as defensive mechanisms against them (Mateescu & Butaru, 2024), framing trauma as part of a larger life cycle whose meaning can be understood and valued. Contemporary trauma theory (CTT) recognizes that trauma does not occur in a vacuum but is shaped by identity, social context, and systemic inequalities. In this context, the transcultural approach, specific to PPT, when

understood in a broader sense, incorporates cultural sensitivity, acknowledging that trauma is experienced and processed differently across various cultural frameworks. It refers to the therapist's ability to recognize the unique individuality and resources of the client. In therapy, this approach requires the therapist to move beyond their cultural values and experiences, grounding their work instead in the client's values, traditions, and cultural context, as well as the environment in which the client operates (Frolov in Messias et al., 2020). By doing so, therapists can better understand and address the complexities of trauma within a culturally informed and responsive framework. Furthermore, the client is given the role of co-creator and co-constructor within the therapeutic relationship and space, which fosters a sense of empowerment and benefits self-confidence and self-reliance (Mateescu, 2020), ultimately contributing to the strengthening and affirmation of their identity.

The use of Oriental stories, parables, and metaphors—a distinctive element of PPT—plays a transformative role in trauma therapy by facilitating the indirect expression of emotions and experiences. Given the difficulty of verbalizing trauma due to its emotional intensity or the pain of particular memories, these tools enable individuals to access and process their experiences without confrontation. PPT's transcultural approach further enriches the therapeutic process: metaphors from the patient's own culture create a shared emotional-semantic field, while those from other cultures introduce novelty and offer contrasting perspectives, fostering new ways of understanding and healing (Lytvynenko et al. in Messias et al., 2020)

Conclusions

While often viewed negatively, dissociation can also be understood positively as a vital coping mechanism that supports self-protection, emotional processing, and adaptability to life's adversities. Working with clients affected by various degrees of dissociation, I have observed how recognizing dissociation's protective role within the psyche can be met with a sense of relief as clients put words to and understand something that often seems inexplicable, strange, or even frightening. Clients' distrust of this mechanism within the psyche's defense

structure may persist for a long in the therapeutic process, as often happens with egosyntonic elements in our psychological functioning. Constantly refocusing therapeutic attention on this mechanism when it appears, along with a precise analysis of its manifestations, benefits, and disadvantages for healthy functioning and appropriate life context defenses, is one therapeutic path that yields results. Strengthening the ability to detect dissociative mechanisms, along with raising awareness of dissociation's adverse effects—such as diminished capacity to recognize danger and the risk of “re-traumatization” cycles—lays the groundwork for healthier coping mechanisms.

Another prevalent feeling among the clients I work with is fear of dissociation's power, especially in those who rely predominantly on this defensive mechanism for emotional regulation, even to the extent of fearing they might lose control or “go crazy” (if they have not already come to therapy with this dissociation-induced fear). A frequent question involves how to stop and control dissociation once they have become aware of its adverse effects on the self's functional integrity, impacting the development of certain capacities while hindering others, leading to an imbalance across life's domains. Individuals can cultivate a more balanced and adaptable self by recognizing and nurturing neglected or underdeveloped capacities.

Often, addressing dissociative symptoms allows access to unresolved conflicts, as these symptoms tend to dominate the individual's daily functioning and form part of the actual conflict they bring to therapy. Clarifying dissociation's dual function as both a conflict-resolving mechanism and a symptom, with all its secondary benefits, is an important component of therapeutic strategy. Identifying preferred methods for working out conflicts aids in developing personalized strategies for managing them effectively without the negative symptoms of mechanisms initially adaptive but ultimately maladaptive over time. Sometimes, in the struggle to rebalance oneself and others, dissociation is “requested” back by clients in therapy: “Why am I no longer dissociated? Now I feel everything, and I cannot deny my anxiety,” “I miss my dissociation,” “It was easier when I was dissociated and didn't feel anything.” However, identifying, experiencing, and emotionally acknowledging, along with

increased frustration tolerance and developing more mature defenses, enhances resilience, equipping individuals to handle stress and adversity.

To foster a cohesive and resilient Self, it is essential to understand the origins and dynamics of conflicts and emotions that contribute to dissociation and the specific content and localization of these conflicts. Differentiating the content of conflicts into primary and secondary capacities, a concept specific to Positive Psychotherapy (PPT), offers a better understanding of the forces in conflict and how dissociation compartmentalizes psychological functioning (for instance, secondary capacities are often overdeveloped as a result of compartmentalization in response to suffering and adversity in the capacity to love domain). This allows for understanding the developmental dynamics of primary capacities (to love) and secondary ones (to know), the interplay between them, the compensatory mechanism - overcompensation that leads to the development or underdevelopment of some capacities - and the interdependencies of their functioning, which disturb the balance of life's four domains (body/health, achievement/work, contact/relationships, future/purpose/meaning of life) in one direction or another in the search for equilibrium.

Integrating dissociated or traumatized parts into one's self-functioning is key to restoring a cohesive, healthy identity. Decreasing the use of dissociation as a defense mechanism and reducing or eliminating dissociative symptoms frees up the energy needed for growth and development, aligns psychological time with the individual's biological time, fosters the development of undeveloped capacities and transforms them into resources, increases resilience, and enhances the ability to be present.

Integrating primary and secondary capacities within Positive Psychotherapy (PPT) provides a comprehensive framework for understanding how dissociation impacts the individual's psychological functioning. By addressing both the internal dynamics of conflict and the socio-cultural context in which these conflicts arise, PPT fosters a holistic approach to healing. As dissociated parts of the Self are reintegrated, it allows for the development of underutilized capacities and provides an opportunity to reshape the individual's identity within their

cultural context. This approach acknowledges the significant role culture plays in forming anxieties, vulnerabilities, and defensive mechanisms, thereby highlighting the need for a transcultural perspective in trauma treatment. In this way, the therapist's cultural sensitivity and adaptability can facilitate a deeper, more personalized healing process, bridging the gap between individual psychological dynamics and the broader social and cultural factors influencing trauma. This interconnected understanding empowers both the individual and the therapist to navigate the complexities of trauma with greater resilience and a more cohesive sense of Self.

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