

*Section: PPT cases***STRESS AND DEPRESSION AMONG REFUGEES: CULTURAL CHALLENGES AND SUPPORT THROUGH POSITIVE PSYCHOTHERAPY****Igor Olenichenko**

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**Abstract**

War is always a strong, shocking event for people. In times of peace, people have opportunities to directly influence their lives, make plans, and implement them. War disrupts all these processes. Then a person has a strong feeling that they cannot control their life, and with this comes a feeling of helplessness, a sense of objectivity in the face of this terrible catastrophe.

Armed conflicts always result in the migration of large numbers of people fleeing war. This leads to an increase in episodes of depression, anxiety, post-traumatic stress disorder, and other mental and behavioral disorders. In this regard, millions of people are deprived of the opportunity to receive timely and qualified psychological help. The author illustrates, through a concrete case study, the psychological challenges faced by refugees, including reactions to stress and adaptation disorders, and provides solutions to address them.

**Keywords:** depression, refugees, Positive Psychotherapy, war, trauma, stress, anxiety, adaptation disorders, current capacities, crisis situations

**Introduction**

We are in the midst of a global mental health and human rights crisis, and today tens of millions of internally displaced people suffer from mental health problems related to trauma, anxiety, and stress. Military conflicts around the world in recent years, especially in Ukraine and Israel, have dramatically increased the number of refugees and displaced people to record levels.

Fleeing military conflict, persecution, violence, or other forms of human cruelty, refugees often continue to experience severe stress, depression, and anxiety resulting from violence, family separation, homelessness, and other forms of trauma.

Given the number of risk factors, it is natural to expect a negative impact of forced

displacement on psychological well-being. Indeed, studies on the mental health of refugees show an increased prevalence of depression, anxiety, and PTSD. A refugee is often unable to respond adequately to the situation at hand and is also experiencing additional traumatic events. This maladaptation has a severe traumatic impact on the psyche, causing a range of acute or delayed symptoms, including:

- increased anxiety and panic attacks;
- irritability and unreasonable outbursts of anger;
- insomnia and nightmares;
- sensory disturbances and anhedonia;
- denial and avoidance of thinking and talking about traumatic events.

Depression is an inevitable stage of grief, an emotional state of experiencing loss. For some people during war, the losses are material and

literal: loved ones, animals, real estate, and finances. But the loss of meanings, of a comprehensible future, of time, of perspective, of what is desired, is also grief. The human psyche does not distinguish between tangible and intangible loss. It perceives only the significance of the loss.

Everyone goes through loss and the grieving process, which is an integral part of the human experience. Depression is one of the key stages identified by Elisabeth Kübler-Ross in her model of the five stages of grief.

According to her concept, grief passes through the following stages: denial, anger, bargaining, depression, and acceptance. (Kübler-Ross, 2001) A special place is occupied by depression as a stage of deep emotional restructuring, during which a person realizes the reality of loss and comes to terms with it, facing the feeling of hopelessness, emptiness, and loss of meaning.

Positive psychotherapy offers its approach to understanding depression in the context of grieving. Unlike classical models, PPT views depression not only as a negative state, but also as a potential source of personal change. This approach is based on cultural-anthropological theory, according to which every negative experience, including depression, is dual and has two aspects - suffering and possibility. This dual perspective allows the patient not only to cope with emotional pain but also to see it as a resource for further development.

Because depression manifests itself in different ways for each patient, it is quite difficult to fit into the framework of theoretical constructs from textbooks, which are sufficiently generalized to facilitate cognition. This does not emphasize the fact that depressive disorder, according to some definitions, is "a heterogeneous group of diseases with several common clinical manifestations, but differing in biological mechanisms of formation and development" (Fortunatova, 2022).

The more repressed a refugee's feelings are, the more intense their response to a stressful event, and the more their natural physiological responses to stress are blocked, the more likely they are to later develop a stress disorder.

Military conflicts often lead to serious mental health disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety disorders, which is supported by numerous studies (Murthy & Lakshminarayana, 2006).

Refugee issues, emigrant trauma, the psychology of emigration, and the psychological peculiarities of migrants began to be intensively discussed around the middle of the last century, when globalization intensified, and it became clear that a huge number of people moved to different countries from their ethnic places of origin. Migrants had to be helped somehow, not only with jobs or housing, but also in terms of psychology - to cope with stress, depression, apathy, and, often, aggression.

Cultural differences largely determine the psychological symptomatology of forced migrants. The stronger the cultural contrast a refugee lives in, the more pronounced will be the manifestations of their symptoms. The quality of cross-cultural adaptation is determined by how pronounced were the violations of the preceding four aspects: attachment, personal organization of defense mechanisms and coping strategies (coping strategies), quality of grieving and traumatic episodes, and special attention in this factor is paid not so much to intrapersonal changes as to the acquisition of new skills, norms and social roles that need to be mastered in new conditions (Hou et al., 2020).

A person who has left their country for one reason or another experiences constant anxiety, mood swings, depressive episodes, and is unable to make plans for the future. Often, these events are associated with armed conflicts and have links to political or ethnic persecution, which exacerbate the symptoms. This significantly affects the person's consciousness and psyche, subjecting it to change because the person has experienced the trauma of parting with the place and environment to which they are accustomed, where they were born. He got into a situation where, when relocating, a refugee is often faced with the loss of loved ones with whom he is parting for an indefinite period of time, with the fear of losing his identity. The whole situation plunges a person into a deep personal and transcendental crisis, and, at the same time, he is left alone, alone with himself and his trauma, without being able to turn to anyone familiar in the new place.

The founder of Positive Psychotherapy, Nossrat Peseschkian, viewed human beings as "a

## Methodology

mine rich in gems of inestimable value", which became one of his basic principles for a philosophical and scientific view of the nature of the human being (Cope, 2008; Peseschkian, 1987). "Is this just a humanistic appeal, or is it possible to think of a systematic psychotherapeutic approach to establish contact with those gemstones? In order to approach this question, some selected capacity-oriented concepts of Positive Psychotherapy are described in [...] the 'actual capacities' and 'step-by-step treatment strategy', Henrichs (2021) elaborated on these images. Accordingly, when working with reactions to strong traumatic events, the psychotherapist's tool of work is a conversation in a trusting position, and the object of influence is the psychic world of the individual.

Macro- and micro-events in the process of shaping conflict dynamics, in Positive Psychotherapy, are considered as equivalent categories. Within the method, the stress arc is at the heart of explaining psychosomatic reactions. Using the Balance Model, one can identify areas of life that are overloaded with minor stresses and lack the necessary resources to overcome them. This allows for the development of a sufficiently clear plan for harmonizing each of the four spheres of life, which is also a method of increasing the patient's stress resistance. The undeniable value of this tool is that it can be used not only by the psychotherapist but even by the patient, which I have used in my practice many times.

## Case

Client Denis, 25 years old. IT specialist, worked online. Unmarried, lived in Odessa (Ukraine) on his own in his apartment, which he bought by himself. A few months after the start of the war in 2022, he was able to leave the country, received asylum in Germany, and continued to work online. Soon enough, his health deteriorated, and this was reflected in his behavior, which alarmed his parents. They were concerned that he minimized his communication with them, behaving in a lethargic, non-initiative, and emotionally uninvolved manner. Previously, the relationship had been close and warm. The parents insisted on seeing a specialist, and after a month, Denis agreed. The psychiatrist diagnosed him with depression, prescribed medication, and recommended working with a

psychologist from Ukraine. The client followed the medication and came to me for counseling due to panic attacks.

Denis described his condition and feelings as follows: "I feel like I am slowly sinking into a swamp, I don't want to resist and fight. Everything is bad; I don't see any prospects for the future. There are days when I can't get out of bed for a long time. Not because I can't physically, but because I have no desire and mental strength. It all began almost immediately after we moved to Germany. Everything around me is foreign and inhospitable."

The described symptoms continued for several months. The client described in detail his subjective sensations, which mainly manifested themselves on the physical level: frequent headaches, periodic rapid or irregular breathing, chest pains, feeling of tightness and tremors, lack of erection. Appetite was decreased, and sleep problems occurred. On a mental level, the client felt constant anxiety and fear of the future, which seemed bleak and hopeless. Nothing brought pleasure, and he worked with great effort. At times, he felt irritation and nervousness, which also manifested itself in his relationships with loved ones. Several times, he had suicidal thoughts.

During counseling, it was revealed that the main cause of the client's condition was a sudden change of environment and living conditions to which he was accustomed. Denis, being the only child of his parents, grew up in relatively "hothouse" conditions and enjoyed great freedom, which significantly affected the formation of his personality and social adaptation skills. He was very sociable, often attended parties, and had a wide range of both friendly and sexual contacts. However, after moving to Germany, he found himself in a new social and cultural environment without speaking German (he knew only English, Ukrainian, and Russian). This sharply limited his social contacts and caused a lack of communication, which Denis described as extremely painful.

The work with the client was based on the five-step PPT model. This not only stabilized his emotional state but also contributed to the restoration of the client's personal activity and social inclusion.

In the first phase (Observation), Denis voiced complaints of anxiety, apathy, insomnia, physical tension, and lack of meaning and perspective. He

described his condition as "sinking into a swamp", accompanied by panic attacks, anhedonia, and suicidal thoughts. The work began with establishing trust, maintaining his inner stability, and creating a sense of safe space.

At the Inventory stage, the Balance Model revealed significant tensions in the spheres of "**contacts**" and "**future**". The client lost his previous circle of socialization, was unable to form new connections in emigration, did not speak German, and felt culturally isolated. His primary capacities (love, patience) were preserved, but his **secondary** capacities (determination, flexibility, discipline) were in short supply. This led to a sense of helplessness and low self-esteem.

At the Situational Encouragementstage, I emphasized the client's existing resources, including having and maintaining a job, excellent English skills, and readiness for self-analysis. I emphasized the steps that had already been taken and instilled confidence in the potential for change. I suggested specific, simple tasks: starting to learn German, reducing the time spent watching disturbing news, and paying more attention to physical activity and nutrition.

During the sessions (at the Verbalization stage), Denis was able to recognize and acknowledge his inner conflict: between the need for autonomy (his previous identity - successful, independent, and free) and the need for belonging (the desire to be part of a new society, accompanied by feelings of loneliness). He was able to recognize that depression and anxiety were a consequence of this contradiction. This was a decisive stage in therapy - for the first time, he had a sense of being able to influence the situation.

At the Expanding Goals stage, Denis became aware of the conflict and was able to formulate new goals for himself, including integration into society through language, improvement of his physical condition, restoration, and creation of new social contacts. He began to attend language courses, changed his daily routine, started leaving the house, and made at least superficial acquaintances. These actions contributed to the gradual restoration of the sphere of contacts and strengthening of the Body sphere.

The primary work with the client was conducted over 2 years and consisted of 64 sessions, primarily online, with the last 14 sessions being face-to-face. Supportive therapy

continues periodically to the present. The first sustained positive changes (decreased anxiety, improved sleep, increased motivation) were recorded by about the 10th appointment. Over time, there was a gradual recovery of the Contact sphere, accompanied by an increase in self-regulation and flexibility, as well as the formation of realistic goals and adaptation to the new sociocultural environment.

Similar dynamics are described by Česko (2013a), where the work with a migrant also included the restoration of the ability to social belonging through the development of secondary capacities. Henrichs (2012) also emphasizes that therapy with a focus on the Balance Model and the client's cultural resources can mitigate the frustrations caused by the change of country and lifestyle.

## Discussion

Although cross-cultural psychotherapy and PPT have similar terminology, they nevertheless represent fundamentally different approaches. The former considers cultural differences as factors, often negative, affecting the diagnosis and the process of therapy. Positive and Transcultural Psychotherapy, developed by Nosrat Peseschkian, considers cultural differences primarily as a source of resources, not just a factor. Culturally appropriate metaphors, parables, and cultural images help to enhance the client's self-understanding process. PPT is based on the concept of duality - every suffering has the growth potential, and every culture has a treasure trove of values that can and should be integrated into the psychotherapeutic process.

In one way or another, disasters and crises are an inherent part of life, regardless of cultural, natural, or social environments. Many people are exposed to the effects of both social crises and persecution, as well as armed conflict and disasters of all kinds, in addition to individual crises and loss. And even those "survivors of such disasters are often left with feelings of helplessness or depression, gripped by guilt or anger, caught in a maelstrom of trauma" (Ayalon, 2007). It takes a tremendous amount of resources for them to escape this vortex of despair and helplessness. All tools in positive psychotherapy are effective, depending on the context, because they take into account the cultural, social, and attitudinal backgrounds of

the patients (Olenichenko, 2024). The practical applicability of PPT in multicultural and migratory contexts has been confirmed in several international studies. For example, Česko and Çakıcı (2019) emphasizes that PPT, due to its anthropological basis, is particularly effective in supporting migrants and refugees experiencing culture shock. Henrichs (2012) also notes that the ability of PPT to integrate the client's cultural background into the therapeutic process strengthens identity and reduces frustrations associated with the loss of social references. Positive psychotherapy helps clients overcome both internal and external barriers resulting from traumatic events and cultural changes.

When forced to move to another country, a person with a certain personality type may exhibit insecure attachment, which is a personality trait rather than a disorder. This type of attachment is characterized by difficulty in establishing close social contacts, insecurity in relationships, and a tendency to avoid or become overly dependent on others. This can lead to avoidance of new acquaintances or superficial, incomplete social interactions in the new environment. Initially, moving may be perceived as an exciting and positive event - new life, new opportunities. However, over time, the culture shock and the need to adapt to the new environment may lead to internal conflicts and difficulties in networking.

Individuals with insecure attachments often struggle to adapt to new social and cultural environments, as they may experience a sense of insecurity and unpredictability in new relationships. At some point, initial enthusiasm is replaced by feelings of anxiety and discomfort. The other culture may begin to be perceived as irritating and alien, and there is a feeling that "home was better", even if the previous environment was not ideal either. Against this background, a feeling of isolation and homesickness develops, accompanied by a sense of loss of something important - not only the physical environment, but also the ties and attachments that supported an inner sense of stability and comfort.

Such manifestations are especially pronounced in people with insecure attachment patterns, for whom stability in relationships and predictability of the environment play a key role. Moving to another country can intensify these personality traits, as individuals face the need to adapt to a new, unfamiliar social environment in

which they do not feel safe. This usually leads to increased anxiety, difficulty in forming new bonds, as well as negative thoughts and emotional instability.

For example, in Ukraine, six months after the start of the war, many Ukrainians showed signs of depression. After the psyche had experienced the shock of the first events and the euphoria and elation of the first victories, grief for the losses inevitably followed. This condition was exacerbated in those who chose to flee the war.

An important study was conducted by scientists from various countries, under the auspices of Ulster University (UK). The self-reported survey data were collected from a sample of 2004 parents of children under the age of 18 from the general population of Ukraine, about 6 months after the outbreak of war with Russia. All participants had been exposed to at least one war-related stressor, with a mean of 9.07 exposures. In addition, 25.9% met diagnostic criteria for PTSD. Participants who had the highest exposure to war-related stressors were significantly more likely to meet criteria for PTSD compared to participants who had less exposure (Karatzias et al., 2022).

Specifically, a study published in *Clinical Psychology Science* shows that mindfulness-based trauma recovery for refugees (MBTR-R), a trauma-sensitive and socioculturally adapted group intervention, can significantly reduce the level and severity of PTSD and depression in refugees, with no evidence of side effects (Aizick-Reebs et al., 2021).

Studies by Australian and British scientists (Blackmore et al., 2020) provide current estimates of the prevalence of not only PTSD but also depression, anxiety, and psychosis. Refugees and asylum seekers have high and consistent rates of PTSD and depression. The results of this review emphasize the need for ongoing, long-term mental health care after the initial resettlement period.

## Conclusions

Psychological trauma is the state of a person's psyche who has experienced a strong shock, caught in a situation when their own life, the life of their relatives, or people around them were threatened with real danger. In war conditions, for example, there is frequent exposure to shelling, loss of life, threat of one's death, being held hostage, experiencing violence, and many

others (Chrisman & Dougherty, 2014). Children who survive armed conflict often face serious psychological consequences, including anxiety disorders and PTSD (Nela, 2024).

War trauma usually has the following signs:

- extreme emotional swings and mood swings;
- nervousness, temper tantrums over nothing;
- a feeling of powerlessness about the situation;
- "lost-looking," inattention;
- a depressing sense of dread, a restlessness in his eyes;
- a desire for solitude, secrecy (Herman, 1992).

Working with a client who found himself in a difficult life situation due to forced emigration emphasized the importance of a comprehensive approach in psychotherapy, including both Positive Psychotherapy techniques and additional methods. The main emphasis was placed on restoring balance in various life spheres and resolving the internal conflict that was increasing the client's sense of isolation and anxiety.

PPT was effective in understanding and structuring the client's internal experience. The use of the Balance Model helped to visualize how the client's lack of contact and lack of purpose in the new environment affected his emotional state (Peseschkian, 1987). The techniques of verbalization and goal expansion helped to recognize that the difficulties associated with adjustment can be overcome through the gradual restoration of active social interaction and physical well-being.

Since primary capacities are fundamental and embedded in each person from birth, and secondary capacities are developed through cultural norms and personal experience, it is important in psychotherapy to identify which capacities are deficient or hypertrophied in the client and to help restore the balance between them. PPT-based therapy helps to develop these secondary capacities and restore the balance.

However, in order to maximize effectiveness in working with clients experiencing the trauma of emigration and culture shock, it is important to understand that Positive and Transcultural Psychotherapy is a metatheoretical framework. Due to its culturally anthropological nature and structure based on the capacities model, PPT can integrate techniques from other approaches (e.g., CBT, body-oriented therapy, mindfulness practices) without losing its own philosophical

and methodological identity. Such an integrative but holistic approach is critical when working with migrants. It allows taking into account not only personal, but also cultural, value, and worldview aspects of the client's experience, turning the traumatic experience into a resource for healing. Additionally, body-oriented therapy techniques can be a valuable complement to working with these clients. A client experiencing anxiety and stress often experiences physical symptoms such as tension, headaches, and sleep disturbances. Practices that focus on mindful body relaxation and breath work can help reduce stress levels and improve the client's overall physical well-being (Lowen, 1977).

Stress management techniques that help overcome feelings of threat and uncertainty are also important. In particular, the use of mindfulness techniques and meditation practices can significantly increase resilience to stress and improve emotional well-being (Kabat-Zinn, 1990). These techniques are particularly effective for working with people who are in a state of constant tension and anxiety, as is often the case with refugees and immigrants.

Given that the client's symptoms also include elements related to culture shock, transcultural psychotherapy is a valuable resource as it integrates cultural specificities and values into the therapy process. This will help the client better adapt to the new cultural environment, which ultimately reduces feelings of alienation and isolation (Çesko, 2013b).

Group therapeutic techniques such as cross-cultural games have also proven effective in working with crisis and trauma caused by war and forced migration (Parruca, 2022).

This article shows that a competent combination of Positive Psychotherapy approaches with other psychological techniques, such as CBT, body-oriented therapy, mindfulness work, and stress management, can significantly increase the effectiveness of work with clients facing adaptation difficulties, anxiety, and depression in the context of emigration. Such an integrated approach helps not only to mitigate the effects of trauma but also to develop the skills needed to successfully integrate into a new cultural environment and increase psychological resilience.

The findings of this article are supported by empirical studies and clinical observations presented in Çesko (2013b), Henrichs (2012), and Olenichenko (2024), which consider PPT a

method that promotes not only therapeutic recovery but also social integration of migrants into a new cultural environment. Thus, scientific evidence supports the effectiveness of PPT in both individual and group work, with the consequences of migration trauma.

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