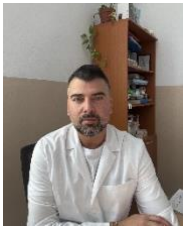


Conceptualization of Mental Status through the Balance Model and Actual Capabilities



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Abstract

The article examines an integrative approach to the therapeutic process by comparing information from mental status, the balance model, and the conflict processing model.

Mental status is a phenomenological framework that describes the observable manifestations of mental functioning. The balance model provides a structural context in which these manifestations can be understood as the result of the dynamic relationships between the four main areas of human experience. The conflict processing model adds a procedural perspective – it provides information on how current conflicts are experienced and points to their meaningfully integrated forms.

The integration between them enables simultaneous diagnostic, psychodynamic, and therapeutic understanding of human suffering. Thus, mental status serves as a "mirror" of the balance among the physical, active, relational, and meaningful dimensions of personality, and the therapeutic process can be directed toward restoring inner harmony and meaning.

Keywords: Positive Psychotherapy, Balance Model, conflict processing model, primary and secondary actual capacities, mental status

Introduction

The concept of "mental status" traditionally belongs to clinical psychiatric discourse, where its primary function is to provide a systematic framework for describing an individual's cognitive, affective, and behavioral manifestations at a given moment (Jaspers,

1997/1913; Kaplan & Sadock, 2007: 153). It represents a specific "translation" of the patient's history into the clinical language of psychopathology. This descriptive and diagnostic procedure is undoubtedly fundamental to clinical practice and is considered a basic competence of every mental health

professional. The content of the individual areas of mental status – e.g., consciousness, attention, thinking, emotions, or memory – their phenomenology in the norm, their manifestations in various psychopathological pictures, and the instruments for their examination (e.g., MMSE, PSE, Zung, MMPI, etc.) have already been developed in detail in the literature and included in clinical diagnosis (Folstein et al., 1975, pp. 189–198; Wing, Cooper & Sartorius, 1974). In this sense, the present report does not aim to reproduce or systematize this already established body of knowledge, which should be in the repertoire of every specialist in psychotherapy.

The focus here differs in content and is specifically psychotherapeutic. The emphasis is on the question "How can mental status be rethought and included as a tool not only for diagnosis but also for therapeutic understanding and intervention?" In this context, its conceptualization is examined within the framework of the balance model and the conflict-processing model of Positive Psychotherapy, developed by Nosrat Peseschkian (1987). These models view human existence in four interrelated areas – body, activity, contacts, and future/meaning – and describe how individuals distribute, integrate, and use their psychic energy to cope with problems/conflicts. Our efforts are directed towards analyzing how each sphere of mental status can be viewed not in isolation, but within the framework of these areas, so that both its weaknesses and its resources – the positum of conceptualization – can be seen.

Such a perspective views mental status beyond its traditional use as a momentary clinical picture of existing symptoms and deficits. In this sense, it becomes a dynamic "sketch" of the personality's adaptive abilities and resources, serving as a bridge between psychiatric description and psychotherapeutic planning and the formulation of therapeutic tasks. At the heart of this rethinking is the idea that every mental function – be it thinking, attention, or emotions – can be considered both an area of imbalance and a source of abilities that, with adequate therapeutic interpretation, can be activated in the direction of development and personality transformation (Peseschkian, 1996).

Thus, this review does not aim to provide an exhaustive description of the individual

elements of mental status in their normal or pathological states, nor to discuss the instruments used to measure them. Its purpose is to bring out the psychotherapeutic meaning of the conceptualization of mental status within the balance model: "How does this model reformulate the functions of consciousness, contact, perception, emotions, will, and other mental processes as resources for building balance, meaning, and stability in the life of the individual, and how, together with the conceptualization of the conflict processing model, could it provide a starting point for therapeutic intervention?"

Methodology

2.1. Balance Model

The method of positive and transcultural psychotherapy has a good and reliable tool that allows observation and diagnosis of what is happening in the experiences of clients/patients - the so-called "Balance Model". It is based on the idea that a person distributes their 100% mental energy across four main areas, the contents of which become visible through the primary and secondary abilities that each personality possesses and uses in everyday life. Each of these areas has its own (unique) resource for dealing with conflicts that arise. When this happens in a balanced way, i.e., it does not test a person's abilities, or it applies to the repertoire of coping strategies, or the psychological defense mechanisms are not decompensated, a person more easily goes through difficult and conflict-laden situations.

Rather than repeating the entire theoretical framework, the article uses the balance model as a reference point for interpreting the mental status data. The four areas: "Body & Health"; "Work & Achievement"; "Relationships" and "Meaning/Future/Values" serve as coordinates for extracting information about which specific mental functions are invested with more energy and which are neglected or blocked.

In situations where this is impossible (no experience/does not know how/strategies and defenses are decompensated and/or the experience is traumatic), a person "chooses" (most often as a pattern formed in childhood) one of the areas and invests too much time, effort, and feelings in it. Then, this area assumes the role of a "place of escape" (impoverishment of content) and/or a compensatory mechanism

(overloading), which becomes evident through the conflict-processing model. According to M. Goncharov (2013), the conflict processing model has its own localization, processing area, and content, described by categories of secondary actual abilities.

For example:

Attention or psychomotor disorders could indicate excessive stress in the area of "Work & Achievement" at the expense of the area of "Body & Health."

Apathy or anxiety could be an indicator of a breakdown in the areas of "Relationships" and "Meaning/Future/Values," rather than a purely affective disorder;

Rigid thinking and excessive focus on precision and criticality often indicate the dominance of secondary abilities in the areas of "Work & Achievement" and "Meaning/Future/Values," masking unresolved emotional conflicts.

The examples given show how mental status goes beyond the collection of information about isolated mental functions and becomes an applicable tool to the known ones – the balance model and the conflict resolution model.

2.2. Historical context and integration

The concept of "mental status" emerged within the framework of classical descriptive psychopathology and early academic psychiatry. In the first half of the 20th century, it crystallized as a structured clinical observation framework for describing consciousness, perception, thinking, affect, will, and psychomotor activity at the time of examination, in the tradition of Kraepelin and Bleuler. Karl Jaspers' phenomenological reworking distinguishes between "explanation" and "understanding" and establishes systematic phenomenological description as the basis of clinical assessment (Jaspers, 1997, 1913). Gradually, "mental status" became a normative component of psychiatric examinations in textbooks, a practice later confirmed in contemporary manuals (Kaplan & Sadock, 2007).

A second key line is operationalization and standardization. Instruments such as the Present State Examination (PSE), for the systematic coding of psychopathological phenomena (Wing, Cooper & Sartorius, 1974), and the Mini-Mental State Examination (MMSE), for cognitive screening (Folstein, Folstein & McHugh, 1975), were developed. These developments

strengthened the validity and reliability of mental status as a measurement module. They brought it closer to the requirements of diagnostic systems (DSM/ICD), with a focus on observable indicators and inter-subject consistency (American Psychiatric Association, 2013).

In the 1970s, a third line emerged – biopsychosocial integration, which expanded the framework beyond reductive biomedicine. Engel's concept defines clinical assessment as encompassing the interrelationships among biological, psychological, and social levels (Engel, 1977). In contrast, cultural-anthropological contributions (Kleinman, 1988) show that mental status is inevitably "colored" by cultural scenarios of suffering, expression, and meaning. These trends shift the field from a purely symptomatic description to a contextual understanding of a person within their historical reality.

Based on these basic paradigms, a bridge to psychotherapy is discovered. For example, the humanistic-existential tradition (Rogers, 1951; Frankl, 1963) reorganizes its focus: from an inventory of deficits to the potential, meaning, and values of the personality; cognitive therapy (Beck, 1976) adds a focus on thought patterns and evaluative processes as part of the client's "here and now" picture. Peseschkian's Positive Psychotherapy makes the next key move: it translates mental status into the language of resources and embeds it in the balance model (body, activity, contacts, future/meaning), where each function (e.g., attention, emotions, thinking) is viewed simultaneously as an area of vulnerability and as a carrier of abilities/resources/potentials that can be activated therapeutically (Peseschkian, 1987; Peseschkian, 1996). In this way, mental status is transformed from a static "map" into a dynamic picture of adaptation, relevant for planning interventions, formulating the case, and tracking change. In this way, the balance model can serve as a reliable tool for determining the direction of psychotherapeutic work.

2.3. Methodological commentary

The conceptualization of mental status within the balance model and the conflict processing model implies an important methodological change. In the classical psychiatric and clinical psychological tradition, mental status is assessed primarily through the description of individual

mental spheres, mainly as deficits, as well as through the symptoms of psychopathology (Kaplan & Sadock, 2007). Thus, the emphasis is placed on identifying deviations from the "norm," which is essential for diagnosis and pharmacotherapy, but it leaves the individual's resources and adaptive capabilities in the background.

In Positive Psychotherapy, on the contrary, mental status is viewed as a field of potentials/resources. Peseschkian (1987) proposes an integrative model in which each mental function can be viewed simultaneously as both a source of vulnerability and a source of resources ("Where there is a problem, there is also a solution"). This methodological rethinking fits into the broader paradigm of humanistic and existential psychotherapy (Rogers, 1961; Frankl, 1963), which emphasizes personal growth, meaning, and freedom of choice. This connection between Positive Psychotherapy, as a humanistic method, and the theoretical frameworks of humanistic and existential psychotherapy provides evidence of its scientific value. It is an important aspect that demonstrates that it has its own theory, consistent with its predecessors.

From the perspective of scientific integration, the balance model can be viewed as a bridge between classical descriptive approaches and contemporary resource-oriented modalities. For example, the biopsychosocial model (Engel, 1977) emphasizes the interrelationships among physical, psychological, and social factors, but Positive Psychotherapy adds, at a conceptual level, the importance of meaning and values. Cognitive-behavioral theories (Beck, 1976; Ellis, 1994) emphasize thought patterns and behavioral habits, whereas the balance model situates these aspects within the broader dynamics of the four areas – body, activity, contacts, and future/meaning – and considers them in their "positum."

Such a framework allows the therapist to analyze mental status not simply as a fixed description of the current state, but as a dynamic field between possibilities and dysfunction. This is particularly valuable in clinical practice, where there is often a discrepancy between available resources and the patient's use of them. The distribution of mental functions across the four areas enables the targeted identification of "shadowed" primary and secondary abilities, providing a basis for therapeutic intervention

and personal development (Peseschkian, 1996; Wissing & Schutte, 2016).

2.4. Theoretical connections

The distribution of mental status across the four areas of the balance model makes sense only when it is situated within the broader network of psychological and psychotherapeutic theories. In this context, several main lines of theoretical integration and dialogue can be outlined. This is important evidence that the specific content and tools of Positive Psychotherapy align with contemporary psychological theories and trends and can be incorporated into the repertoires of psychotherapists across disciplines.

1. Biopsychosocial model

Engel's (1977) classic formulation emphasizes the need to view the individual as a unity of biological, psychological, and social factors. Peseschkian's balance model extends this triad with a fourth dimension – future/meaning – that extends beyond immediate functioning to encompass existential and value orientations. In this way, he builds on the biopsychosocial framework, adding a spiritual horizon (Peseschkian, 1987) and highlighting the importance of the concepts underlying abilities that contribute to maintaining dysfunction, life scenarios, and available or hidden resources.

2. Humanistic-existential approaches

Their focus is on the future/meaning, as in Frankl's logotherapy, which holds that the search for meaning is the primary driver of human motivation (Frankl, 1963). A parallel can be drawn with Rogers' client-centered therapy (1951), which emphasizes the value of authentic contact and continuous development. Thus, the spheres of mental status in the balance model can be interpreted as concrete manifestations of this fundamental tendency toward self-actualization and meaning orientation, placing the balance model among instruments grounded in valid psychotherapeutic traditions.

3. Cognitive-behavioral approaches

The different mental spheres have obvious parallels with Beck's cognitive therapy (1976), where it is precisely distorted cognitive and dysfunctional schemas that maintain psychopathology. The difference is that in Positive Psychotherapy, these functions are not viewed solely as dysfunctional, but also as sources of potential resources. They can be activated or even built up by shifting the focus

from deficits to abilities, which broadens the conceptual horizon, "feeding" successful strategies for coping with similar events in the past, or offers an opportunity to see aspects of suffering differently. (Peseschkian, 1996).

4. Psychodynamic perspective

Psychodynamic theories (Freud, 1915, 1957; Kernberg, 1975) emphasize internal conflicts, defense mechanisms, and unconscious processes. In the conflict processing model, the current conflict, formulated in terms of imbalance between the four areas, sets the therapeutic direction in the unfolding of psychodynamics – the contradiction in thoughts, emotions, experiences, and behavior. For example, excessive investment in the activity domain may lead to neglect of contacts or meaningful perspectives. In this way, the model provides an operational framework for understanding the dynamics between intrapsychic forces and their manifestation in reality.

2.5. Psychotherapeutic meaning

The transfer of mental status within the balance model and the conflict processing model is important for psychotherapeutic practice. It can be found in the following areas:

1. Assessment of imbalances/deficits

By dividing each sphere of mental status into four areas (body, activity, contacts, future/meaning), the therapist gains a tool for more refined diagnosis. For example, pronounced anxiety may be related not only to the physical sphere (somatic symptoms), but also to the future/meaning (existential insecurity). It may also be transferred to achievements (the presence of conditions that define success as a feeling of significance) or "metastasize" into contacts (anxiety about separation from a partner). Thus, the picture becomes multi-layered and oriented towards overall balance (Peseschkian, 1987).

2. Activating resources

Any deficit can be translated into the language of abilities. Attention disorders can block success in an area of activity, but the cause of this deficit may lie in excessive tension in the area of contacts (emotional imbalance). A deficit in attentional capacity can help the therapist guide the client/patient toward mindfulness practices that draw on the future/meaning domain. In this way, therapy does not remain at

the level of symptom correction, but becomes a process of resource mobilization.

3. Formulation of conflicts

In Positive Psychotherapy, current conflicts are often understood as the result of a one-sided investment of psychic energy in one domain at the expense of others. The distribution of mental status allows these conflicts to be formulated more precisely: for example, the dominance of activity at the expense of contact may explain problems in emotional relationships or social isolation. Therapeutic work then focuses on restoring the balance between the areas (Peseschkian, 1996).

4. Individualization of the therapeutic process

The conceptualization of mental status in the balance model and the conflict processing model makes it possible to develop an individual therapeutic plan tailored to the client's unique configuration. For example, a person with well-developed memory and intellect but deficits in emotional expression may be referred to therapeutic techniques that involve bodily expression or art to expand the range of contact and emotions.

5. Tracking change

In the dynamics of the therapeutic process, the mental status, as conceptualized within the balance model, serves as an indicator of development. If, at the outset, a certain area is limited or one-sidedly developed (e.g., criticality – directed solely toward self-judgment), therapy can track its transformation into a more balanced form (criticism as self-reflection and ethical judgment). This turns the status into a tool not only for diagnosis but also for monitoring change (Wissing & Schutte, 2016).

6. A bridge to interdisciplinarity

The integration of mental status and the balance model facilitates dialogue among psychotherapy, psychiatry, and medicine. For clinicians in the medical field, this conceptualization provides a familiar structure (consciousness, memory, thinking, etc.), and for psychotherapists, a resource-oriented interpretation. This creates a common language that facilitates collaboration in a multidisciplinary team (Kaplan & Sadock, 2007)..

Discussion

3.1. Transition and applicability

The conceptualization of mental status through the balance model shows that each mental function can be viewed not only as a diagnostic criterion but also as a potential resource. The theoretical framework, historical parallels, and connections with other psychotherapeutic approaches reveal that mental status is transformed from a static description into a dynamic tool for understanding and change. The practical applicability of this perspective is multifaceted: it facilitates the therapist's identification of imbalances, assists in formulating internal conflicts, and enables tracking of the client's development. At the same time, visual elements – in the form of matrices or diagrams – offer not only an academic but also a practical model that can be used in both therapeutic practice and the training of young professionals. This makes Positive Psychotherapy and its tools a psychotherapeutic modality with measurable effectiveness.

In this vein, the next step is to examine how primary and secondary abilities manifest in each sphere and area of the balance model, and what can be observed in the conflict-processing model. This specifies the resource-oriented approach of Positive Psychotherapy and shows how the therapist can encourage personal development by consciously activating these abilities. For this purpose, it is necessary to provide a brief psychotherapeutic description of the mental status.

1. Consciousness

Consciousness reflects the individual's ability to perceive themselves and their environment, to organize their actions in advance and anticipate their outcomes, and to control and regulate their behavior. In the physical realm, it pertains to self-perception of physiological states and sensations. In the realm of activity, consciousness manifests as goal-setting and reflection on actions taken. In social interactions, consciousness structures social identity and awareness of others as subjects. From the perspective of the future/meaning, it encompasses existential self-awareness, awareness of meaning, and value orientation.

2. Contact

Contact in mental status includes the ability to establish, maintain, and regulate

interpersonal relationships. In the physical realm, it manifests itself through nonverbal communication and sensory expression. In the sphere of activity, contact is realized in cooperative actions and social roles. In the social sphere of balance, contact facilitates the development of trust, empathy, and closeness. In the dimension of future/meaning, contact is belonging to cultural, spiritual, or religious communities.

3. Perception

Perception means the organization of sensory and cognitive information. Reflection of things in the mind through the sensory organs. In the realm of the body (an instrument of the senses), it encompasses basic sensory perception. In activity (instrument of logic) - interpretation of situations. In contacts (instrument of tradition) - perception of the emotions and intentions of others. In the future/meaning - symbolic perception and interpretation of life events as part of a larger meaningful structure.

4. Emotions

Emotions in the bodily domain are associated with physiological reactions and somatization. In activity, with motivation and behavioral regulation. In contacts - with affective exchange, empathy, and emotional response. In the future/meaning - with existential feelings such as hope, fear, guilt, and meaningful satisfaction.

5. Will

Will is the ability to choose, set goals, and persevere in actions. In the physical realm, it is expressed through self-control over physiological impulses and needs. In activity, will is central – associated with perseverance, diligence, and goal achievement. In relationships, it regulates interpersonal boundaries and assertiveness. In the future/meaning will acquire a dimension of spiritual orientation, free choice, and commitment to values.

6. Psychomotorics

Psychomotor skills reflect the connection between mental processes and motor activity. In the physical sphere, they manifest as tone, coordination, and the expressiveness of movement. In activity, they are associated with task performance and motor organization. In social interactions, psychomotor skills are visible in nonverbal behavior, gestures, and facial expressions. In the future/meaning sphere, they

are interpreted as symbols of movement and ritual behavior.

7. Attention

Attention is the ability to select and concentrate mental energy. In the physical realm, it manifests as awareness of bodily signals. In activities, efficiency, focus, and control of the work process are necessary. In interpersonal contact, attention serves as an empathic connection with the other person. In the future/meaning, it is directed towards existential questions, reflection, and meditative concentration.

8. Thinking

Thinking is the cognitive process of analysis, synthesis, and abstraction. In the physical realm, it can be linked to the interpretation of somatic experiences. In activity, thinking provides planning, problem-solving, and creativity. In relationships, it structures communication and social understanding. In the future/meaning, thinking manifests itself through philosophical and value reflection.

9. Memory

Memory integrates experience, making it accessible to the present and future. In the physical realm, it is bodily memory, including psychosomatic traces. In activity, it provides continuity in professional and practical skills. In relationships, it serves as a bearer of emotionally significant memories. In the future/meaning, memory is associated with autobiographical memories and identity.

10. Intellect

Intellect is the integrative ability to solve problems, learn, and adapt. In the physical realm, it manifests as practical intelligence related to health care. In activity, it manifests as analytical and creative skills. In social contexts, it manifests as social intelligence and an understanding of others. In the future/meaning, intelligence reaches the ability for critical philosophical and moral judgment.

11. Criticality

Critical thinking is the ability to reflect on and evaluate. In the physical sphere, it is related to healthy self-observation and care. In activity, it is related to the assessment of effectiveness and results. In contacts, it relates to moral and social assessment and to self-assessment. In the future/meaning, criticality is inseparable from ethical and existential judgment about the meaning of life.

Each component of mental state could be viewed simultaneously as: an indicator of what is visible; a structural signal of disturbed balance and capacity – a resource that can be activated through a therapeutic process.

For example:

Criticality can manifest itself as pathological self-esteem or narcissistic expectations of others, and on the other hand, it can contain good potential for ethical reflection and responsibility;

Will could manifest as rigidity or passivity (stubbornness), but also as persistence and commitment based on values;

Emotional reactivity can show dysregulation, but also emotional accessibility and the ability to connect.

A similar shift from a deficit-oriented to a resource-oriented interpretation (positive reinterpretation) links mental status to the therapeutic goals of positive and transcultural psychotherapy.

Figures 1, 2, and 3 illustrate the relationship between components of mental status and the spheres of the balance model.

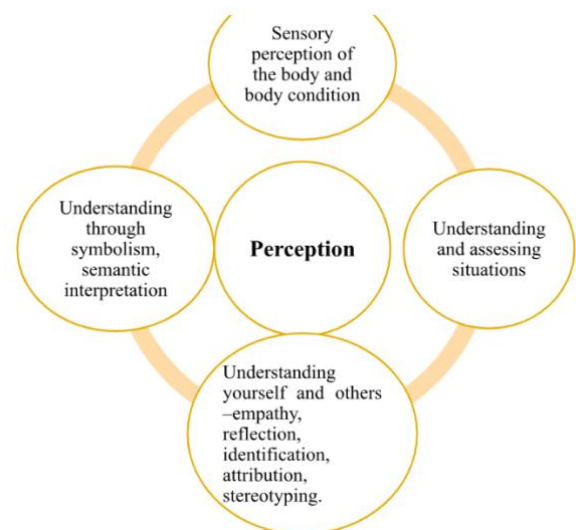


Figure 1. Relationship between perception and the spheres in the balance model.

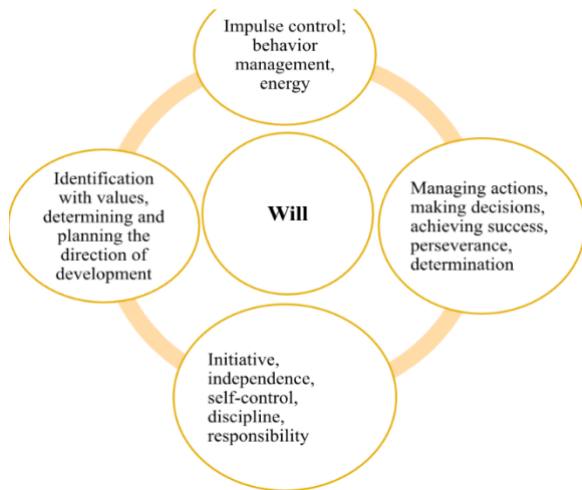


Figure 2. Relationship between will and the spheres of the balance model.



Figure 3. Relationship between criticality and the spheres of the balance model.

The conceptualization of mental status through the prism of the balance model allows for the systematic integration of individual mental functions into the four main areas of human existence. Thus, consciousness, contact, perception, emotions, will, psychomotor skills, attention, thinking, memory, intellect, and criticality can be viewed not only as isolated mental processes, but also as dynamic aspects of the balance and imbalance between the areas: "Body & Health"; "Work & Achievement"; "Relationships" and "Meaning/Future/Values."

3.2. Actual capabilities

Actual capabilities are psychologically valid norms that Positive Psychotherapy groups into two main categories based on their content. The first category comprises primary capabilities, which are oriented toward feelings and the emotional sphere closer to the ego and instinctive needs (social interaction, love & capacity for relationships, patience, time awareness, trust, role modeling, certainty/assurance, hope, etc.). Based on these, forms of behavior acquire emotional nuance and elicit feelings of pleasure (praise, encouragement) or displeasure (reprimand, punishment). The second category includes secondary capabilities – an expression of transmitted knowledge and accumulated experience, and hence the ability to learn, as well as their correlation with psychosocial norms, and in this sense they carry the power of behavioral regulators (punctuality, cleanliness, fidelity/loyalty, orderliness/order, obedience, reliability/trustworthiness, justice/fairness, diligence & achievement, etc.).

Any pressure in favor of one or the other leads to fixation – a person begins to emphasize one ability and use it in specific situations. Thus, one ability becomes hyperbolized and disrupts the harmony of the personality, whereas other abilities may manifest as blocked, underdeveloped, or dysfunctional.

3.3. Secondary capabilities in mental status, balance model, and conflict resolution model

Secondary capabilities are an expression of transmitted knowledge and accumulated experience. When functioning normally, they ensure adaptation and stability. When imbalanced, they are visible in the mental status as rigid, inauthentic symptoms, carriers of dysfunction.

The overall picture when combining information from mental status with the balance model and conflict resolution model, as well as the psychodynamic perspective coming from this connection, would look something like this (Table 1).

Table 1. Relationship among the spheres of the balance model, the conflict resolution model, mental status, and the psychodynamic perspective.

<i>Balance model</i>	<i>Secondary capabilities</i>	<i>Mental status</i>	<i>Conflict resolution model</i>	<i>Psychodynamic significance</i>
<i>Body & Health</i>	Cleanliness, order, diligence, discipline, consistency	Good tone, well-groomed appearance, care for the body, and health	Obsessive cleanliness, rigidity, somatic and psychosomatic symptoms	Regulation of the sense of bodily self; somatization and/or perfectionism.
<i>Work & Achievement</i>	Diligence, responsibility, precision, reliability, obedience, discipline	Purposefulness, concentration, energy, initiative, independence	Escape into activity and/or inactivity, exhaustion	Activity becomes a personal measure of value and significance
<i>Relationships</i>	Courtesy, honesty, diligence, reliability, fairness, obedience, discipline	Empathetic contact, stable social, and emotionally meaningful relationships	Dependence, fear of conflict, social isolation, or many, but poor in content, superficial contacts	Regulation of closeness and distance, need for care, and self-sufficiency.
<i>Meaning/ Future/ Values</i>	Order, discipline, reliability, politeness, honesty, fairness	Resilience, tolerance for frustration, realistic goal-orientedness, and determination	Fatalism, hopelessness, dogmatism, guilt, existential emptiness	Existential crisis.

Each actual ability, individually and in combination, as personality traits, manifests itself in the same four dimensions in which they have developed.

We present several examples of the possibility of integrating information from mental status into PPT tools – the balance model and the conflict processing model.

1. Orderliness / Order

Organization, structuring of the world/reality, predictability, internal discipline, moral and physical order. Creates a sense of security, stability, and control. As a way of processing conflict, it becomes obsessive, marked by fear of mistakes, intolerance of spontaneity, and perfectionism (Table 2).

Table 2. Actual capability "Orderliness / Order" through mental status, balance model, and conflict processing model

<i>Generalized component of mental status</i>	<i>Balance model</i>	<i>Conflict processing model</i>
<i>Appearance/ behavior/ psychomotor skills</i>	Well-groomed, clean, calm, tidy, toned, coordinated	Excessively neat, fixated on details, prone to rituals
<i>Affect/mood</i>	Calm, composed, balanced, able to switch between positive and negative affect depending on the situation	Suppressed affect, anxiety in the face of unpredictability; prone to negative emotions dominating
<i>Thinking</i>	Structured, logical, organized, consciously controls thoughts and actions	Rigid, moralizing, dogmatic, obsessive, follows stereotypes and prejudices
<i>Perception</i>	Realistic, objective perception of the surrounding reality.	Detailed, but without perspective (tunnel vision)
<i>Cognitive functions – memory, will, attention, intellect.</i>	Good concentration, memory, attention, impulse control, and identification with values	Exhaustion, lack of self-control, uncritical thinking, and rigid selectivity of attention
<i>Contact</i>	Social and ethical judgment	Accusations, self-accusations, prejudices, avoidance of contact, or compensation in many but meaningless contacts
<i>Criticality</i>	Adequate, realistic, self-reflective	Overcriticality, guilt, shame, fear of failure

The current ability "Order" is a relative concept for each person. It could be viewed as: a sequential arrangement of events in time, "Everything in its own order"; the right or obligation of a participant in an action, performing a specific task, "It's your turn to take out the trash"; rules according to which something is done, "First you tidy up your shoes, then you go into the kitchen"; the correct placement of something, "The toys on the shelf, the construction set in the box."

2. Cleanliness

According to Peseschkian (1987), "cleanliness" is not limited to its physical dimension but also encompasses its emotional and spiritual dimensions, including a person's ability to let go of the old and maintain inner order. Physical, emotional, mental, and moral cleanliness, in a balanced form, contributes to self-respect, boundaries, and ethics. It provides an opportunity for symbolic "cleansing" and a new beginning. As conflict processing: Obsessiveness, guilt, sin, perfectionism, aversion to the "unclean" (in oneself or others). (Tab. 3).

Table 3. Actual capability "cleanliness" through mental status, balance model, and conflict processing model

Generalized component of mental status	Balance model	Conflict processing model
<i>Appearance/behavior / psychomotor skills</i>	Well-groomed, harmonious, calm, organized	Excessively neat, sterile, fixated on rituals
<i>Affect/mood</i>	Calmness, sense of inner harmony	Anxiety, guilt, fear/phobias of contamination (physical, emotional, or moral)
<i>Thinking</i>	Clear, orderly, structured, concrete	Rigid, obsessive, dichotomous ("clean"—"dirty")
<i>Perception</i>	Realistic, aesthetic, with a sense of beauty and harmony	Hypersensitivity to imperfections
<i>Cognitive functions – memory, will, attention, intellect.</i>	Concentration, distributability, selectivity	Rigid attention (difficulty switching, fixation, difficulty concentrating, volume, and distribution)
<i>Contact</i>	Tactfulness, respect, empathy	Judgment, distance, disgust, and fear that others will "contaminate" them.
<i>Criticality</i>	Self-reflection, awareness of boundaries, and identity	Excessive guilt, shame, moral anxiety

Conclusion

Rethinking mental status as a tool has several practical implications:

- Diagnostic depth – symptoms and conflicts are conceptualized within the balance model;
- Formulation of the conflict – information from the mental status guides the identification of overdeveloped and blocked current abilities;
- Therapeutic intervention – the process focuses on the resource that could be activated to overcome the deficit, rather than just on the symptom or problem.

- Process observation – changes in mental status reflect changes in the balance model and the conflict processing model;
- Interdisciplinary dialogue – maintains clinical language while adding psychodynamic meaning.

The integration of mental status, the balance model, actual capabilities, and the conflict processing model outlines a comprehensive and dynamic approach to understanding human functioning.

The presented conceptualization preserves the diagnostic precision of classical psychiatry while embedding it within the humanistic, psychodynamic, and resource-oriented framework of positive and transcultural

psychotherapy. In this sense, mental status plays the role of a diagnostic "mirror"; the balance model provides the "structural picture" of the adaptation process, actual capabilities provide the content, and the conflict processing model provides the dynamics of the process. In conclusion, suicide prevention ultimately requires a paradigm shift from a reductionist, biologically-dominated model to an integrated,

salutogenic one. By embracing the psychological essence of human suffering, leveraging the healing power of relationships and verbalization, and applying practical frameworks such as the life balance model, we can build a culture of connection that actively fosters resilience. The most powerful tool in prevention remains our collective humanity and our commitment to seeing the whole person.

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