

*Section: Modern Positive Psychotherapy (PPT) practice***The Bridge Between Positive Psychotherapy and Object Relations Theory: A Comparative Typology of Development****Mariia Tyshchenko**

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Abstract

The article proposes an integrative framework between Positive Psychotherapy (PPT) and a spectrum of object relations theories (ORT) – from M. Klein and R. Fairbairn to D. Winnicott, M. Balint, H. Guntrip, and O. Kernberg – to operationalise personality development as a movement from fragmentation to integration. This integration is developed within the transcultural framework of Positive Psychotherapy, which allows personality development and conflict dynamics to be understood across differing cultural value systems. Against the backdrop of reduced visibility of Peseschkian's typology in contemporary discourse, the article proposes its renewed theoretical and clinical relevance by integrating it with object relations theory and core PPT models. The central point is the comparison of dynamic PPT types (naive-primary, secondary, ambivalent/double bind, integrated) with key provisions of ORT (Klein's positions; Fairbairn's internal ego structures; Winnicott's holding and true/false self continuum; Balint's basic fault; Kernberg's borderline organisation and identity). The psychodynamics of conflict in PPT (actual, basic, key and internal conflicts), the Role Model I–Thou–We–Origin–We, and the Balance Model as tools for mapping development are considered: body – sense of "I am", physicality, health/needs; achievements – abilities, logic, knowledge/skills; relationships – emotions, connections, love, interaction; fantasies and the future – dreams, intuition, faith, meaning. The article shows how the "language of abilities" (primary/secondary/actual) and the five stages of PPT (distancing, inventory, situational encouragement, verbalisation, broadening of Goals) translate the ORT metatheory into a step-by-step clinical integration process. The practical value lies in increasing diagnostic sensitivity to ambivalence, planning interventions with transcultural moderators in mind, and repositioning Peseschkian typology as the operational core of PPT.

Keywords: Positive Psychotherapy, object relations theory, Peseschkian typology

Introduction

As Henrichs and Hum (2025) note, the development of Positive Psychotherapy unfolds in dialogue with other psychotherapeutic approaches. Building on this perspective, Boessmann and Remmers (2025) propose an integrative framework for positive psychodynamic psychotherapy, highlighting shared clinical axes and diagnostic markers with

other psychodynamic traditions. This article further develops this integrative framework by examining the correspondence between Positive Psychotherapy (PPT) and object relations theories (ORT) – from the classical positions of M. Klein and R. Fairbairn to D. Winnicott, M. Balint, H. Guntrip, and O. Kernberg – to conceptualise personality development as a clinically traceable process of increasing integration.

The starting point of the present analysis is the holistic (positum) image of the person and the transcultural perspective of Positive Psychotherapy. Within this framework, symptoms and conflicts are understood not only as deficits, but also as carriers of resources and culturally mediated directions of development. (Peseschkian, 1987; Boessmann & Remmers, 2025).

Against the backdrop of a gradual decline in the citation of Peseschkian's typology, we propose an updated theoretical and clinical justification by integrating it with object relations theory and PPT models.

The article aims to reposition the typology of PPT development (naive-primary, secondary, ambivalent/double-bind, integrated) as an operational framework, comparing each type with the corresponding ORT constructs (positions in Klein; ego structures in Fairbairn; holding/true–false self in Winnicott; "basic fault" in Balint; identity and borderline organisation in Kernberg) and showing how the "language of abilities" and the five stages of PPT translate these counterparts into algorithms for clinical work. In this way, we aim to enhance diagnostic sensitivity for ambivalence and to provide practical guidelines for planning interventions that account for transcultural moderators. The article concludes with a summary discussion and a tabular comparison suitable for clinical, educational, and research practice in PPT. Special attention is given to the transcultural dimension of PPT as a moderator of typological configurations and developmental trajectories.

This article argues that, when read through object relations theory, Peseschkian's typology functions not merely as a descriptive model but as an operational psychodynamic framework that links diagnosis, conflict dynamics, and staged clinical intervention within a transcultural context.

Methodology

Methodologically, this study employs a comparative theoretical analysis that integrates the typology of Positive Psychotherapy with key constructs from object relations theory, attachment theory, and contemporary psychodynamic diagnostic frameworks (OPD and PDM-2). The analysis is conceptual and heuristic in nature and does not aim at direct empirical validation. Instead, it focuses on clinical

operationalisation, integrative case formulation, and the translation of psychodynamic metatheory into staged therapeutic intervention.

This section outlines the conceptual coordinates that allow PPT typology and object relations theory to be read within a shared psychodynamic framework. At the centre of this framework lies the dynamics of conflict. The "there-and-then" axis corresponds to the basic conflict (BC), shaped by internalised early relationships and family–cultural concepts. The "here-and-now" axis reflects the actual conflict (AC) that arises from current demands, roles, and expectations. They are mutually activated by the polarity of "sincerity – politeness," which manifests in KC (key conflict: "what I wanted to do" vs. "how I reacted"), and together this is formalised as IC – inner conflict (Goncharov, 2025). Such a diachronic-synchronic perspective brings PPT closer to ORT, in which maturity is conceived as the ability to withstand ambivalence and to combine opposing affects into a holistic representation of the object.

In this context, I. Kirillov's proposal to consider primary actual abilities as "grains" of ego functions with two modes (towards oneself/towards others) and levels of integration, compared with OPD, is important; this approach strengthens the connection between PPT and ORT and provides a clinically testable language of description (Kirillov, 2024; 2025a; 2025b).

For systematic mapping, we rely on the Role Model "I-Thou-We-Origin-We" (differentiation of self; dyadic relationships; social norms/boundaries; worldview/values/hope) and the Balance Model (sensation/body; activity/achievement; emotions/contacts; fantasies/meaning/future), which allow us to describe points of imbalance and trajectories of integration. Additionally, we rely on I. Kirillov's series on the operationalisation of primary abilities (Contact, Pleasure, Love, Care, Time, Trust, Meaning, Ideal) as bridges between PPT, ORT, and the OPD structural integration axis (Kirillov, 2024; 2025a; 2025b).

The origins of object relations theory can be traced to Sigmund Freud's psychoanalytic theory, which laid the conceptual foundations for ego psychology, defence mechanisms, and transference/countertransference. However, the key intellectual shift was a move from drives to the primary role of relationships with the "object" in determining development (Freud, 1916–1917/2016). In the 1930s–1970s, Melanie

Klein, drawing on child analysis, described the early internalisation of "partial" and "whole" objects, mechanisms of splitting, envy and the role of unconscious fantasy; she considered the transition from the paranoid-schizoid to the depressive position as the axis of integration of affects and object representations (Klein, 2018, 1975; Segal, 2018). Independent of this line of thought, Ronald Fairbairn formulated the thesis that libido is directed towards objects rather than the satisfaction of desire, and proposed a model of internal ego structures (libidinal, anti-libidinal, central ego) as the "sediment" of internalised connections (Fairbairn, 1952; Sutherland, 2005). Donald Winnicott introduced the concepts of holding, the idea of a "good enough mother," and the true/false self continuum, emphasising the role of a supportive environment in fostering the spontaneity of the self (Winnicott, 2018, 1991). Metapsychology was supplemented by W. R. Bion (container-contained, alpha function) and other representatives of the British school (Bion, 1962; Sutherland, 2005). At the same time, the critical stages of attachment and separation-individuation were outlined by Bowlby (2018) and Mahler et al. (1975). In the American tradition, Otto Kernberg integrated ego psychology, object relations theory, and the clinic of borderline organisation, detailing the trajectory of introjection → identification → ego identity formation (Kernberg, 1985, 1995). In general, object relations theory can be understood as a meta-theory of contemporary psychodynamics. It conceptualises development through the quality of early relationships and their internalisation, interprets psychopathology as a disruption in the integration of internal objects, and shifts the focus from drives to relational patterns and the capacity to tolerate ambivalence (Klein, 2018; Fairbairn, 1952; Winnicott, 1991; Bion, 1962; Kernberg, 1985).

Methodologically, this sets two coordinates for clinical analysis – "there-and-then" (history of internalisations) and "here-and-now" (current relationships), between which there is continuous projection and modification of past configurations (Holmes, 2014). Karen Horney's sociocultural perspective further showed that basic anxiety (loneliness/helplessness in a potentially hostile world) is regulated by three strategies – "movement towards," "against," and "away from" others – and is accompanied by tension between the idealised and devalued self

(Horney 2013, 1945, 1991). In terms of object relations theory, these are different ways of maintaining object integrity and protecting against disintegration; maturity is associated with a non-monostrategic, ambivalence-tolerant organisation (Klein, 1975; Horney, 1991).

Positive Psychotherapy (PPT) conceptualises development as the unfolding of two universal basic capacities – cognition and love – that exist as potential and are differentiated by environmental influences (Peseschkian, 1987). This perspective intersects with ORT, which derives the quality of development from early relationships and their internalisation (Klein, 2018; Fairbairn, 1952; Winnicott, 1991). While ORT focuses on the transition from splitting to integration of internal objects (Klein, 1975), PPT aligns this logic with the "language of abilities" and two structural models – the Role Model (I–Thou–We–Origin–We) and the Balance Model (body, activity/achievement, contacts, meaning/future) – as theoretical frameworks for describing development (Peseschkian, 1987/2026b). PPT also distinguishes between levels of conflict (basic, key, current, internal), which reflect the two-dimensional logic of "there-and-then / here-and-now" (Holmes, 2014) and resonate with the trajectory of transition from partial to whole objects (Klein, 2018, 1975).

Peseschkian and Remmers (2025) emphasise systematic differences between individualistic and collectivist cultures. In the transcultural dimension, the integrated type is the ability to combine different value systems (individualistic ↔ collectivist) without losing identity. Individualistic contexts reinforce secondary abilities (achievement, autonomy), while collectivist contexts reinforce primary abilities (care, connection) (Peseschkian, 1987). Maturity lies in the ability to integrate these poles, which underpins transcultural competence. Within this framework, naive-primary configurations may be culturally reinforced in collectivistic contexts, whereas secondary configurations are often valorised in individualistic societies. Ambivalent dynamics frequently emerge in migratory or multicultural settings, where conflicting value systems coexist and challenge the integration of stable identity.

Kirillov (2019) offers a process-based view of the maturation of primary abilities as a sequence in which repeated or strong experiences of satisfaction/dissatisfaction (the ability of Satisfaction) in contact with an object form

Contact, which naturally seeks to stabilise itself through Love and mutual Care; awareness of the sequence of actions that lead to satisfaction actualises the need for Time, and when there is enough of it, the groundwork for Trust is laid; finally, the accumulated experience of satisfaction allows us to form connections between objects and patterns of events (Meaning) and to make predictions, which we can rely on to withstand the anxiety of uncertainty, as well as to set and achieve goals, idealising our own or others' ideas (Ideal).

This sequence is consistent with the logic of ORT (internalisation → integration of objects) and can be operationalised through self/object modes and levels of structural integration (OPD). The operationalisation of primary abilities proposed by Kirillov refines definitions. It introduces comparability with OPD measures

(self/object modes, levels of integration), which facilitates the mapping of trajectories from splitting to integration in ORT coordinates (Kirillov, 2024; 2025a).

Within the framework of PPT, the distinction between primary and secondary capacities serves as a theoretical axis, consistent with models of ego structuring and self-organisation in the post-classical psychoanalytic tradition (Fairbairn, 1952; Kernberg, 1985, 1995, 1980; Winnicott, 2018). Additionally, the three-dimensional body–environment–time map establishes a conceptual field consistent with ORT ideas about the internalisation and integration of objects and allows the description of the continuity between "there-and-then" and "here-and-now" (Peseschkian, 1987/2026b; Klein, 2018, 1975) (see Figure 1).

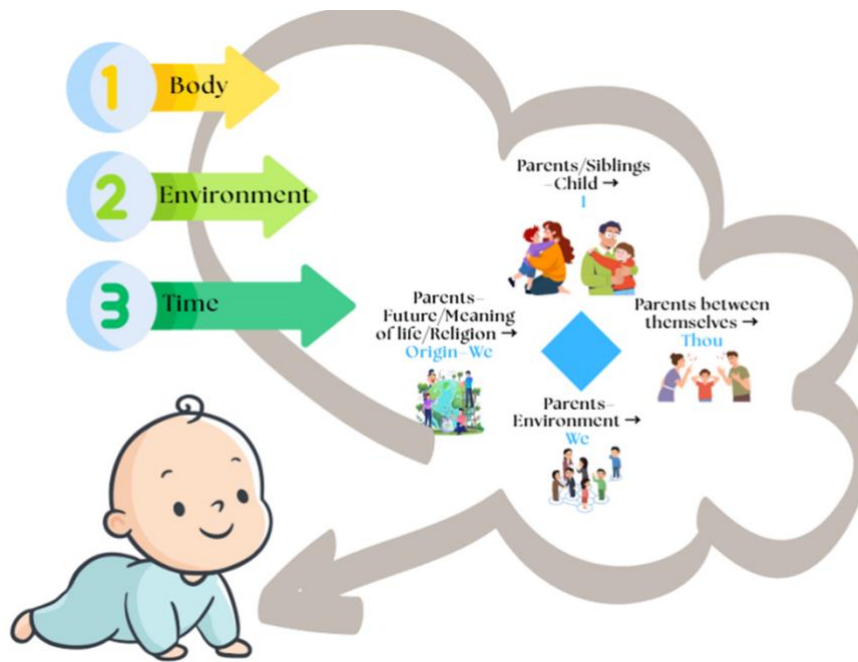


Figure 1. Three formative coordinates of personality in Positive Psychotherapy (Body, Environment, Time) and The Four Role Model Dimensions

Figure 1 illustrates how four relational matrices are internalised through direct contact and observation: parents/siblings – child ("I"); relationships between parents ("Thou"); parents – the outside world ("We"); parents – the future/meaning/religion ("Origin-We"). Adapted from Peseschkian (1987).

The body encompasses genetic constitution, temperament, sensorimotor foundation, and primary abilities that determine basic sensitivity to relationships and conflicts; the environment is external objects and contexts (significant others,

family and cultural scenarios, social norms and "enabling" interactions) that provide material for internalisation; Time refers to temporal perspective tendencies (retrospective narratives, current response patterns, projections into the future) that link early traces of experience with current interpretations and choices of action. Within this framework, it is possible to trace how early internalised objects are gradually modified by environmental demands and temporal contexts, shifting from fragmented, split representations to more integrated,

ambivalence-tolerant structures that directly affect the configuration of internal conflict and the trajectories of clinical integration. In group Positive Psychotherapy, these "internal objects" become visible through affective resonances and repetitive interaction patterns, facilitating targeted interventions along the axes of ego differentiation, impulse control, and connectivity (Dobiąła, 2025).

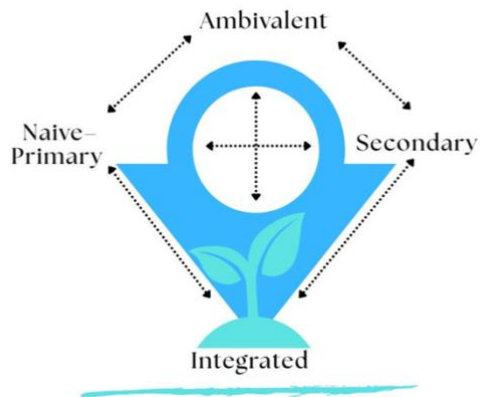


Figure 2. Dynamic configuration of integration across Positive Psychotherapy personality types

To summarise the conceptual and methodological foundations outlined above, the PPT typology can be conceptualised not as a linear developmental sequence but as a dynamic configuration of personality organisation. Figure 2 depicts the four PPT types as reversible modes that emerge at the intersection of primary and secondary abilities, conflict dynamics, and relational regulation.

Figure 2 presents the naïve, primary, secondary, ambivalent (double-bind), and integrated types not as linear developmental stages, but as coexisting and context-dependent modes of personality organisation. Dotted arrows indicate bidirectional movement between modes, contingent on conflict activation, relational context, and stress. In this sense, integration refers to a functional level of organisation rather than a fixed developmental stage.

Results

This comparative analysis yields three core conceptual findings. First, Peseschkian's typology can be reconceptualised not as a linear developmental sequence, but as a set of reversible modes of personality organisation. Second, transitions between these modes can be

operationalised through PPT's language of abilities and five-stage process, allowing integration to be traced clinically. Third, when read through object relations theory, the typology provides a coherent framework for linking conflict dynamics, attachment patterns, and therapeutic intervention planning. Although N. Peseschkian's typology is less frequently cited in contemporary discourse, its explanatory power increases when it is read as a process interface between object relations theory and clinical practice (see Figure 2). It operationalises the transition from splitting to integration through the "language of abilities" (primary/secondary/actual) and links development to levels of sensations, emotions/feelings, activities/achievements, and meanings/future (Balance Model), allowing hypo- and hyperfunctions to be recorded as measurable markers of change. In this framework, the sequence of the five stages of PPT (distancing → inventory → situational encouragement → verbalisation → goal expansion) acts as a procedure for integration: from the containment of affects (holding/containment) – through the expansion of the reflective function and mentalisation – to the formation of new internal objects and more stable self-regulation. In PPT, based on Kirillov's sequence (2019), primary abilities can be understood as "seeds" of ego functions that mature in relationships (ORT) and are measured by levels of structural integration (OPD), ranging from basic experiences of satisfaction/contact to temporal-semantic organisation (Sense/Ideal). For child and adolescent PPT practice, this trajectory requires a separate configuration of the therapeutic triangle "child-parents-therapist," clear contract boundaries, and micro-interventions that support secure attachment in the session (Dokunova & Chekmarev, 2025). In this sense, integration is conceptualised as a functional capacity rather than a normative endpoint, allowing for contextual regressions and shifts between typological modes depending on relational stress and conflict activation.

Thus, the PPT typology (naïve-primary → secondary → ambivalent → integrated) ceases to be merely a descriptive classification and becomes a clinically oriented map of change consistent with attachment theory and object relations theory. Its value lies in its ability to describe diagnostics, intervention plans, and outcome assessments in a single language:

growth in trust/patience, along with boundaries/planning, alignment of Balance spheres, and movement from "either-or" to "and-and" (closeness **and** autonomy). This provides a basis for empirical testing (ability scales, balance index, transition trajectories) and enables reconsideration of the Peseschkian model within contemporary psychodynamic discourse.

3.1. Comparative typology of personality development in PPT and psychodynamic approaches

The typology of personality development in Positive Psychotherapy proposed by N. Peseschkian (Peseschkian, 1987; Peseschkian, 2026b) is productively considered through the prism of classical psychodynamic theories – object relations theory (Klein, 2018), attachment theory (Bowlby, 1982, 1973, 1980), and the concept of motivational strategies (Horney, 1945, 1991). Such an interparadigmatic analysis expands the explanatory and clinical potential of the model, allowing not only to describe the main trajectories of personality development, but also to interpret more deeply the intrapsychic mechanisms, interpersonal patterns, and defensive-motivational strategies that determine an individual's behaviour. In this context, the PPT typology emerges as a dynamic model that integrates diagnostic and therapeutic levels into a single conceptual system of the psychotherapeutic process.

In contemporary psychotherapeutic discourse, N. Peseschkian's typology can serve as a conceptual bridge between classical and neo-Freudian schools and contemporary integrative approaches to psychodynamics. Within the framework of Kohut's self-psychology (Kohut, 1971, 1977), the primary developmental factor is the need for a stable "self-object" that supports the integrity and continuity of the "I's" image.

For the naive-primary type, this manifests as a desire for unconditional acceptance; the secondary type employs a compensatory strategy – achieving stability through autonomy, control, and competence.

The mentalisation theory of P. Fonagy et al. (Fonagy et al., 2018) explains the transition from the ambivalent to the integrated type as the formation of the ability to reflect on one's own and others' mental states: it is the development of the mentalisation function that integrates opposing tendencies – the need for dependence and the desire for autonomy – which is a sign of psychological maturity.

The PPT typology is consistent with the dichotomy of internal conflict: the tension between the needs for love, acceptance, and security (basic level – the level of basic conflict) and the demands for autonomy, responsibility, and achievement (actual level – the level of actual conflict) determines the trajectory of development. From this perspective, the movement from the naive-primary to the integrated type is a gradual integration of basic and actual abilities that ensures the integrity of mental functioning, tolerance for ambivalence, and the capacity to work constructively through conflict. To translate this dynamic model into a clinically accessible format, Table 1 presents a comparative overview of the four PPT types in relation to object relations theory, attachment patterns, dominant defensive configurations, and corresponding therapeutic vectors. While Figure 2 presents the PPT typology as a dynamic configuration of personality organisation, Table 1 provides a detailed comparative overview of each type in relation to object relations theory, attachment patterns, dominant defences, and therapeutic vectors. The table is designed as a clinical heuristic rather than a rigid diagnostic classification.

Table 1. Comparative typology of personality development in Positive Psychotherapy and other psychodynamic approaches

<i>Personality type in PPT (Peseschki an)</i>	<i>Dominant pole</i>	<i>Object relations (M. Klein)</i>	<i>Attachment theory (D. Bowlby)</i>	<i>Reaction type (K. Horney)</i>	<i>Position dynamics</i>	<i>Basic defence mechanisms</i>	<i>Key characteristics</i>	<i>Therapeutic implications/ve ctor</i>
<i>Naive-primary type</i>	Love > justice; dependence on support	Paranoid-schizoid with elements of depression: early dependence on a good object, fear of loss, idealisation	Anxious-ambivalent: a strong desire for closeness and fear of abandonment	"Movement towards people" – search for love, support, dependence	From merging with the object → dependence → regression when frustrated → need for differentiation	Denial, idealisation, regression, avoidance, repression	Desire for merging with the object, avoidance of conflict, fear of losing love, focus on relationships even at the expense of one's own needs, high sensitivity to rejection	Strengthening secondary abilities; increasing frustration tolerance while maintaining basic trust; supporting differentiation from the idealised object; stabilising internal object representations through consistent mirroring; developing capacity for ambivalence; transition from dependence to mature intimacy (three stages of psychodynamics in PPT).
<i>Secondary type</i>	Justice > love; independence, control, achievement	Paranoid-schizoid: projection of threat, polarisation of "good/bad" object, distance as protection	Avoidant: minimising the need for closeness, relying only on oneself	"Movement against people" – aggression, rivalry, control	From compensating for lack of support → to overcontrol → to emotional isolation → to potential for integration of love	Intellectualisation, projection, isolation of affect, reactive formation, rationalisation	Striving for autonomy, avoidance of dependence, hypercompensation through achievement, self-sufficiency, orientation towards external criteria of value, minimisation of emotional needs	Reconnecting with primary abilities; softening rigid self-control; restoring emotional contact through safe relational cues; reducing perfectionistic and counterdependent defences; developing tolerance for mutual influence and vulnerability; movement from defensive autonomy to authentic reciprocity.

<i>Ambivalent (Double-Bind) type</i>	Fluctuation between love and justice; conflicting needs	Transitional phase between paranoid-schizoid and depressive: instability of the image of the object, splitting, introjection of conflicting ideas	Disorganized: chaotic patterns, conflicting desire for closeness and avoidance, fear of being absorbed and abandoned	A combination of all three strategies: movement towards, against, and away from people	From fluctuations between dependence and autonomy → to splitting → to "mental paralysis" → to integration of opposites	Splitting, identification fluctuations, compensation, sabotage, displacement	Simultaneous desire for closeness and distance, fear of dependence and abandonment, conflicting expectations of the object, indecision, mood swings, guilt, tendency to psychosomatic reactions	Integrating split object representation; increasing tolerance for ambivalence and contradictory affects; reducing oscillations between fusion and withdrawal; strengthening identity coherence and continuity of self; aligning primary and secondary abilities to reduce double-bind dynamics; movement from contradictory strategies to stable relational positioning.
<i>Integrated type</i>	Balance of love and justice; integration of abilities	Depressive: integration of good and bad objects, ability to tolerate ambivalence, concern	Secure: autonomy and capacity for closeness, stability of attachment	Balance of three strategies without neurotic bias	From ambivalence → to integration → to stability → to the ability to care	Sublimation, integration, mature repression, altruism	Ability to combine love and aggression, accept the contradictory nature of the object, maintain stable relationships, empathy, autonomy, and the ability to withstand frustration	Consolidating integrative capacities; deepening reflective and mentalising functions; enhancing reciprocal relatedness and generativity; stabilising complex affective states without regression; supporting long-term goal orientation across life spheres; movement from stability to generativity and creative complexity.

3.2. Naive-primary type

The naive-primary type is characterized by the dominance of needs for love, security, and acceptance, with insufficient development of autonomy and responsibility (Peseschkian, 1987). Its formation is attributable to excessive care in early childhood, when frustration and independence are not afforded space to mature. Therefore, primary abilities (love, trust, intuition, tradition) predominate over secondary ones

(planning, punctuality, ability to withstand stress), creating an imbalance between the need for closeness and the capacity for self-regulation. In the logic of Positive Psychotherapy, this imbalance reflects the structural difference between primary and secondary abilities: primary abilities emerge from early experiences of care, emotional closeness, and availability, whereas secondary abilities develop only through gradually increasing autonomy, tolerated frustration, and boundary-setting.

When the environment provides excessive protection or minimises opportunities for independent action, primary abilities become over-reinforced while secondary abilities remain insufficiently developed, creating the typical "love > justice" predominance of the naive-primary type.

Psychodynamically, this corresponds to the early phases of paranoid-schizoid and partially depressive positions (Klein, 2018) and an anxious-ambivalent attachment style (Bowlby, 1969/1982). The internal attitude – "love over justice" – supports symbiotic dependence: care and avoidance of conflict provide security but limit individualisation.

Clinical illustration

A female patient in her early thirties presents with recurrent anxiety and psychosomatic complaints emerging primarily in the context of close relationships. Her relational functioning is organised around prioritising emotional closeness over boundary-setting or open confrontation, and she tends to suppress dissatisfaction to preserve the bond (love > justice; dependence on support).

Interpersonally, she demonstrates heightened sensitivity to signs of emotional distance and a tendency to idealise significant others. At the same time, frustration or unmet expectations frequently lead to regression, withdrawal, or somatic tension rather than to direct self-assertion (e.g., idealisation or avoidance). Her relational dynamics oscillate between emotional merging and dependent attachment, followed by destabilisation when closeness is threatened, reflecting an unmet need for differentiation.

In therapy, this configuration is evident in a strong orientation toward the therapist's emotional availability and in difficulty articulating disagreement or negative affect. In therapy, such clients often minimise dissatisfaction, seek reassurance, and expect the therapist to intuitively anticipate their needs, while direct expressions of anger or disappointment are often avoided. Therapeutic work is therefore directed toward strengthening frustration tolerance and autonomy while maintaining basic trust, facilitating a gradual transition from dependence on external reassurance toward mature intimacy and internalised self-regulation.

In terms of object relations theory and related approaches, this profile is described as a predominantly paranoid-schizoid form of dependence, where the threat of disintegration is restrained by fusion with a "good" object (Klein, 1946); as fixation on the libidinal ego and dependence on the "good object" (Fairbairn, 1952); as a need for a holding environment with the risk of forming a false self in its absence (Winnicott, 2018, 1991); as a "basic fault" due to a lack of primary love (Balint, 1968); and as schizoid isolation as a defence against being absorbed by the object (Guntrip, 2018).

Peseschkian (1987) describes a range of behavioural options: **sufferer** (catastrophising and suffering as language), **the expectant** (passive hope of "guessing" needs), **the compliant** (over-obedience due to fear of losing love), **the troublemaker** (demonstrativeness as a mask for fear of abandonment), **the naive-religious** (transferring childhood dependence to the religious sphere as an expectation of unconditional love from God).

The desire for love and the fear of independence are dynamically combined; when confronted with reality, this dynamic results in "secondary pessimism" (disappointment/injustice in the world). Typical consequences are depressive and psychosomatic symptoms (anxiety, somatic exhaustion, sleep disorders, asthma, sexual dysfunction).

Therapeutic vector: development of secondary abilities (responsibility, frustration tolerance, independent decision-making) without losing basic trust and warmth; transformation of dependence into mature intimacy and transition from external confirmation of value to an internal sense of self-worth. When working with children and adolescents, this also entails providing dosing support, developing self-regulation through "restraining" micro-scenes of interaction, and including parents in the contract (Dokunova & Chekmarev, 2025).

3.3. Secondary type

The secondary type – the functional antithesis of the naive primary type – achieves security through autonomy, control, and competence (Peseschkian, 1987). In ORT, it corresponds to a paranoid-schizoid organisation, where threats are "objectified" and controlled through splitting and projection; in attachment

theory, it correlates with avoidance (Bowlby, 1973).

Secondary abilities (rationality, punctuality, discipline, responsibility) dominate at the expense of primary ones (love, intuition, sensuality). The postulate of "value through results" forms an attitude of self-sufficiency ("I will do everything myself"), which leads to emotional isolation and fear of losing control.

In paradigmatic terms, this corresponds to Klein's descriptions: the dominance of splitting and projection, where control serves as an antidote to vulnerability (Klein, 2018). Fairbairn discusses the prevalence of the anti-libidinal ego – self-control and the denial of needs – as a defensive style (Fairbairn, 1952). Winnicott emphasises the hyperfunction of the false self and maladjustment as the price of maintaining a connection with the object at the expense of authenticity (Winnicott, 2018). In Balint, this manifests itself as ocnophilia – "clinging" to structure, rules, and supports (Balint, 1968). Finally, Kernberg's logic observes a diffusion of identity with a predominance of affect isolation and intellectualisation (Kernberg, 1985,1995).

Clinical illustration

A man in his late thirties seeks therapy due to chronic exhaustion, sleep disturbances, and a growing sense of emotional emptiness despite stable professional success. His sense of security is organised around independence, control, and achievement, with a clear prioritisation of results and self-sufficiency over emotional closeness (justice > love).

In relationships, he maintains emotional distance and minimises the importance of dependency, relying primarily on himself. Situations involving vulnerability or emotional ambiguity are experienced as threatening and managed through increased control, rationalisation, or withdrawal. Relational perceptions tend to be polarised, with weakness projected onto others while autonomy and competence are rigidly maintained.

Behaviourally, this configuration manifests as perfectionism, workaholism, and a strong orientation toward performance. Affect is intellectualised and isolated, while emotional needs are denied or devalued. Under prolonged stress, tension is expressed through somatic complaints, irritability, or burnout rather than conscious emotional distress.

In therapy, the patient initially approaches treatment in a task-oriented manner and devalues emotional dependency. The therapeutic focus lies in reconnecting with primary abilities, softening rigid self-control, and restoring emotional contact through safe relational cues, supporting a gradual movement from defensive autonomy toward authentic reciprocity.

Behaviourally: desire for control, workaholism, perfectionism, rationalisation; defences – intellectualisation, isolation of affect, denial, reactive formation, rationalisation (Horney, 1991). Risks – hypertension, peptic ulcer disease, headaches, insomnia, sexual dysfunction.

Therapeutic vector: integration of the affective dimension – development of trust, acceptance of vulnerability, and awareness of emotional needs; harmonisation of primary and secondary abilities; transition from control/self-sufficiency to authentic intimacy and inner balance.

3.4. Ambivalent (double-bind) type

The ambivalent (double-bind) type occupies an intermediate position between the naive-primary and secondary poles (Peseschkian, 1987). It is characterised by contradictory impulses – the desire for closeness and the fear of being absorbed; the need for support and the avoidance of dependence. It is formed in conditions of inconsistent or contradictory parental messages (love/punishment, control/indulgence), which generate instability in the image of the object.

Psychodynamically, this is a transition between paranoid-schizoid and depressive positions (Klein, 1975). In the attachment, it corresponds to a disorganised style (Bowlby, 1980). Internal dialogue: "I can do it myself, but help me," "I want closeness, but I'm afraid of losing myself." Primary and secondary abilities alternate, creating an unstable balance.

In paradigmatic terms, this corresponds to Kleinian "transitional" states with unstable representation of the object (Klein, 1975); in Fairbairn's terms, it corresponds to a chronic conflict between internalised objects pulling in different directions (Fairbairn, 1952). In Winnicott's terms, this structure appears as a fluctuation between the true self and the false self – an attempt to maintain contact at the expense of authenticity (Winnicott, 1991). In

Balint's terms, it is a fluctuation between oncophilia (clinging to supports and rules) and philobatism (movement into space without supports) (Balint, 1968). Finally, in Guntrip, internal isolation functions as a defence that coexists with a powerful desire for relationship (Guntrip, 2018).

Clinical illustration

A woman in her early forties seeks psychotherapy due to chronic indecision, emotional instability, and recurring psychosomatic complaints. She reports intense involvement in close relationships followed by abrupt withdrawal, describing an internal conflict between a strong need for support and closeness and an equally strong fear of dependence and loss of autonomy. Contradictory impulses mark her subjective experience: a desire to be cared for alongside persistent doubts about trust and safety in intimacy.

In interpersonal situations, she alternates between seeking closeness, opposing others through irritation or criticism, and distancing herself emotionally or physically. These shifts are often rapid and context-dependent, leading to feelings of guilt, self-sabotage, and a sense of being "stuck" or mentally paralysed when faced with decisions involving commitment or responsibility. Relational expectations are unstable and internally conflicting, with simultaneous fears of abandonment and engulfment.

Affect regulation is inconsistent. Primary abilities (need for love, trust, emotional contact) and secondary abilities (control, planning, autonomy) alternate rather than integrate, resulting in oscillations between fusion and withdrawal. Defensive functioning is dominated by splitting, fluctuating identifications, internal sabotage, and displacement, while somatic symptoms emerge during periods of heightened relational tension.

In therapy, this configuration manifests as fluctuating engagement: moments of intense openness may be followed by withdrawal, doubt, or devaluation of the therapeutic process. The therapeutic focus lies in integrating split object representations, increasing tolerance for ambivalence and contradictory affects, and supporting the gradual alignment of primary and secondary abilities. The clinical aim is to facilitate a movement from contradictory relational

strategies toward a more stable and coherent relational positioning.

Peseschkian (1987) distinguishes the following variants: **insecure** ("Hamlet-like"), **exhaustion** (emotional emptiness after achievement), **"weather vane"** (changing positions depending on the context), **sexually ambivalent** and **indifferent** (fear of losing autonomy destroys stable intimacy).

Behaviourally, self-sabotage, frequent changes in decisions, mood swings, chronic guilt, and psychosomatic reactions are observed. At the same time, this structure has high potential for development, as a "meeting place" for opposites and learning tolerance for uncertainty.

Therapeutic vector: forming inner integrity, enduring ambivalence, practising "and-and" (rather than "either-or") in closeness/autonomy; stabilising primary abilities (trust, patience, love) in combination with the development of secondary ones (boundaries, planning, fairness).

3.5. Integrated type: synthesis as an indicator of maturity

Although Peseschkian's original typology is triadic, **PPT practitioners and trainers** in their current clinical and educational work distinguish **the integrated type** as a working designation for the achieved integration of love/justice and the harmonisation of primary and secondary abilities; thus, the idea of integration functions as a **target clinical construct** rather than as a new "fourth" type in this sense.

The integrated type results from the gradual integration of prior strategies. It entails a balance of love/justice, acceptance of the object's contradictions, the capacity to combine care with boundaries, and the capacity to endure frustration. In ORT, this is a depressive position (Klein, 1975); in attachment theory, it is a secure style (Bowlby, 1969/1982).

In paradigmatic coordinates, the integrated profile corresponds to the Kleinian depressive position, in which the integration of the "good" and "bad" object is achieved, and reparation becomes possible (Klein, 1975). In Winnicott, this manifests itself as the emergence and stability of the true self with the ability to play and spontaneity as markers of internal security (Winnicott, 1991). Fairbairn's logic refers to the transition to real relationships with a whole, rather than a partial or fantasised object (Fairbairn, 1952). Finally, in Kernberg,

integration is reflected in a formed identity with stable internal representations of oneself and others, which ensures affective continuity and impulse control (Kernberg, 1985).

In PPT, the integrated type is the harmonious development of primary (love, trust, intuition, care) and secondary (responsibility, purposefulness, punctuality, tolerance to frustration) abilities. It does not eliminate conflict, but transforms contradiction into a resource of maturity.

Clinical illustration

A woman in her mid-forties enters psychotherapy during a transitional period associated with professional change and the reorganisation of long-term relationships. She does not present with acute symptoms but seeks reflection on questions of meaning, responsibility, and relational reciprocity. Emotional closeness and autonomy are experienced as complementary rather than mutually exclusive.

In relationships, she can express care and dissatisfaction without excessive fear of loss or withdrawal. Conflicts are acknowledged and worked through rather than avoided or controlled, and ambivalent feelings toward significant others are tolerated without splitting or devaluation. Both her own limitations and those of others are recognised while stable relational bonds are maintained.

Affect regulation is flexible and integrated. Primary and secondary abilities are coordinated rather than alternating. Defensive functioning is predominantly mature, including integration, sublimation, and reflective containment of affect, allowing stress to be metabolised without regression into fusion or rigid self-control.

Therapeutic work focuses on consolidating integrative capacities, deepening reflective and mentalising functions, and supporting long-term goal orientation and generativity across relational and professional spheres. Integration is approached as an ongoing capacity rather than a final state, enabling movement from stability toward creative complexity.

Therapeutic vector: the integrated type is a model of psychological integrity towards which the process is directed: the creation of a new experience of interaction, where both love and conflict are endured without resorting to regression or control; "integration as a process"

involves accepting limitations, mistakes, and ambiguities as conditions for development.

Discussion

The presented typology demonstrates the non-linearity of development: the transition from polar security strategies (merger ↔ control) to their dialectical synthesis. The novelty lies in the operationalisation of interparadigmatic correspondents: intrapersonal positions, interpersonal patterns, and defence-motivational mechanisms are integrated into the practical logic of psychotherapy (Peseschkian, 1987). This creates a bridge between diagnosis and intervention, transforming work with current abilities into a means of development.

As Klein (2018) and Scharff & Scharff (1977) emphasised, internal objects are not passive "traces" of the past; they actively structure current relationships, expectations, affects, and conflicts. The task of therapy is to transform these internal structures through new experiences in the therapeutic relationship.

Considered in the broader tradition of ORT, the structure of the integrated type is consistent with ideas about mature ego integration: from the transition to the real object (Fairbairn, 1952), through the "play space" as a field of integration of the true self (Winnicott, 1991), the reparative renewal of primary love (Balint, 1968), overcoming pseudo-mature isolation (Guntrip, 2018), integrating positive/negative images of the object into a stable identity (Kernberg, 1985) – to the intersubjective space of shared symbolisation of affects (Ogden, 2018). In this sense, Peseschkian's typology is a humanistically expanded form of object-relational thinking, in which the integration of affective, cognitive, and cultural dimensions is central to maturity.

The PPT typology is a tool for psychodynamic diagnosis and intervention planning that combines descriptive, explanatory, and prognostic levels. At the diagnostic stage, it identifies dominant safety strategies, leading defence mechanisms, and expectations from the object. In a PPT reading of object-relations thinking, four PDM-2 core functions – identity, object relations, level of defences, and reality testing – provide a practical scaffold for situating the basic (there-and-then) and actual (here-and-now) conflict axes in routine case formulation (Tyshchenko, 2025). At the intervention stage, it

focuses on developing relevant abilities, increasing frustration tolerance, expanding autonomy, and enhancing capacity for intimacy. For example, a client with a dominant secondary configuration may demonstrate relatively intact reality testing and identity cohesion according to PDM-2 criteria, while simultaneously exhibiting rigid defensive patterns and limited affective integration in an OPD structural assessment.

In a broader humanistic context, PPT performs an integrative function, combining psychodynamic depth with a resource orientation. At its core is the idea of transforming conflict into a resource and the belief in the individual's capacity for self-reflection, change, and constructive interaction with the inner world and social environment.

Practical algorithmisation occurs through five stages of PPT – distancing → inventory → situational encouragement → verbalisation → goal expansion (Peseschkian, 1987,2026b; Remmers & Peseschkian, 2025). They "translate" the ORT metatheory into a step-by-step integration process: from the differentiation of true/false self and stabilisation of holding, to the reparation of internal objects, the harmonisation of primary/secondary abilities, and the expansion of the time-value horizon. In a group format, these vectors are operationalised through the structured use of group processes and mirroring, which enhances the integration of primary and secondary capacities (Dobiąta, 2025). In adolescent and child PTP, the phased approach takes on specific characteristics: distancing begins with the creation of a safe framework with the participation of parents/guardians, inventorying begins with the joint "translation" of language fields into behavioural micro-goals, and situational encouragement begins with short, achievable tasks that enhance self-efficacy (Dokunova & Chekmarev, 2025).

We would like to emphasise the ethical imperative of PPT: instead of labelling a patient as "hopeless," the position is "I do not yet have an effective way to help," which preserves room for hope and development (Peseschkian, 1987).

From an integrative perspective, Positive Psychotherapy deepens object relations theory by preserving its relational foundation while adding several clinically operational dimensions. These include: (a) a clear algorithm for integration through five therapeutic stages; (b) two models for mapping development (the Role

Model "I–Thou–We–Origin–We" and the Balance Model); (c) the "language of abilities" as indicators of hypo- and hyperfunctions and vectors of change; (d) a transcultural framework that contains and integrates ambivalence; and (e) a mechanism of therapeutically mediated maturation of primary abilities, from potential to capability (Peseschkian, 1987,2026b; Remmers & Peseschkian, 2025).

In this sense, PPT does not replace object relations theory. Instead, it renders its core assumptions clinically actionable by linking conflict dynamics, developmental positions, and staged intervention within a single therapeutic logic.

From a discussion perspective, the proposed typology functions not merely as a classificatory system, but as an interpretative framework that helps clinicians understand how different security strategies, defensive configurations, and object-related patterns organise personality functioning across developmental levels.

In terms of ORT, **the current conflict** is the "here-and-now" activation of partial/holistic representations of the object. In contrast, **the basic conflict** is a relatively stable matrix of internalisations (I–Thou–We–Origin–We) that determines the choice of defences and ways of regulating ambivalence (Klein, 2018, 1975; Peseschkian, 1987). The expanded four-dimensional matrix of internal objects in the PPT conceptually resonates with ORT, where development is conceived as the integration of split representations of the object, with an emphasis on the two-dimensional logic of "there-and-then/here-and-now."

Several limitations should be acknowledged. The proposed typology is conceptual and integrative in nature and does not claim direct empirical validation within the present article. Further research may focus on operationalising transitions between typological modes using quantitative measures of abilities, balance indices, and longitudinal designs. Nevertheless, the current model offers a clinically grounded framework for hypothesis generation and integrative case formulation.

Conclusion

The proposed integrative framework demonstrates that the typology of Positive Psychotherapy significantly enhances its explanatory and clinical value when considered

in dialogue with object relations theory. Personality development can be operationalised as a progression from fragmentation to integration through the "language of abilities," two cartographic models of PPT (the Balance Model and the Role Model" I-Thou–We–Origin–We") and a five-stage process (distancing, inventorying, situational encouragement, verbalisation, goal expansion), which acts as a procedural "integration scale." In this light, comparing dynamic PPT types with key ORT constructs illustrates a single axis of maturity: a movement from polar security strategies – fusion as a search for unconditional support and control as an attempt at self-sufficiency – to their dialectical synthesis, which involves the ability to withstand ambivalence, combine care with boundaries and aggression with love, maintain the stability of internal objects and realistic self-identity.

Clinically, this integration offers a common language for case formulation, intervention planning, and change assessment. The PPT typology serves as a tool to quickly identify leading defences, expectations for the object, and target vectors of development (strengthening primary or secondary abilities,

balancing spheres, transitioning from "either-or" to "both-and" in the dynamics of closeness and autonomy). It combines the psychodynamic depth of ORT with the resource position of PPT, in which conflict is understood as a potential for growth and the therapeutic alliance as a space for new internalisations that support the reparation of internal objects. The concept of the "integrated type" functions appropriately as a target clinical construct: not a separate category, but a dynamic state of coherence in which love and justice, sensuality and planning, dependence and autonomy become complementary poles of regulation.

Ultimately, the "bridge" between PPT and ORT allows us to reposition Peseschkian's typology as the operational core of contemporary, culturally sensitive psychodynamic practice. It provides a seamless transition from subtle diagnosis of ambivalence and conflict to the step-by-step construction of an integrated identity, in which therapeutic change occurs not only through interpretation, but also through experience, internalisation, and an ethical commitment to hope as a methodological principle of psychotherapy.

References

1. Balint, M. (1968). *The basic fault: Therapeutic aspects of regression*. Tavistock.
2. Bion, W. R. (1962). *Learning from experience*. Heinemann.
3. Boessmann, U., & Remmers, A. (Eds.). (2025). *Позитивна психодинамічна психотерапія: Підручник* [Positive psychodynamic psychotherapy: Textbook]. WAPP Press. <https://doi.org/10.52982/978-3-910225-06-0>
4. Bowlby, J. (1973). *Attachment and loss* (Vol. 2). *Separation: Anxiety and anger*. Basic Books.
5. Bowlby, J. (1980). *Attachment and loss* (Vol. 3). *Loss: Sadness and depression*. Basic Books.
6. Bowlby, J. (1982). *Attachment and Loss* (Vol. 1). *Attachment* (2nd ed.). Basic Books. (Original work published 1969)
7. Dobiała, E. (2025). Positive Group Psychotherapy. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_25
8. Dokunova, E., Chekmarev, M. (2025). Features of the Therapeutic Relationship in Positive Child and Adolescent Psychotherapy. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_30
9. Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. Tavistock Publications.
10. Fonagy, P., Gergely, G., & Jurist, E. L. (2018). *Affect regulation, mentalisation and the development of the self*. Routledge. (Original work published 2002)
11. Freud, S. (2001). Introductory lectures on psycho-analysis. Routledge. (Original work published 1917)
12. Goncharov, M. (2025). The Conflict Model of Positive Psychotherapy. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_35
13. Guntrip, H. (2018). *Schizoid phenomena, object relations and the self*. Routledge. (Original work published 1969)
14. Henrichs, C., Hum, G. (2025). The Development of Positive Psychotherapy in Dialogue with Other Psychotherapeutic Methods. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_40

15. Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy*. Routledge.
16. Horney, K. (1945). *Our Inner conflicts*. W. W. Norton & Company.
17. Horney, K. (1991). *Neurosis and human growth: The struggle toward self-realization*. W. W. Norton & Company.
18. Horney, K. (2013). *The neurotic personality of our time*. Routledge.
19. Kernberg, O. F. (1980). *Internal world and external reality: Object relations theory applied*. Jason Aronson.
20. Kernberg, O. F. (1985). *Borderline conditions and pathological narcissism*. Jason Aronson. (Original work published 1975)
21. Kernberg, O. F. (1995). *Object relations theory and clinical psychoanalysis*. Jason Aronson. (Original work published 1976).
22. Kirillov, I. (2019). *Позитивная психотерапия. Базовый курс* [Positive Psychotherapy: Basic course]. Санкт-Петербург: Страна ОЗ. [in Russian]
23. Kirillov, I. (2024). Primary capacities of contact and pleasure. *The Global Psychotherapist*, 4(2), 68–84. <https://doi.org/10.52982/lkj235>
24. Kirillov, I. (2025a). Primary capacities of love and care. *The Global Psychotherapist*, 5(1), 24–37.
25. Kirillov, I. (2025b). Primary capacities of time and trust. *The Global Psychotherapist*, 5(2), 34–48. <https://doi.org/10.52982/lkj273>
26. Klein, M. (1975). *Envy and gratitude and other works*. The Hogarth Press. (Original works published 1946–1963)
27. Klein, M. (2018). Notes on some schizoid mechanisms. In M. Klein, P. Heimann, S. Isaacs, & J. Rivière (Eds.), *Developments in psychoanalysis* (pp. 292–320). Routledge. (Original work published 1946)
28. Kohut, H. (1971). *The analysis of the self*. International Universities Press.
29. Kohut, H. (1977). *The restoration of the self*. International Universities Press.
30. Lingiardi, V., & McWilliams, N. (2015). The psychodynamic diagnostic manual, 2nd edition (PDM-2). *World Psychiatry*, 14(2), 237–239.
31. Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. Basic Books.
32. Ogden, T. H. (2018). The analytic third: Working with intersubjective clinical facts. In T. H. Ogden (Ed.), *The analytic field* (pp. 159–188). Routledge. (Original work published 1994)
33. Peseschkian, H., Remmers, A. (2025). Life Balance with Positive Psychotherapy. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_8
34. Peseschkian, H., Remmers, A. (2025). Positive Psychotherapy: An Introduction. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_2
35. Peseschkian, N. (1987). *Positive Psychotherapy. Theory and Practice of a New Method*. Springer-Verlag (Germany, USA).
36. Peseschkian, N. (2016a). *Positive Family Therapy*. Bloomington, USA: AuthorHouse.
37. Peseschkian, N. (2016b). *Positive Psychotherapy of everyday life*. Bloomington, USA: AuthorHouse.
38. Peseschkian, N. (2016c). *Positive Psychosomatics: Clinical Manual of Positive Psychotherapy*. Bloomington, USA: AuthorHouse.
39. Remmers, A., Peseschkian, H. (2025). The First Interview in Positive Psychotherapy. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_34
40. Segal, H. (2018). *Introduction to the work of Melanie Klein*. Routledge. (Original work published 1973)
41. Sutherland, J. D. (2005). The self and personal (object) relations. In J. S. Scharff (Ed.), *The legacy of Fairbairn and Sutherland* (pp. 187–201). Routledge.
42. Winnicott, D. W. (1991). *Playing and Reality*. Psychology Press.
43. Winnicott, D. W. (2018). Ego distortion in terms of true and false self. In D. W. Winnicott (Ed.), *The person who is me* (pp. 7–22). Routledge. (Original work published 1960).
44. Тищенко, М. [Tyshchenko, M.] (2025). *Основи позитивної психотерапії: Навчальний посібник* [Basics of Positive Psychotherapy: A Textbook]. Київ: Франко Пак. 536 с. [in Ukrainian]