ABAAD Journal

Positive Psychology : A new momentum for psychotherapy

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Received: 10/01/2022	Accepted: 05/04/2022	Published: 05/05/2022

Abstract:

Can psychotherapy enable people to energize the positive forces within them and to achieve optimal functioning? Positive psychology considers it essential not to focus solely on the resolution of negative symptoms and schemas, but also to work on the values and meaning of patients' lives Values are stable beliefs about goals like "What to do with my life? ". The feeling of well-being can only be achieved if the person has the authentic feeling of having achieved his or her values. Therapy aims at learning values and constructive cognitive abilities such as courage, relational skills, logical thinking, optimistic vision, the ability to play down a situation, to give meaning to one's life, the ability to know to take pleasure, to focus on the future and not on the failures of the past, to develop a realistic vision.

Positive psychology brings therapy into an optimistic preventive and curative clinic. We will examine these therapeutic approaches that can be related to the current of positive psychology:

- Logotherapy (to discover the meaning of its existence);
- person-centered therapy (demonstrating the essential role of empathy);
- cognitive and behavioral therapy (to learn how to control its existence);
- therapy of psychological well-being (to learn to taste the beautiful moments of existence);
- the management of emotions (as a major source of well-being). We will conclude with some remarks on the aptitude of the human beings for happiness, more or less affirmed according to the individuals

Keywords: positive psychology; Logotherapy; cognitive and behavioral therapy; management of emotions

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مُلخص :هل يُمكن للعلاج النفسي أن يُساعد الأشخاص في تنشيط القوى الإيجابية التي بداخلهم، والوصول إلى الأداء الأمثل؟ يَعتبر علم النفس الإيجابي أنّ من الضَّروري عدم التّركيز فقط على حلّ الأعراض والأنماط السلبية، ولكن العمل أيضا على قيم ومعنى الحياة لدى المرضى، فالقيم هي معتقدات ثابتة حول أهدافٍ ما، مِثل: ماذا أفعل بحياتي ؟ فلا يمكن أن يتحقق الشعور بالرفاهية إلا إذا كان لدى الشخص شعور حقيقيٌّ بأنّه قد حقّق قِيمَه.

فالعلاج -أيضا- يهدف إلى تعلم القيم والقدرات المعرفية مثل: الشجاعة والمهارات العلائقية، والفكر المنطقي، والرّؤية المتفائلة، والقدرة على التقليل من شأن الموقف، وإعطاء معنى للحياة، والقدرة على معرفة كيفية الاستمتاع، والتركيز على المستقبل وليس على إخفاقات الماضي، لتطوير رُؤية واقعيّة..

فعلم النفس الإيجابي يسعى إلى جعل العلاج يعتمد على عيادة متفائلة، وقائية وعلاجية .

سنتطرق إلى مختلف الطرُق العلاجيَّة التي يُمكن أن تكون مُرتبِطة بعلم النفس الإيجابي الحالِي:

- العلاج المُتمركز حول الشّخص (مما يدلُّ على الدّور الأساسي للتّعاطُف)؛
- العلاج المعرفي والسلوكي (لمعرفة كيفية التحكم في وجوده)؛
- العلاج عن طريق الرفاه النفسي (لتعلُّم تذوُّق لحظاتٍ جَميلة من الوجُود)

كلمات مفتاحية: علم النفس الإيجابي؛ علاج متمركز حول الشخص؛ علاج معرفي سلوكي؛ علاج بالرفاه النفسي

Introduction:

LOGOTHERAPY: DISCOVER THE SENSE OF ITS EXISTENCE

Several therapeutic approaches consider anessential source of psychological disorders are based on the lack of meaning of existence. Rather than to seek to analyze the past, they aim to shed light on the present and the future, with particular emphasis on the aspirations of the individual and its commitment.

The best-known therapy by the direction is the logotherapy, developedby Viktor Frankl, on his return from the death camps (Frankl, 1988, 2009; The Vaou, 2006). Frankl points out that an essential characteristic of being human is the questioning of the meaning and the possibility of accessing a dimension which transcends itself. He considers that the search for meaning is salutary and beneficial:

"There is existential frustration, [...] meaning the feeling of absencemeaning of its own existence. [...] Existential frustration, or, aswe could also call it, the frustration of the need for meaning, therefore

nothing pathological: on the contrary, this human claim to an existence which has the greatest possible significance is so little pathological in itself that it can - and must - be mobilized in a therapeutic action (Frankl, 1970, p. 59, 67).

According to Frankl, existential frustration can, however, if too muchhigh intensity, induce neuroses, which he describes as "noogenicneuroses», As opposed to traditional neuroses. They come, noconflicts between man's needs and his instincts, but his problemsexistential, including the lack of a reason to live.

Élisabeth Lukas, who enriched and widely disseminated logotherapy, quotesseveral cases of patients who have regained meaning by committing to the serviceothers. For example, a student was desperate because he feltthat his successes did not interest anyone (Lukas,2002, p. 119). E. Lukas himintroduced a co-worker returning from South America. This explainsto the student how useful his skills would be in this typeactivity. Soon after, the student telephones E. Lukas to tell him that he has nomore need for therapy, because he has found himself, that he is nowbusy preparing for his exam and started to learn thePortuguese.

Having attended a group therapy session, following which thefaces of the participants "gave an impression of emptiness and sadness"after explaining their problems at length, E. Lukas developed agroup logotherapy (Lukas, 2002, p. 185-215). The principle is simple: theor the therapist addresses the group saying:

We will not talk about our weaknesses and psychic difficulties,but positive strengths and good aptitudes that each of uscarries in itself. [...] Not that I don't want to know anything about what makes you suffer,and don't think you have to 'push it back', but it's about havingwith regard to the other participants in the group, who could hardly concentratetheir attention to the positive aspects of life, so constantly they arefaced with its negative aspects. "

From the next session, the participants declared that they had found each othereven and steady, which hadn't happened to them for a long time.

Two participants got used to an unwritten diary of "beautieshours ", deciding to look for, every evening, before falling asleep, themoments of light that had presented themselves during the past day. Theyfell asleep much easier and had more pleasant dreams.

Over time, most of the initial problems havelost their importance. By the end of the last session, no one regretted that their personal problems had not been addressed. The therapist howeveroffered a personal consultation to participants who so wished,but only one of them requested it.

Logotherapy can also be a powerful factor in resilience,during dramatic, literally senseless, devoid of experiencesmeaningless. Viktor Frankl tells the story of an elderly doctor who came onconsult because he had suffered from severe depression for two years. Hecould notrecover from the death of his wife, whom he had loved more than anythingin the world. Frankl asks him:

"-" What if you were the first to die and your wife had to overcome thegrief over your death?

- Oh ! for her it would have been awful; how she would have suffered!

- Well doctor, this suffering was spared him, and this, thanks to you.

Certainly, you are paying the price because you are the one who mourns her. "

He didn't say anything, but shook my hand and left my office calmly. Sufferingstops hurting the moment it takes on meaning "(Frankl1988, p. 121).

1. THERAPY FOCUSED ONPERSON: THE ESSENTIAL ROLEOF EMPATHY

Carl Rogers, one of the great names in humanistic psychology, was interested into what he calls "full life", a process that leads to an opening upincreased with experience. It is the origin of a qualified form of therapyof a "person-centered approach", based on three pillars: thecongruence (or authenticity), consideration and empathy (Rogers, 1968).

According to Rogers, therapy can only be successful if the therapist is successful inestablish an intensely personal relationship with the client, a "relationship ofperson to person ". A meta-analysis (statistical synthesis of the literaturescientific) focused on the role of empathy, bringing togetherdata from forty-seven studies, with a total of three thousand twenty-sixclients (Greenberg et al., 2001). According to the authors, empathy promotesexploration and meaning creation on the part of patients. She helps themthink more productively and facilitate the management of emotions.

Multiple evaluations have shown that beyond the varioustheoretical orientations, most of the impact of psychotherapies is due tothe "therapeutic alliance" (Cungi, 2006), a term which designates the emotional bondbetween the patient and the therapist as well as their collaboration to lead towell the treatment. Another meta-analysis, synthesizing seventy-nineresearch, has found positive results (Martin and al., 2000). Theauthors find that the alliance is therapeutic in itself: "If a well-adapted alliance is established between a patient and his therapist, the patient will feelthe relationship as therapeutic, independent of other interventionspsychological. "

A contemporary therapeutic approach, called "motivational interviewing", Draws heavily on

Rogers, notably through his insistence onthe role of empathy (Miller & Rollnick). About thirty years ago, William Miller observed, with colleagues, that nearly two-thirds of differences in results, in terms of stopping alcohol for six months, could be predicted by the degree of empathy shown by the workers during treatment (Miller, Taylor & West, 1980).

According to Miller and Rollnick, "Motivational interviewing is not a wayto impose a change on a person that is not consistent with theircore values and beliefs. [...] The change appears due toits consistency with the values and concerns of the person. [...]

Motivational interviewing [...] can only be effective if it respects autonomyof the person".

Numerous studies have been carried out to assess the effectiveness ofmotivational interviewing. For example, a meta-analysis gathered theresults of sixty-two studies. In each of them, the researchers havecompared the results obtained by people interviewedmotivational with those obtained by people to whom it wassimply provided health advice (Rubak et al., 2005). The big onemajority of studies showed positive results, the rest concludedto the same impact, none resulted in a negative effect. The resultsdiffer slightly depending on the issues addressed: the impact has been shownpositive:

- in 75% of studies on alcoholism, various psychiatric diagnosesand various forms of addiction;
- in 72% of studies focusing on physiological problems, such as
weight loss, lowering lipid level, increasing
physical activity, diabetes, asthma;
- in 67% of studies on smoking cessation

2. COGNITIVE THERAPY ANDBEHAVIORAL: LEARNINGTO MASTER ITS EXISTENCE

In 1959, Beck founded cognitive behavioral therapy, in which the therapeutic process acts on the modification of thoughts but also on behavior (Beck et al., 1979). The model used by cognitive therapists is called a three-dimensional model. This postulates that our way of being is dependent on three interacting dimensionspermanent, emotional, cognitive and behavioral dimensions.

This theory emphasizes the primary impact of our thoughts on our emotions and behaviors. There are "normal" information processing errors that cognitivists call "cognitive distortions." Cognitive therapy suggests spotting these errors in order to overcome defeatist thoughts. The most frequent cognitive distortions are:

- arbitrary inference: the individual draws conclusions without evidence;
- the maximization of the negative and the minimization of the positive: positive events are disqualified and negative events increased;
- self-deprecation: the person constantly devalues himself for the slightest mistake:
- Dichotomous reasoning: the events are evaluated without nuances, all in black or all in white;
- personalization: the person systematically takes responsibility for their failures;
- emotional reasoning: the individual tends to interpret what others think of him, negatively, without real proof;
- abusive generalization: the subject extends to all situations an isolated experience "it's always like that";
- selective abstraction: the person favors events that confirm their a priori and prejudices;
- projection: the person transfers feelings or emotions that belong to him to the other.

Cognitive behavioral therapy offers a method that aims to identify negative thoughts and emotions in order to modify them and regain an optimal level of functioning. We are here in a psychology that can be qualified as "negative" (spotting cognitive distortions) and positive (it is possible to learn to spot these dysfunctions and to modify them). Cognitive therapy uses cognitive and behavioral techniques to change people's belief systems. The therapist plays an active and directive role in structured therapy. The therapist and the patient are in a positive therapeutic alliance (see below). In this relationship, change is the responsibility of the patient. Bandura (2003) has shown the importance of developing a sense of self-efficacy in dealing with difficulties during therapy. This aims to restore balance and reduce the symptoms of the person, who also learns new strategies of action and positive thinking.

Along with Beck, Albert Ellis in the 1950s invented a similar method that he called emotional-rational therapy (Ellis and Harper, 2007). For Ellis, psychological difficulties stem from people setting unrealistic goals, with unattainable expectations of themselves and the outside world. He spots patterns like "I must be loved and approved by everyone" that will make the person extremely vulnerable if they don't come true. The goal of emotional-rational therapy is going to be to develop acceptance of oneself and the world as it is, and not as it should be. Challenging patterns and expectations will affect a person's emotional level. According to Ellis, emotional reactions such as anguish, anger, fear, sadness are the result of an incorrect interpretation of events. These contribute to emotions, but do not directly

induce them.

The goal of this therapy is to get the person to spot their negative thoughts and then replace them with more realistic and appropriate ones. The goal is unconditional acceptance of oneself and the world. Albert Ellis's cognitive-emotional-rational therapy seeks to develop in the patient a better understanding of himself as well as a strengthening of the management of emotions, capacities necessary and essential for the individual well-being. This approach aims to reinforce what he calls the rational efficiency of the patient, that is to say: develop self-acceptance, take measured risks by accepting failure, increase their tolerance threshold for frustration. , increase one's tolerance for the point of view of others, accept uncertainty, develop the locus of internal control, that is to say to be able to take responsibility for one's actions.

Several major representatives of positive psychology explicitly refer to cognitive therapies as the basis of their therapeutic approach. This is the case of Martin Seligman, specialist in optimism (Seligman, 2008; chapter 12) or Albert Bandura, specialist in the feeling of self-efficacy (Bandura, 2003; Chapter 8).

3. PSYCHOLOGICAL WELL-BEING THERAPY: TASTE THE BEAUTIFUL MOMENTS OF EXISTENCE

Ryff and Singer (1996) postulate that the modification of cognitions and dysfunctional behaviors, as proposed by cognitive and behavioral therapies, is insufficient for patients to experience lasting well-being. According to these authors, psychological well-being is more than a simple pleasant emotional state, because it comprises the following six dimensions: autonomy, mastery of the environment, personal development, positive relationships with others, the ability to make sense of one's life. life, self-acceptance (see Chapter 4)

Wellness therapy (Fava &Ruini, 2003) draws on the foundations of positive psychology. It takes place over eight sessions in active interaction between therapist and patient, one in an educational role, the other in a self-observation activity. At the start of therapy, situations which correspond to feelings of well-being are analyzed. The episodes are noted in a diary by the patient and rated on a scale of 0 to 100 (100 = the most intense well-being that the person can experience). Patients often say they will bring an empty notebook because they never feel well. But moments of well-being exist, but these people tend not to pay attention to them.

The therapist will then ask the patient to identify the thoughts that lead to the cessation of

this feeling of well-being. For example, if after writing, "I went to visit my nephews and they received me with great enthusiasm and joy," the person says, "It was only because I brought them gifts. Then the therapist links the thoughts with the six dimensions of the feeling of well-being. Negative cognitions are discussed and challenged.

Then the patient agrees to carry out activities for several hours a day that can provide this feeling of well-being. The therapist makes sure that these episodes of well-being continue over time. These episodes are thus reassessed and improved so that the positive actions are maintained over time. These positive actions significantly influence the patient's feeling of well-being. This therapy has been evaluated and found effective in several studies, with people suffering from depression, agoraphobia, social phobia, generalized anxiety, obsessive-compulsive disorder.

Other approaches exist to improve well-being, for example empowerment (see Chapter 14) and mindfulness (Shapiro, 1994) which refers to understanding and acceptance of oneself and the world.

4. EMOTION MANAGEMENT: A MAJOR SOURCE OF WELL-BEING

Most of the time, we are unaware of our emotions and affective states. Yet we are emotional beings and our emotional state influences our view of existence. If we are sad, we will tend to perceive and retain only painful information, if we are worried we will increasingly perceive danger signals for example. Our emotions affect our body, as with anxiety. They also influence our behavior and interpersonal relationships. You can learn to be aware of and deal with your emotions. Popular belief prompts us to release negative emotions through the "cathartic" effect. However, the more anxious or ruminating the person, the more their negative emotions intensify and last.

In addition, through a cognitive mechanism, even minimal circumstances can trigger negative emotions which will then be more intense and lasting.

Managing emotions is a major source of well-being Managing your emotions means first knowing them in order to be able to anticipate and control them. Indeed, "irrational" emotions, also called inadequate emotions, modify a person's attitude and behavior. The emotional process works as follows: a situation triggers inadequate cognition which in turn triggers inadequate emotion, "destructive" for the person because they no longer control its effects. The inadequate emotions are anxiety, depression, anger, guilt, shame, embarrassment, jealousy. For example, anxiety can totally inhibit a person; anger can quickly

degenerate into violent acts and become unacceptable by cultural codes. The idea is not above all to annihilate all emotion: people must use their emotions to live authentically and access happiness, but they must also know their areas of sensitivity where the emotion becomes too strong, in order to be able to anticipate its occurrence and reduce the negative effects

Emotions can be beneficial if you know how to control them. The consequences of uncontrolled emotions can be multiple: bodily manifestations (stomach aches, tachycardia), anxiety attacks, violent action, behavioral disorders, exhaustion, discomfort, interpersonal conflicts. To be effective, it is advisable to use these tools on a daily basis, until it becomes automatic. The method involves spotting the automatic thoughts that trigger the emotions.

Our automatic thoughts are emitted by cognitive patterns like "I must be loved and appreciated by all", "I must be perfect" which are forged from childhood. These cognitive patterns are not set in stone and structured in late childhood; they are constantly evolving. They can be changed in adults when they are no longer suitable. Inadequate cognitive patterns can be changed by relaxing them, for example: "I like people to like me but it's impossible to be liked by everyone".

Being aware of your dysfunctional thoughts is not enough, it is important to act on changes in order to bring them into reality. A depressed person can thus gradually implement pleasant activities in order to experience moments of well-being (see a funny movie, listen to music, chat with someone, think of pleasant things, give a gift).

CONCLUSION

Positive psychology should not be confused with a naïve psychology which would negate all feelings of blues and worry. These feelings are precisely necessary to perceive the moments of well-being and fullness. They also raise awareness of the difficulties and are therefore engines of change. Positive psychology must not be diverted from its primary objective either and become a social norm, highlighted in the same way as thinness or social and professional rank. It is therefore not a Coué method of self-persuasion that "all is well in the best of all possible worlds". The aim of positive psychology is to guide the human being on the path to well-being and it seeks the authenticity of positive thoughts and feelings.

Psychotherapy can promote optimal functioning of people and highlight the positive strengths of individuals by integrating key notions of positive psychology into its model. Psychotherapy is sure to grow richer and better in the coming years based on scientific

research in positive psychology.

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