

## Emotional Trauma in Relationship: Consequences and Counseling Options Based on Approach, Indigenous to Russian Culture Traditions

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### Abstract

The present study was aimed at analyzing emotional trauma in relationship and at exploring the indigenous counseling technique as an efficient way of coping with it. The Patient Health Questionnaire-9 (PHQ) both with special scales for measuring interpersonal relationship and personal attitudes towards terminal values were administered on 34 students involved in interpersonal relationship. 8 of them were diagnosed as traumatized by their relationships. Results showed that the more pronounced the level of depression is, the less important is the subjective value of health and family. Also the deeper the emotions that are experienced, the greater is the feeling of sacrifice in the relationship, or that of feeling oneself an actual victim of the partner's Machiavellianism. It was shown that indigenous approach to counseling victimised persons proved to be especially efficient since the approach does not imply psychologization and opens the way to combined psychotherapy.

**Keywords:** *Traumatic Relationships; Victimized Position; Value Orientations; Depression; Indigenous Approach; Counselling*

### Introduction

One of the most significant aspect in emotional life of students' period concerns interpersonal relations with peers both as heterosexual and of one gender. In this study, we tried empirically to study the specifics of emotional trauma in interpersonal relationships and identify opportunities, counseling options for the emotionally affected persons, using counseling approach, based on traditional Russian culture known as Ethical Personalism approach [1-5].

So, this study was designed to cover a two-sided problem: emotional trauma in relationship in the age of youth applying the indigenous counseling technique as an efficient way of coping with it. Both of these facets of the problem are widely discussed in literature [6-20].

The essence of the indigenous and explicitly culture-congruous approach is rooted into the main Ethical principle of Eastern Christianity, according to which there is an absolute prohibition on human sacrifice both with the Code of laws, adopted in Kiev Rus by Prince Yaroslav the Wise in 11<sup>th</sup> century and known as "Russkaya Pravda", i.e. 'Russian Truth'. According to this Code, the first stage heir after the death of the spouse the wife had to be, not the first-born male (son), as say in the Western Catholic tradition. This law disavows the Oedipus complex in Russian culture, as Freud yet noted. And besides, subjects, who belong to the classic Russian culture are especially sensitive to the archetypal patterns and features of a partner's behavior which is aimed at sacrificing them to his/her whims or/and desires. Namely, sudden insight when a subject actually realizes that she or he is a pure victim of Machiavellian behavior triggers a chain of traumatic experiences, as a result of which the victim's personal position is formed. So the subject matter of the study was an internal picture of traumatic experiences alongside with the dynamics of coping with them due to the applied counselling approach.

It is generally recognized that the effects of psychotrauma lead to neurotic states, social isolation of the person, diseases of psychosomatic nature, negative concentration of human attention solely on their pain and experiences. The most severe psycho-traumas which are not heal to the end and wither in the depths of the subconscious may be activated at any moment. A person who has suffered a psycho-trauma in relationship especially suffers from the fact that she or he loses faith in being able to receive help, human decency, and friendship. He/she often feels herself unnecessary, lonely, lost and struck out of life. Such clients often suffer from sleep disorders, prevalence of nightmares and insomnia. Their basic feature is the fact that they fall into the victim position. The latter is manifested in such phenomena as: distortion of reality - "departure to another world"; "designing the desired/alternative reality"; distortion of the laws and principles of formal logic; complete denial of the effectiveness of his or her qualifying judgments. Besides, sexual dysfunction may still be present; eating disorders; complaints of headache and whole-body pain; depression, guilt, shame, fear, irritability, anxiety, panic attacks etc. [13,14,16,18,19]. Relationship trauma is the most common type of psycho-trauma experienced by people throughout their lives. Every second participant in the study mentions traumatic events related to interpersonal relationships. In this way, injuries related to rejection, betrayal, Machiavellianism are most painful and relevant. They certainly affect the emotional state of the world picture and resilience of a person. Especially a young person. Therefore, our general aim was to explore characteristics of traumatic relationship, emotional states induced by them according to gender and age and to explore effectiveness of Ethical Personalism as a counselling method, congruous to the Classical Russian culture which corresponds to archetypal features of bearers of Russian mentality.

## **Materials and Methods**

### **Participants**

The participants of the present study were 34 students of different faculties and departments of four Universities in Kiev who have sought psychological counselling in relation to conflict or difficult personal relationships at the Counselling Center at Kiev National linguistic University during 2017 - 2019 years. This Center is well-known in Kiev as it functions since 1987, and it was organized after a famous seminar of Carl Rogers in the former USSR in 1986 [2]. The real sample was not equally distributed by gender: 9 males (mean age = 20.52 years;  $SD = 3.29$ ) and 25 females (mean age = 22,22 years;  $SD = 1.71$ ). It is explained by the fact, that only those persons, who really applied to the Counselling center with their real problems in interpersonal relations were considered. It is necessary to take into account that among those who sought counselling were primarily female persons, which certainly reflects the socio-cultural situation of the present-day Kiev.

### **Procedure**

The present study has been realized according to the National Code of Ethics of the psychologist with strict adherence to the principle of confidentiality and receipt of informed consent provided the condition of absolute anonymity of the data obtained. All assessments and counselling were applied directly only to those with whom psychologists worked in situations of seeking help in connection with difficulties in interpersonal relationships. The number of meetings (sessions) in each case varied from one to several [3-6]. If it was necessary to consult a medical doctor and prescribe drugs, counselling was rendered in with psychiatric assistance.

### **Measures**

#### **The patient health questionnaire-9 (PHQ)**

It is a well-known and rather popular questionnaire designed for quick diagnosis of the severity of a depressive state. Its a self-administered version of the PRIME-MD diagnostic instrument. It provides express screening of a patient's/client's emotional state in situ. Value judgments are scored along a four-point scale from 0 to 3, 0 means that the symptom is not present, 1 that the symptom is present several days, 2 that the symptom is present more than half the days; 3 means that it is present nearly every day. The total score may range from 0 to 30; higher scores, starting from 5, reflect a higher level of depressive symptoms [11,16].

#### **The Bondarenko self-esteem projective scale for assessing the mutual contribution to the relationship**

The BSEPS [1,3] is used for measuring the mutual contribution to the relationship according to the basic 5 parameters, each of which, except the 5<sup>th</sup> one, includes 6 scales. The last scale designed to measure the balance of costs and acquisitions in relationship includes only

two dimensions. These scales have to be evaluated, and the items explore the individual’s satisfaction or dissatisfaction with the level of interpersonal relations. Raw scores are converted to standard grades, and the overall balance is drawn for both partners. This projective technique clearly shows who the victim is and who is the beneficiary in the relationship according to the perceptual field of the client. The BSEPS may be used both with couples and individual counseling.

**Self-assessment questionnaire by Dembo-Rubinshtein**

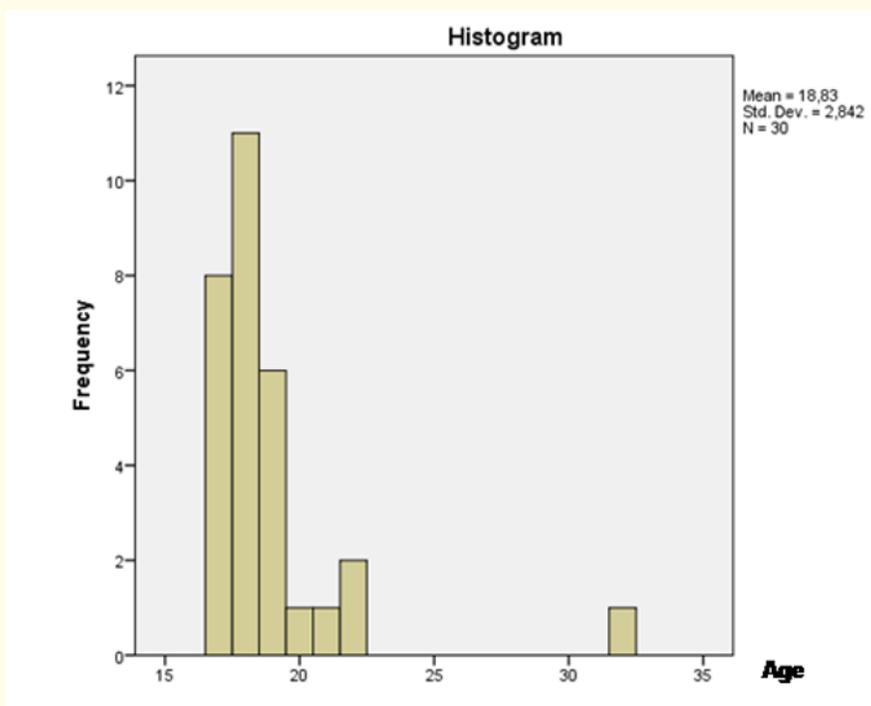
This questionnaire, modified by P. Yanshin, was used for evaluating value priorities of the clients, concerning their basic personal values. In its essence it reminds a well-known Rokeach Value Survey Form developed by Milton Rokeach (1973) in which terminal values refer to goals of existence while instrumental values refer to manner or ways of behavior [21]. As it is well known, from the very beginning this technique was created by T. Dembo to measure ideas about happiness. But due to later modifications, it is now widely used as an effective tool to stimulate self-awareness. In this study, combination of the indicated measuring techniques created conditions for a non-traumatic volumetric assessment of both the personality of those who were traumatised by relationship and their emotional state.

From the resulting array of empirical data were selected to be quantified. Their processing was preceded by standard coding procedures, which allowed its further processing by statistical methods of research. The calculations were made using the software package SPSS Base for Windows 23.0.

**Results**

**Data analysis**

The distribution of data by variable “age” is not normal. As can be seen from the histogram, the experimental sample consisted mainly of adolescents (See figure 1).



**Figure 1:** Age distribution of data.  
Source: Author based on SPSS Base for Windows 23.0 results.

The range of data on the variable “age” = 15. In this case, the youngest studied 17 years, and the oldest - 32, with an asymmetry - 16. The largest number of respondents aged 17 - 19 years, accounting for 83% of the total number of respondents.

According to the procedure, the diagnostic techniques were applied to those who consulted specifically for traumatic relationships. The method of work was explained in an instructive conversation. In the course of preliminary counseling and diagnostic examination, individuals were identified whose personal position (including victimization) and psycho-emotional state included separate counseling work. This particular psychological work was in line with the approach of the indigenous Russian culture, which is known as ethically personalistic approach.

The original matrix, given as variables, contained parameters that were extracted from the methods used:

1. The patient health questionnaire (PHQ-9): No depression; mild depression; moderate one; moderately heavy; severe depression.
2. The Bondarenko self-esteem projective scale for assessing the mutual contribution to the relationship: psychosocial values; material contribution; sense making; feelings experienced; existential victim.
3. Self-assessment questionnaire by Dembo-Rubinshtein: Health; material well-being; career; family; friendship; love; children; freedom; luck.

The difference between the empirical distributions and the normal was checked using the Kolmogorov-Smirnov criterion. The latent relationships between the variables were identified using correlation analysis methods. The task of the first stage of quantitative data processing was the general orientation in the received array of information. To do this, we provide descriptive statistics using the “Health Questionnaire (PHQ-9)” methodology (See table 1).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Absent	2	6,7	6,7	6,7
	Mild	14	46,7	46,7	53,3
	Moderate	7	23,3	23,3	76,7
	Moderately severe	5	16,7	16,7	93,3
	Severe	2	6,7	6,7	100,0
Total		30	100,0	100,0	

**Table 1:** Percentage distribution for the variable “severity of depression”.

Source: Authors’ based on SPSS Base for Windows 23.0 results.

As can be seen from the results of the quantitative analysis, the highest percentage (47%) of the subjects has a mild degree of depression, a moderate degree of depression is peculiar to 23% of the subjects, “moderately-severe” is characteristic (17%), while the highest degree of depression is “severe” is characteristic 7 %, which is a significant indicator of the severity of depression from the total number of subjects (See table 1).

As can be seen from the table 2, the highest percentage (73%) of the respondents has a high degree of feeling, a middle and a low degree of 13%, respectively.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	22	73,3	73,3	73,3
	Average	4	13,3	13,3	86,7
	Low	4	13,3	13,3	100,0
	Total	30	100,0	100,0	

**Table 2:** Descriptive statistics for the variable “feelings experienced”.

Source: Author based on SPSS Base for Windows 23.0 results.

A high degree indicates that a person is experiencing feelings of distress in this relationship. And, accordingly, a low degree indicates that one experiences only positive feelings in the relationship. These indicators indicate a high level of negative feelings experienced.

The task of the second stage of quantitative data analysis was to identify the interdependence and interdependence between the parameters of the “The Patient Health Questionnaire-9 (PHQ-9)” and Self-assessment questionnaire by Dembo-Rubinshtein: Spearman’s rank correlation criterion revealed a moderate inverse correlation between the severity of depression and the importance of family values (health:  $r = -0,362$ ,  $p = 0.05$ , families:  $r = -0,545$ ,  $p = 0.002$ , and children:  $r = -0,455$ ,  $p = 0.01$ ).

The findings show that the greater the level of depression, the less important the subjective values of health and family are to the client (See table 3).

			Depression	Health
Spearman’s rho	Depression	Correlation Coefficient	1,000	-,362*
		Sig. (2-tailed)	.	,050
		N	30	30
	Health	Correlation Coefficient	-,362*	1,000
		Sig. (2-tailed)	,050	.
		N	30	30

**Table 3:** Correlation analysis of the variables “depression” and “health value” by the Spearman criterion.

\*: Correlation is significant at the 0.05 level (2-tailed).

Source: Authors’ based on SPSS Base for Windows 23.0 results.

Thus, the findings show that the greater the level of depression, the less important the subjective values of health and family are. A direct moderate correlation was found between the variables “severity of depression” and “feelings experienced” ( $r = 0,422$ ,  $p = 0.02$ ). The higher the severity of depression, the greater the feelings of experiencing dissatisfaction with relationships, depression, sadness, and anxiety. After all, as it is known, depressive states are characterized by an asthenic vector of emotions, that is, which inhibits the life of the body (See table 4).

			Depression	Feelings experienced
Spearman’s rho	Depression	Correlation Coefficient	1,000	,422*
		Sig. (2-tailed)	.	,020
		N	30	30
	Feelings experienced	Correlation Coefficient	,422*	1,000
		Sig. (2-tailed)	,020	.
		N	30	30

**Table 4:** Correlation analysis of the variables “depression” and “feelings experienced” by the Spearman criterion.

\*Correlation is significant at the 0.05 level (2-tailed).

Source: Author based on SPSS Base for Windows 23.0 results.

No statistically significant association was found between the depression variable and other values (material well-being, career, friendship, love, freedom and luck). As a result of Pearson’s correlation analysis, a statistically significant correlation was found between the variables “feelings experienced” and “existential victims” ( $r = 0,544, p = 0.002$ ). As the results of the statistical analysis show, the deeper the feelings experienced, the greater is the subjective sense of self in the relationship with a partner, as a feeling of distance or closeness to oneself, as well as a sense of sacrifice in the relationship, or, conversely, of becoming positive. These metrics are combined into the “existential sacrifice” variable. This result indicates that the more a person in a relationship is in the victim’s position, the more he or she is victimized, the more he/she is in a state of oppression and reflection on his/her position in the relationship (See table 5).

		Existential sacrifices	Feelings experienced
Spearman’s rho	Existential sacrifices	Correlation Coefficient	1,000
		Sig. (2-tailed)	,544**
		N	30
	Feelings experienced	Correlation Coefficient	,544**
		Sig. (2-tailed)	,002
		N	30

**Table 5:** Correlation analysis of the variables “existential sacrifices” and “feelings experienced” by Spearman’s criterion.

\*\*Correlation is significant at the 0.01 level (2-tailed).

Source: Author based on SPSS Base for Windows 23.0 results.

As a result of Pearson’s correlation analysis, statistically significant feedback was found between the variables “feelings experienced” and “psychosocial values” ( $r = -0,429, p = 0.01$ ). According to the results of the statistical analysis, the deeper the feelings are experienced, the greater is the subjective sense of well-being, trust, support, personal status, new perspectives on life, receiving new information and health promotion. These indicators are combined into a variable “psychosocial values”. This result is somewhat predictable, as the deeper one experiences a sense of attachment within the family, the more willing they are to contribute to that relationship. Accordingly, the more superficial the feelings, the less the contribution (See table 6).

		Psychosocial values	Feelings experienced
Psychosocial values	Pearson Correlation	1	-,429*
	Sig. (2-tailed)		,018
	N	30	30
Feelings experienced	Pearson Correlation	-,429*	1
	Sig. (2-tailed)	,018	
	N	30	30

**Table 6:** Correlation analysis of the variables “psychosocial values” and “feelings experienced” by Pearson’s criterion.

\*Correlation is significant at the 0.05 level (2-tailed).

Source: Authors’ based on SPSS Base for Windows 23.0 results.

The objective of the third stage of quantitative data analysis was to factorize the structure of value meanings of the subjects. The latent structure of the relationships between the variables (values) was identified using the principal component method with the Varimax rotation of the factor structures using the FA method. As a result of factor analysis using the principal component method, 3 factors were identified, describing 30.3%, 19.9%, and 15.4% of the total variance.

The first (main) factor - the “factor of family values” included the following values: material well-being, family, love, children and freedom. It is noteworthy that such values remain interconnected for many years. We can assume that material well-being is related to freedom in that it gives independence in a person’s life. On the other hand, the connection between material well-being, family and children gives them confidence in the next day, in the creation of a family and in the future of their children. The greater the family values, the lower the value of money, but on the other hand, the family acts as a support for the person, that is, the person does not seek individualistic values in money. The second factor is family, friendship and children - a factor of friendship and family affair. The connection between family and children is somewhat predictable, as these values are inextricably linked. A proper parent-child relationship should be based primarily on a friendly basis. We can assume that the more close and friendly the family relations, the more positive they are (See table 7).

<b>Component Matrix<sup>a</sup></b>			
	<b>Component</b>		
	<b>1</b>	<b>2</b>	<b>3</b>
Health	,099	,292	-,532
Money	-,682	,294	,288
Carier	-,394	,401	,430
Family	,758	,578	,107
Friendship	,418	-,755	-,056
Love	,510	-,439	,287
Children	,756	,580	,082
Freedom	-,522	,111	-,722
Luck	-,487	-,103	,461
Extraction Method: Principal Component Analysis.3 components extract			

**Table 7:** Statistical characteristics of the selected factors.

The third factor is health and freedom -as fundamental values that one does not want to violate. For many people, health is a limiting factor for self-realization, and therefore, if a person has poor health, then there are limitations in his life, and vice versa, if good health gives him more opportunities for self-realization.

The objective of the fourth stage was to study the regularities of the vector of shifts between the values of the variables “psychosocial values, material contribution, sense making, feelings experienced and existential sacrifices” in two samples using the G-criterion of signs. To do this, the subjective data of the clients according to the BSEPS were divided into 2 samples: those of the clients themselves and their partners. The result of statistical processing recorded a number of shifts in the divergence of the traits under study (“psychosocial values, material contribution, sense making, feelings experienced and existential sacrifices”) in two samples. However, the coefficient of reliability (p = 0.8) showed that they are all random. Thus, there are no shifts in the variables studied (“psychosocial values, material contribution, semantic acquisition, feelings experienced and existential sacrifices”) at the level of the statistical trend.

**Discussion**

Based on the data obtained, according to the Health Questionnaire Questionnaire (PHQ-9), it can be noted that the majority of clients had mild depression (47%), moderate expression was 23% of those studied. In other words, feeling depressed, reduced mood and self-esteem, pessimism were marked as the main features of this condition.

Analyzing the data obtained from the BSEPS, the largest percentage of those surveyed consider feelings that are perceived as negative, upsetting. That is, a young person who came to counselling for a relationship characterizes them as not giving a sense of joy, contentment,

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peace, trust, interest and a feeling of security. It is noteworthy that the link between the severity of depression and the importance of family values, such as health, family and children, is that the subjective value of health, family and children, in other words family values, is less important with high levels of depression. Namely, depression causes loss of interest even in the most important aspects of life. Another link is presented between the variables of the severity of depression and the feelings that are experienced, which is expressed in the fact that the higher the severity of depression, the deeper the feelings in the poles are: joy - sadness, pain - satisfaction, distrust - trust, anxiety - calmness, indifference - interest, fear - fearlessness. That is, a person in a depressed state projects their feelings on both their partner and their relationship in general. Relationships can be harmonious, but if a person is depressed and in a mood of mood, then he or she sees the world in "gray colours". Interpretation of the main trends identified.

It can be noted that the relationship between such parameters as "feelings experienced" and "existential sacrifices" according to the BSEPS is directly proportional and consists in the fact that the subjective sense of oneself in the relationship with a partner is felt in two ways: as a sense of distance or approaching oneself, as well as a sense of sacrifice in relationships, or, conversely, of becoming positive. This indicates that the more a person in a relationship is in the victim's position, the more he or she is victimized, the more he/she is in a state of oppression and reflection on his/her position in the relationship. According to the analysis of "feelings experienced" and "psycho-social values" the following results are observed: the deeper are the feelings experienced, the greater is the subjective sense of well-being, trust, support, personal status, new perspectives in life, obtaining new information and health. 'I. We can assume that the deeper a person feels about family attachment, the more willing he/she is to contribute to that relationship. And accordingly, the more superficial the feelings, the less the contribution. Regarding the value system of the investigated, 3 factors were identified: 1) factor of family values; 2) the factor of friendship and family relations; 3) health value factor. It is worth noting that the researchers attach more importance to family values, which are the main guidelines in their lives. The very value: family, material well-being, love, children and freedom are the most important components of the subjective creative activity and the subject in it. That is, they serve as an important factor in the social regulation of human relationships and individual behavior. That is why the problems in interpersonal relationships are so painful. They create an ethical dissonance between the ideal image and the real situation. It is worth noting that the test subjects attach more importance to family values, which are the main guidelines in their lives. The very value: family, material well-being, love, children and freedom are the most important components of the subjective creative activity and the subject in it. It seems important that relationships that are selfless, based on a common interest and passion, mutual respect, mutual understanding and mutual assistance, which involve touching the mental aspects of human life - are a resource for man in the development of relationships. On the contrary, where a young person encounters an unexpected betrayal, deception, double-dealing, she/he is not ready for it without expecting such behavior from a partner. And it makes her/him fall into the position of the victim, as she/he develops fixation on these traumatic relationships. And a particular problem here is the need for timely and adequate psychological help, a specific example of which is given in the appendix. This way of counselling will be illustrated by the application of a method of consultative work known as Ethical Personalism, which is congruent with Russian culture and mentality.

### Conclusion

Summarizing the above, we obtain the following results:

- 1) The greater the level of depression, the less important is the subjective value of health and family;
- 2) There is a link that the higher the severity of depression, the greater the feelings of experiencing greater is dissatisfaction with relationships, depression, sadness, and anxiety;
- 3) It was found that the deeper the feelings of discomfort, the more subjective the sense of detachment from one's self in dealing with a partner; this sense of detachment and the victim's position in the relationship; neuroticizes the subject, makes him look for a way out, including with the help of psychologists and sometimes psychiatrists;
- 4) There is a close relationship between the depth of the experienced feelings and the subjective sense of well-being, trust, support, personal status, new perspectives on life, obtaining new information and promoting one's health;

- 5) Special counseling technique derived from traditional Russian culture and corresponding to the archetypal structures of the Russian mentality was applied to those 8 clients whose victim position was most pronounced;
- 6) The principal moments of constructing the therapeutic verbal behavior inherent in this counseling approach (Ethically Personalistic) are given in the appendix. Further research efforts will seek to elucidate the therapeutic potential of this indigenous consultative approach in comparison with applying cognitive-behavioral or humanistic ones in terms of their efficiency and effectiveness.

## **Appendix**

Description of the actual counselling process in an ethical-personalistic approach (after preliminary interview and diagnostics). A client (female of 22), suffers because of a conflict with her beloved elder brother.

**Psychologist:** How could you formulate your main complaint as a first-person one in a closed-ended question?

**Client:** Will I be able to change the nature of this relationship?

Ps: Let's try to focus on a more feasible task that might be more accessible to us. How could you simplify your task?

Cl: Can I at least grasp what is going on in this relationship indeed?

Ps: We will do our best for that. Let's first try to find out what personal resources you can rely on?

Cl: How is it?

Ps: Say, who could really help you accomplish this task, or for whom will we be straining?

Cl: Who really... It is just me...

Ps: The thing is that you already tried and you didn't succeed. Maybe let's think for whom we will make the effort?

Cl: For my brother's sake?

Ps: Why not for your sake?

Cl: And this will not be selfish?

Ps: Well, we don't have much resources, do we?

Cl: It seems like that.

Ps: Who else suffers from this conflict.

Cl: Mummy, the whole family.

Ps: Could we devote our efforts to your family as a whole?

Cl: Oh, yep!

Ps: There is something to live for, isn't there?

Cl: Yep...

Ps: LET's think now about what your key mistake in your relationship with your brother could have been, because of which it all started.

Cl: Mistake, mistake... I think I've been overtaking parental functions, mentoring, when he began to smoke marijuana. Although he is a year older, I got frightened, scared, began to educate him, you know, from above... He was offended.

Ps: Could you recall your specific actions regarding him?

Cl: At first I tried to conduct educational conversations with him, then cried, tried to persuade him...

Ps: And?

Cl: First he laughed at me, then got annoyed, and when I cried, he used to say: Let's go have a smoke, you fool girl!

Ps: And then?

Cl: Then he stopped talking to me, pulled away, I was confused, frightened and said that I would tell everything to our parents. It completely ruined our relationship and my condition.

Ps: I see. Well, now I will have a somewhat unexpected question for you, may I?

Cl: Sure!

Ps: Who blessed that your behavior which you were talking about?

Cl: How is it?

Ps: In other words, who authorised your behavior?

Cl: No one. I did not consult with anyone. I acted like that myself.

Ps: Then, let's try to evaluate your behavior from the standpoint of absolute good or evil?

Cl: That is?

Ps: Well, it is clear that you wanted the best, but what actually led to it?

Cl: To finally spoil the relationship..

Ps: So how do you evaluate your behavior?

Cl: You will laugh, but it seems to me that the devil has confused me... to behave like that... to read the notations, to pretend to be a tutor.. What to do?

Ps: As far as I understand, ideally, it is necessary, first, to restore the relationship, and secondly, which is also not easy, to distract his brother from a destructive habit, if its possible. Do you accept it?

Cl: I do.

Ps: Then please take a more comfortable posture, inhale and exhale, close your eyes and be so kind as to recollect yourself at age from 3 to 5, somewhere sunny summer morning. Does it turn out?

Cl: Yea...

Ps: Whom do you see around you?

Cl: My grandmother, my godmother, pussy-cat..

Ps: Who loved you the most when you were such a little girl?

Cl: My granny.

Ps: Is she alive now?

Cl: No already, she died a few years ago { wipes away tears}.

Ps: By her image lives in you. Please, imagine her face at that time of your childhood. Look into her eyes. What comes from her image?

Cl: Light.. Warmth...Love...

Ps: I ask you to refer to the image of the granny, the love of which you have most felt and ask for her image of help, blessing in your efforts to cope with your family difficulties.

Cl: {s concentrating upon internal images}.

Ps: What happens to you now?

Cl: I calm down, feel more confident, somehow easier.

Ps: Good. Let the granny image remain with you. Let's now calmly discuss possible options for coping with this situation. Let's start with awareness of what happened.

Cl: Well... first, I think, I took a strict parental position.

Ps: Parental position. What else?

Cl: I didn't think about my brother's most likely motives. What is it for him? For self-affirmation? To improve his status in the group? To fight for his autonomy? Or for the sake of compensating for something?

Ps: OK, further...

Cl: I didn't take a friendly position. He didn't feel that I really loved him and worried about him, really.

Ps: What are you planning to start with?

Cl: I need to reassure myself and develop the right personal position for understanding partnership, solidarity with him, not habit.

Ps: Absolutely! It's better to appeal to a healthy part of his personality. And I'd like to offer you some role-playing sessions to work out your partner-like position and develop possible algorithms for fundamental restructuring relations with your brother. Do you accept it?

Cl: I'd be glad.

Ps: OK than. Now please ask the image of your granny if she approves this idea.

Cl: Yes, she smiles to me.

Ps: Fine, thank her please. Let's now settle the time of our closest session.

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**Volume 9 Issue 2 February 2020**

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