



INTERNATIONAL 6<sup>TH</sup> SCIENTIFIC CONFERENCE  
of the Polish Association for Integrative Psychotherapy

# Psychotherapy

— practice, science and passion

20<sup>th</sup> Anniversary of the Polish Institute for Integrative Psychotherapy  
Annual Meeting of the Institute Graduates



## Book of Abstracts

January 13-15, 2012  
International Cultural Centre,  
25, Main Square  
Cracow, Poland



Sigmund Freud  
University,  
Wien



European  
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Friday, Jan 13<sup>th</sup> , Plenary Session

**Lecture**

<b>Title:</b>	<b>Politics and the identity of Psychotherapists in Europe</b>
<b>Author:</b>	Alfred Pritz
<b>Abstract:</b>	<p>There is a vivid debate in Europe, whether Psychotherapy is a tool of some human professions like psychiatrists or psychologists or whether it is a profession in its own rights, as the Straßbourg Declaration for Psychotherapy of 1990 states it.</p> <p>The legislation is unclear as in most of the 11 laws which define psychotherapy in Europe laws ask for a special pretraining in another profession before starting the psychotherapeutic career. In this understanding one might think, it is a special tool of a specific profession. On the other hand there is a strong dynamic activity within many countries, to define psychotherapy as a new profession.</p> <p>With the foundation of the Sigmund Freud University in Vienna it is the first time in history that the demand for a specific psychotherapeutic and scientific education is realised. And there is a debate in Germany to offer regular psychotherapeutic masters at state universities. There is also an activity in Lithuania to implement psychotherapeutic education at the medical state university.</p> <p>It has an influence on the identity when the profession is just part of another profession or when it is defined in its own rights. In the second case you need not to integrate in your personality two professions but one.</p>
<b>Affiliations:</b>	European Association for Psychotherapy, Sigmund Freud University, Wien

## Lecture

<b>Title:</b>	<b>What is psychotherapy science?</b>
<b>Author:</b>	Omar Gelo
<b>Abstract:</b>	<p>When talking about psychotherapy, we are often faced with the necessity of distinguishing the practice of psychotherapy (i.e., psychotherapy practice) from the science of psychotherapy (i.e., psychotherapy science). While actually every clinician knows well what psychotherapy practice is, there is actually a struggle with the question “what is exactly psychotherapy science?”.</p> <p>The term <i>psychotherapy science</i> appears in fact to be rather polysemic and, depending from the perspective it is considered from, seems to assume at least two different meanings: (i) the scientific investigation of psychotherapy practice (i.e., the scientific activity/research having as object the practice of psychotherapy), and (ii) the practice of psychotherapy based on the results of this scientific investigation (i.e., the clinical exercise of psychotherapy based on a psychotherapeutic model which is scientifically validated[ated]).</p> <p>In both cases, what is crucial for an articulated understanding of this issue is what we mean – both as psychotherapy practitioners and as psychotherapy scientists – by the word “science” and/or “scientific”. Science is in fact mostly defined according to the paradigm of natural sciences even though, in recent years, also the paradigm of human sciences has gained increasing relevance in our cultural landscape. Thus, when applied to psychotherapy, these different scientific paradigms influence radically what we think of psychotherapy science both in terms of (i) and (ii).</p> <p>The present speech intends to shed light on what psychotherapy science is both in terms of (i) and (ii), when considered from the perspective of natural sciences as well as from the perspective of human sciences.</p>
<b>Affiliations:</b>	European Association for Psychotherapy, Sigmund Freud University, Wien

## Lecture

<b>Title:</b>	<b>Joy of psychotherapy research</b>
<b>Author:</b>	Dan Pokorny
<b>Abstract:</b>	<p>During the coffee break after moderating a discussion on research-practice, David Orlinsky, one of the most outstanding psychotherapy researchers worldwide, gave the following hint: You can speak to clinicians on the importance, impact and practical benefits of the psychotherapy research – they would not move a step. There is only one way: You let them see that you enjoy your psychotherapy research. They will envy you and wish to participate. Guided by this advice, I would like to present some examples from various areas in psychotherapy process research.</p> <ul style="list-style-type: none"><li>- We will speak on questionnaires, their use and misuse and their application as a communication channel between patient and therapist.</li><li>- We will see how transcripts of psychotherapy sessions can be – nearly automatically – scanned by the computer for the appearance of words from thematic dictionaries. Examples of lexical analysis will concern the primary process and the emotion vocabulary.</li><li>- We will experience how unconscious relationship patterns can be found and investigated by counting the repeated occurrences of relationship elements.</li></ul> <p>The highly creative therapy method of Guided Affective Imagery (KIP, Katathym-imaginative Psychotherapie) will be the demonstration object of interest within most of our examples. Finally, we will reflect the process of research collaboration, and we will point to certain parallels between data analysis and psychoanalysis.</p>
<b>Affiliations:</b>	University of Ulm

Friday, Jan 13<sup>th</sup> , Workshops (16.00 – 18.30)

### Workshop

<b>Title:</b>	<b>Three Dimensions of reality in Process Oriented Psychotherapy</b>
<b>Author:</b>	Michał Duda
<b>Co-authors:</b>	Joanna Dulińska
<b>Abstract:</b>	<p>Process Oriented Psychology is based on assumption that everything that happens to us can be meaningful, needed and support our development.</p> <p>That happens to us can have different meanings depending on perspective we bring while looking at our experiences.</p> <p>Processwork differentiates between three dimensions of reality: consensus reality; reality of dreams which basically means the world of complexes, feelings, subjective experiences and judgments; the third reality is dreaming or essence which can be described as dimension of intuition, insides, and meaning.</p> <p>Each dimension is different and they all exist at the same time. We can focus our attention only on one of them at the time and depending which dimension our attention goes to our actions and the way we feel is different.</p> <p>We will present each of reality dimensions and the ways of working with them within psychotherapeutic context. We will also give examples from our practice and short experiential exercise.</p>
<b>Keywords:</b>	Arnold Mindell, psychotherapy based on process-oriented-psychology, dreambody, consensus reality, dreaming
<b>Type of work:</b>	POP
<b>Affiliations:</b>	Polish Association for Psychotherapists and Trainers of Process Psychology; Process Psychology Institute, Warsaw

### Workshop

<b>Title:</b>	<b>NLPt in psychotherapy of pairs. Selected issues, practical cues and methods</b>
<b>Author:</b>	Benedykt Peczek
<b>Abstract:</b>	<p>The workshop underlines basic rules of therapeutic work with pairs, as they are perceived by NLPt system. It clarifies to what aspects of verbal and nonverbal communication, therapists attention should be directed first of all. How to build rapport with a pair? How to stay in a neutral position to both of them? How to establish a therapeutic contract with a pair? How to recognize disturbing loops in a pair communication? How to avoid games applied by a pair and different other traps in such kind of work? These and other practical questions related to the topic are answered.</p> <p>The workshop supplies also some demonstrations of chosen therapeutic methods in action (for example metaphors, reframing, perceptual positions), and the opportunity to become familiar with them during exercises. Participants receive printed materials and a list of recommended literature.</p>
<b>Keywords:</b>	communicational loops and emotional traps in relationships; stereotypes of reacting; perceptual positions; reframing; neutralizing of negative anchors in relationships; metaphors; partnership potential development.
<b>Type of work:</b>	NLP
<b>Affiliations:</b>	Polish Association for Neurolinguistic Psychotherapy, Polish NLP Institute, Warsaw

Saturday, Jan 14<sup>th</sup>, Plenary session

**Oral presentation**

<b>Title:</b>	<b>The influence of primal education of psychotherapist on psychotherapy effectiveness an psychotherapeutic competences – preliminary results of research</b>
<b>Author:</b>	Milena Karlińska – Nehrebecka <sup>1,2,3</sup>
<b>Co-authors:</b>	Alicja Heyda <sup>1,2,4</sup> , Andrzej Nehrebecki <sup>1,2</sup> , Dagmara Kuczyńska-Ginko <sup>1,2</sup> , Stanisława Kufel <sup>1,2</sup>
<b>Abstract:</b>	<p>Introduction: in last decade precise statistical analysis of numerous metaanalysis, concerning research on determinants of psychotherapy effectiveness by Wampold, showed that the influence of psychotherapist himself is fundamental while the significance of kind of psychotherapy modality is approximately zero.</p> <p>Other scientists, as Blatt or Luborsky indicate fundamental influence of psychotherapists on psychotherapy effectiveness.</p> <p>It is evidenced that psychotherapists differ in their effectiveness. Nevertheless there are very few published research papers exploring which aspects of psychotherapist are significant to his/her effectiveness.</p> <p>There is certain belief existing in many professional milieus stating that academic education prior to psychotherapeutic training is one of this determinants. And that only psychologists and psychiatrists, or possibly pedagogues are the best predisposed to psychotherapist profession.</p> <p>Aim. This research tries to answer the question of the relationship between primal psychotherapist education and his effectiveness and psychotherapeutic competence.</p> <p>Methods and sample: Sample consisted of 235 dyads psychotherapist-patient. Psychotherapists were students of Integrative Psychotherapy Curriculum trained 1-6 or more years. Before they have begun training they became graduated of psychology, psychiatry, pedagogy, theology, sociology, nursing, law, other humans or natural sciences.</p> <p>Patients has been randomly chosen from group of trainees. Patient could be himself or could represent well known patient from his own practice. Psychotherapist was informed only of a gender and age of such a patient. The subject of evaluation was the therapeutic session.</p> <p>After completing the session patient immediately filled the Likert scale questionnaire where he/she evaluated psychotherapist and session in 9 dimensions; if the therapist was helping, kind, led toward insight, if the patient experienced hope, strength etc, and also if he/she would come to next session or recommend therapist to his close friend. Finally generally evaluated the session. The results varied from 0 to 72.</p>

	<p>Competences of psychotherapist evaluation was based on the scale containing 16 subscales; 5 personal, 11 technical. Scale has been based on findings of Rogers&amp; Truax, Horvath, Orlinsky and others. Each component has been judged in scale 0-6, on the basis of behavioral criteria describing separate levels of competence.</p> <p>The judges were experienced trainers being supervisors of integrative psychotherapy. Two or three made individual assessment during the session and immediately after. When individual assessment differed, the additional judgement has been conducted based on behavioral criteria. Relation between professional assessment of competencies and the assessment by the patient was also conducted. The result was calculated on the basis of nonparametric statistics (Mann-Whitney U Test, Kruskal-Wallis Anova).</p> <p>Preliminary results showed various relations between data including primary education of psychotherapist, assessment of his work by the patient and relationship between therapists competencies judged by professionals with effectiveness assessed by the patient.</p>
<b>Keywords:</b>	professional competencies of a psychotherapist, psychotherapist, psychotherapy effectiveness, self-report measure
<b>Type of work:</b>	Psychotherapists
<b>Affiliations:</b>	<sup>1</sup> Polish Association for Integrative Psychotherapy <sup>2</sup> Polish Institute of Integrative Psychotherapy <sup>3</sup> Sigmund Freud University, Wien <sup>4</sup> Maria Skłodowska Curie Memorial Cancer Center and Institute of Oncology, Gliwice Branch

## Presentation

<b>Title:</b>	<b>Integrative systemic psychotherapy – clinical demonstration live</b>
<b>Author:</b>	Andrzej Nehrebecki
<b>Abstract:</b>	<p>Psychotherapy as a clinical domain, after the period of differentiation into hundreds of models and approaches entered the period of searching what is universal and common, integration period. Integration assumes different forms and levels of theoretical coherence. One of them is theoretical integration where new model is generated from primary ones, giving better possibilities of explanation, diagnosis, prognosis and action than components. Integrative systemic psychotherapy is such an approach of assimilative theoretical integration. Interventions adjusted to capacity, motivation and phase of change of patient result from multilevel understanding of patient's disorder. Specificity of this approach is to consider disorders of health at the level of bond with family system, defined as people in blood ties and those hurt by them or who have been hurt by them.</p> <p>Those bonds concern not only alive people or and those familiar to the patient but also and particularly - the deceased and the ones unfamiliar to the patient.</p> <p>Unique, very sensitive methods of assessment and intervention in this approach enable the patient to experience the insight of how his or her vicissitudes of life, choices and illnesses are conditioned by the bond with people of his or her system.</p> <p>Psychotherapists and laymen not only concerning this approach but also others in quest for magic wand – curative techniques - are missing the fact that not the method is curative but therapist himself applying methods.</p> <p>The aim of the clinical demonstration in vivo is to show psychotherapeutic session in this approach. The session will be based on systemic conceptualization, concerning unconscious bonds with both living and dead members of the family. Accordingly to the standards of Integrative Systemic Psychotherapy will be aimed at the conclusion, i.e. toward response to the experienced difficulty.</p> <p>Psychotherapist will use parallel process, making use of psychological material appearing in group of participants. The effect of session, if appropriate, will be enhanced by psychotherapeutic task. After the demonstration there will be the time for elaboration and answering questions.</p>
<b>Keywords:</b>	Integrative systemic psychotherapy, clinical demonstration, parallel process, psychotherapy factors, family system, psychotherapeutic task
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy Polish Institute for Integrative Psychotherapy, Cracow

### Plenary workshop

<b>Title:</b>	<b>NLP - New Laughing Program</b>
<b>Author:</b>	Peter Schuetz
<b>Abstract:</b>	<p>Neuro-Linguistic Psychotherapy is a systemic imaginative method of psychotherapy within an integrative-cognitive approach. In the centre of the Neuro-Linguistic Psychotherapy (NLPT) the targeted work is located under special consideration of the representation systems, metaphors and relations of a person. In the course of the therapeutical work in NLPT the verbal and analogue shaping and the integration of the expressions of one's life and digital information processes are given an equal share of attention.</p> <p>Humour &amp; Love are key ingredients in the attitude of NLPT psychotherapists which may be shown both in presentation and techniques. In this workshop we will cover the complex systemic NLPT goal model- integrated with some humorous didactic aspects.</p>
<b>Affiliations:</b>	Sigmund Freud University, Wien

Sunday, Jan 15<sup>th</sup>

**Oral Presentation**

<b>Title:</b>	<b>Clinical Outcomes in Routine Evaluation Outcome Measure</b>
<b>Author:</b>	Milena Karlińska-Nehrebecka <sup>1, 2, 3</sup>
<b>Co-authors:</b>	Chris Evans <sup>4</sup> , Alicja Heyda <sup>1, 2, 5</sup> , Ewa Karmińska <sup>1, 6</sup> , Marta Brachowicz <sup>1</sup> , Andrzej Nehrebecki <sup>1, 2</sup>
<b>Abstract:</b>	<p>Very few psychometric instruments aimed at measurement of psychotherapy outcome exist in Polish. Frequently used SCL-90 is perceived by the patients as being too long. HADS is oriented on assessment only the level of depression and anxiety which narrows its usability. The aim of the study is evaluation of psychometric properties of Polish translation of CORE-OM. Translation was compliant with Principles of Good Practice for the Translation and Cultural</p> <p>Adaptation Process for Patient-Reported Outcomes (PRO) Measures ISPOR and male and female gendered versions of the full was measure produced. The CORE-OM is self-report measure of psychological symptoms and problems which is designed to evaluation of psychotherapy effects. The participants of clinical sample were 1026 patients of 70 clinical sites and private offices; nonclinical sample consisted of 1451 people being students, medical professionals, teachers and others from snowballed samples of convenience. Research has been led by leaders being students and trainers of Psychotherapy Curriculum of Polish Institute for Integrative Psychotherapy. The Polish CORE-OM showed high acceptability, high internal consistency and test-retest reliability, as well as satisfactory convergent validity. The discriminative validity was assessed, cutting point between clinical and non-clinical population, clinically significant change and reliable change were calculated for male and female. The sensitivity to change stemming from psychotherapy still needs being examined. Obtained psychometric parameters justify using Polish version CORE-OM as valuable measure aimed to psychotherapy outcome in Polish conditions. It became first validated psychotherapy outcome measure, free for clinicians and scholars, available on the copy-left basis.</p>
<b>Keywords:</b>	outcome measures, transcultural psychotherapy, CORE-OM, validation
<b>Type of work:</b>	Psychometric Instruments
<b>Affiliations:</b>	<sup>1</sup> Polish Association for Integrative Psychotherapy, <sup>2</sup> Polish Institute for Integrative Psychotherapy, <sup>3</sup> Sigmund Freud University, Wien <sup>4</sup> Nottinghamshire Healthcare, UK <sup>5</sup> Maria Skłodowska Curie Memorial Cancer Center and Institute of Oncology, Gliwice Branch <sup>6</sup> „Karma” Private Psychotherapy Practice, Tychy

## Oral Presentation

<b>Title:</b>	<b>Where all worlds meet. New form of psychosomatotherapy dedicated to oncological patients</b>
<b>Author:</b>	Alicja Heyda
<b>Abstract:</b>	<p>Psychotherapeutic method which would support oncological patient's recovery is a goal of many therapeutic and research teams for years. Most documented successes were achieved by David Spiegel et al. who introduced Supportive Expressive Psychotherapy and by authors of Structured Psychiatric Intervention - Fawzy I. Fawzy and Nancy Fawzy. Unfortunately primary results showing patients' health improvement and prolonged overall survival were not fully replicated by further research.</p> <p>The goal of this presentation is to describe scientific quest leading to create a new form of psychosomatotherapy – Integrative Breathwork Psychotherapy (IBP) particularly dedicated to oncological patients. New formula had to satisfy many requirements, i.e it had to :</p> <ul style="list-style-type: none"> <li>– cause an immediate affective and physical improvement,</li> <li>– be suitable for oncological patients with treatment fatigue, differing with education level and cognitive abilities.</li> <li>– enable the patients to exercise on their own after completing learning and intensive psychotherapy stage.</li> </ul> <p>Various breathwork methods have been used for a few thousands of years as a treatment, prohealth and spiritual practice. Results of various research suggests a strong positive impact of many forms of rhythmic conscious breathing on endocrine, immune and nervous system. Mindfulness trainings like i.e. MBSR are the other promising kind of therapy which caused a stable pain relief, diminishing of depression and anxiety. Primary sources describing mindfulness methods are about 2500 years old.</p> <p>IBP joins intensive training of one of the breathwork methods and the state of mindfulness. After breathwork session comes verbal, processual work. Patients express their feelings and give them their own meaning. IBP has strictly defined setting, session timeline and frequency.</p> <p>Various challenges connected with requirements of evidence based medicine and interdisciplinary research will be described. This research included psychotherapy, psychological and biological measurements engaging professionals from medicine, psychology, psychotherapy, neurobiology and molecular biology. Preliminary results of experimental and control group ( altogether 78 breast cancer patients) will be presented.</p>
<b>Keywords:</b>	Integrative Breathwork Psychotherapy (IBP), psychosomatotherapy, cancer patient, mindfulness
<b>Type of work:</b>	Integrative Breathwork
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Maria Skłodowska Curie Memorial Cancer Center and Institute of Oncology, Gliwice Branch

## Oral Presentation

<b>Title:</b>	<b>Mother weeping after child loss. Psychotherapy of attachment and body sensations.</b>
<b>Author:</b>	Małgorzata Chodak
<b>Abstract:</b>	<p>The subject of this presentation is dramatic experience of young mother's mourning after sudden loss of her child, several hours after giving birth and after life threatening incident when she tried to follow her baby. Psychotherapy was preceded by pharmacological treatment and group therapy which didn't resulted in any observable improvement.</p> <p>Individual psychotherapy sessions of the patient where settled in contemporary clinical theories based on neurobiology: intersubjectivity, attachment, relativity and compassion based psychotherapy with "here-and-now" attitude. Intersubjective meeting of patient and psychotherapist becomes an axis of potential change, creating new patterns of attachment. Atmosphere of trust shows new ways of existence. New corrective experience opened the patient on change, new challenges and support mentalisation.</p> <p>Psychotherapy lasted for 2 years and 3 months without any medication (90 sessions). Process of change was illustrated with results of Distress Thermometer. Currently the patient's family and professional functioning is very good. She's completing two kinds of studies and she's writing her BA thesis.</p> <p>Resonating with patient's unconsciousness helps reaching nonverbal sensations of the patients during changing process. They are the source of transformation in inter-subjective space. Including of nonverbal level enabled to work on attachment to lost child. Thanks to this the patient was able to give meaning to baby's death in a perspective of time.</p> <p>Contemporary research on neuropsychology of body possibilities was taken under consideration, especially in context of crossing skin barrier. Patient's extended body experience – oneness of mother and baby's bodymind, illustrated by her during therapy, provoked to guide an experiment called "rubber hand illusion" (multimodal sensory integration). The experiment resulted in therapeutic effect: feeling of having 3 hands made her feeling powerful and strong ("Now I feel more powerful").</p> <p>Presentation will be illustrated by Frida Kahlo rare paintings showing the transmission of core relationship of the mother and her lost child, supernumerary arms in extreme situations (P.Brugger) and rand resemblance of losing a child with phantom limb after amputation (S.Gallagher)</p> <p>Psychotherapeutic indications</p> <ul style="list-style-type: none"> <li>- Awareness of carried responsibility and qualitative aspect: of our role as psychotherapists in relationship</li> <li>- Importance of psychotherapist's affective attunement to patient's state and the power of influence we may have on our patients.( D. Stern),</li> </ul> <p>Conclusions: Integrative approach embracing the dimensions of self, body, brain and mind is strongly recommended. It has great importance during guiding psychotherapy of patients with complicated condition, especially while their life is threatened</p>
<b>Keywords:</b>	Intersubjectivity, Attachment, Compassion, Distress Thermometer, Supernumerary phantoms, Phantom Limbs, Rubber Hand Illusion (RHI).
<b>Type of work:</b>	attachment
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Clinical Neonatology Department, Neonatology Clinic, University Hospital, Cracow

### Presentation

<b>Title:</b>	<b>Our thoughts create our lives. Stoics' idea in the background of oxidative phosphorylation and mitochondrial record of life and death</b>
<b>Author:</b>	Dagmara Kuczyńska – Ginko
<b>Co-authors:</b>	Anna Biesiada
<b>Abstract:</b>	<p>"Our thoughts create our life" - Marcus Aurelius. Psychotherapy is a healing method based on many different branches of science: anthropology, medicine, physics, chemistry, religion and philosophy. It takes its strength from many generations of passionate scientists, discoverers and wise-men. Can the stoic philosophy and one of her most ardent proclaimers - the emperor Marcus Aurelius - be useful in a modern psychotherapist's work? In the last decade of his life this outstanding military man, politician and philosopher wrote a kind of spiritual journal looking for, as our patients do, the meaning of life. The hopelessness in front of the passing life, the solitude, the unfulfilled desires of the self and others are common reasons for turning for the help of a psychotherapist. "Meditations, thoughts addressed to myself" by Marcus Aurelius give the modern therapist an insight into the stoic model of life. They can serve as guidance in many psychotherapeutic interventions. "Our thoughts create our life". Where and when does it begin? Wandering around the labyrinth of humanity we reach an incredible power plant, the mitochondrion. Everyday work of this small cellular organelle brings the life energy to the cells, organs and the whole organism. Many millions of years ago one symbiogenic event gave basis for the first cellular respiration process. Without the oxidative phosphorylation there would be no thoughts, no Marcus Aurelius, no us and no creative force of psychotherapy, so beautiful in this golden age of interdisciplinary science.</p>
<b>Keywords:</b>	Marcus Aurelius, stoicism, psychotherapy, respiration, mitochondria, endosymbiosis
<b>Type of work:</b>	Philosophy, Biochemistry
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Polish Institute for Integrative Psychotherapy

Poster

<b>Title:</b>	<b>The mountain of mistakes. A psychotherapist devoured by a borderline patient.</b>
<b>Author:</b>	Urszula Baran
<b>Abstract:</b>	<p>A patient with strong borderline personality disorder is usually thought of as a difficult one. Passion for therapeutic profession and sympathy is much too little to handle this, and if not accompanied by profound knowledge can lead to therapeutic disaster. Just so happened in case of my 22-year old male patient, during psychotherapy I conducted having not enough experience during my psychotherapeutic training. Fascination I had towards systemic approach combined with lack of theoretical psychodynamic knowledge caused a number of mistakes I made.</p> <p>First of them was initial diagnosis of depression, a symptom that the patient expressed, and ignoring the existence of personality disorder on Axis II. After some weeks of peaceful therapy, not structured well enough, I was surprised by quickly developing negative transference. My next mistake was to ignore information from countertransference, especially projective identification, and treating them as an obstacle instead of using as a source of valuable information.</p> <p>Concepts developed by Masterson, Liotti and Kernberg prove useful in explaining the phenomena that appeared during this therapy. All three aspects of dramatic triangle showed up, and activation of inborn bonding system made a change in the roles. Surprisingly when I finally reached for inspiring and effective supervision, and thanks to that regained control over my emotions and the therapy itself the patient lost his interest for therapy and dropped out.</p> <p>Epilogue: The patient informed me about finding next psychotherapist, much younger than me. Well, it seems that the fate and entanglements of this man did not lead him to recovery. His aim was to destroy any good feelings he could experience from others, and that was possible only if he could control the psychotherapist. Emotions I experienced during this psychotherapy will make it an unforgettable, extremely valuable but painful lesson what mistakes should not be made with (not only) borderline patients.</p>
<b>Keywords:</b>	borderline personality disorder, dramatic triangle, projective identification, Liotti, Masterson, Kernberg
<b>Type of work:</b>	borderline
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Cracow Centre for Developmental Age Rehabilitation; Private practice, Cracow

## Poster

<b>Title:</b>	<b>Creative techniques and methods supporting reinforcement of the motivation and development of therapeutic alliance in the first period of therapy. Case study of the two women with attachment disorder.</b>
<b>Author:</b>	Zuzanna Frydrych
<b>Abstract:</b>	<p>The poster presents the dynamic of formation of different types of attachment and the first period of the therapy of two women. The first period of therapeutic relation and variety of techniques determines the effectiveness of subsequent therapy.</p> <p>The work shows which reparative methods and extraverbal communication can improve the diagnosis and reinforce therapeutic cooperation especially with patients who suffer from relationship disorder. It illustrates the relation between disfunctional attachment development and variety of disfunctions and also the influence of proper use of methods on the therapeutical process. We can also see exemplary methods of arttherapy used to prepare the patient for the actual therapy. It presents the use of some of the techniques such as: hypnosis, relaxation, symbol, drawing and other patient's creative work which stimulate openness and readiness for psychotherapy, reinforcement of motivation and hope: from the stage of passive aggression, lack of acceptance in transference toward an object to readiness to change.</p>
<b>Keywords:</b>	types of attachment, therapeutic relation, motivation, arttherapy, hipnosis, symbol, drawing
<b>Type of work:</b>	Arttherapy
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Integrative Psychotherapy Services; Psychiatric Ward, Ruda Śląska City Hospital

## Poster

<b>Title:</b>	<b>To start loving child - to start loving life. Presentation of the patient suffering from postpartum depression in systemic integrative psychotherapy model.</b>
<b>Author:</b>	Ewa Karmińska
<b>Abstract:</b>	<p>The presentation refers to therapeutic work with a 35-year-old woman with post-partum depression. In medical environment, the problem of post-partum depression is often treated as a transient phase caused by 'hormone swing' with no insight into the psychological or systemic background which can be the problem source and therapeutic work at this level – a way to successful treatment.</p> <p>The patient's problem has been presented through integrative systemic therapy. The patient's depression occurred after delivery, however, according to the patient, she has always possessed depressive symptoms. For her, the birth of a child was an important test of the ability to love and to give love. The patient felt that she was not able to love her son. Why? Because her love was trapped and directed to other persons she had lost early: her dead father and two children she had miscarried. Her depressive personality became a 'cocoon' protecting her against life, in which the patient functioned reconciling the love of the dead with everyday functioning. However, faced with a birth of a child who requires total attention and love, here and now, this mechanism failed. The patient was not able to cope with the increasing tension and a sense of guilt because of the lack of love to her son, which manifested as post-partum depression.</p> <p>The presentation includes the most significant phases and crucial moments in the patient's therapy. A turning point was systemic work under hypnosis during which the patient experienced an insight and understood how her depressive nature was related with not accepting the life from her parents. Moreover, the dissertation shows therapeutic tasks and the variety of techniques used within the model of integrative systemic therapy. It also covers the impressions from the relations with the patient, including personal difficulties of the therapist in the relationship, as well as valuable suggestions arising from the supervision.</p> <p>The most crucial change for the patient achieved during the therapy was the change in relations with her son - she started to enjoy maternity. There was also a change in relations with her mother – from idealisation, the patient went through confrontation with the real image of her mother to her gradual acceptance. The work outcomes have been presented not only in a written form, but have also been objectivised by CORE-OM test which showed the change at the level of clinical relevance.</p> <p>The problem of death of close persons, including miscarriage, is not commonly associated with post-partum etiology, and as shown in the presented case study, it can be the source of a problem and a way to regaining love and enjoying maternity.</p>
<b>Keywords:</b>	postpartum depression, depression, baby blues, post-natal depression, maternity, integrative systemic psychotherapy
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow „Karma” Private Psychotherapy Practice

## Poster

<b>Title:</b>	<b>Uncover the hidden. Family therapy in integrative systemic psychotherapy modality.</b>
<b>Author:</b>	Ewa Kempaska
<b>Abstract:</b>	<p>Mr and Mrs B came to therapy with problems concerning their adolescent sons. During the consultation it appeared that Mr B has been having difficulties with controlling his physical aggression towards his sons, and Mrs B has been treated by psychiatrist for panic attacks for three years. Both were aggressive to one another.</p> <p><b>Aim:</b></p> <p>The aim of this presentation is discussion about work with this family in the integrative systemic psychotherapy modality.</p> <p><b>Methods and results:</b></p> <p>Division into two areas will be used:</p> <ul style="list-style-type: none"> <li>- Therapeutic process, which made the couples therapy lead to individual therapy of Mrs and Mr B and</li> <li>- Types of therapeutic interventions and methods used (therapeutic sentences, holding, work with genogram, breathing exercises, therapeutic tasks) and their effects - Mrs B has recovered from panic attacks and stopped taking SSRI drugs, Mr B and the children showed a reduction of aggressive behaviour.</li> </ul> <p><b>Conclusions:</b></p> <p>The special role of children during important moments of their parents' therapy will be discussed. Additionally, it will be presented how their own parents' life and war history of their grandparents reflected on life and personal problems of Mr and Mrs B. Enigmatic questions such as:</p> <ul style="list-style-type: none"> <li>- Why Mr B couldn't take over a role of a father in this family?</li> <li>- Why losing Vilnius by Poland caused panic attacks and obesity in Mrs B?</li> </ul> <p>will be answered as well.</p>
<b>Keywords:</b>	Integrative Systemic Psychotherapy, Therapeutic Interventions, Panic Attacks, Aggression
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Integrative Psychotherapy Centre, Gdansk

## Poster

<b>Title:</b>	<b>For you, Mum, I will hate my Daddy. A case study of systemic entanglement</b>
<b>Author:</b>	Małgorzata Kotula - Śliwa
<b>Abstract:</b>	<p>The purpose of this presentation is to outline the process of psychotherapy (case study). The special consideration is put to both mistakes made by beginner therapist and to the significance of clinical supervision.</p> <p>A female aged 26 was admitted for the psychotherapy in April 2010. For a year and a half she has suffered many bouts of crying which were accompanied by the loss of joy of life and depression. Everything around annoyed and irritated her. She lost her job a week earlier. She is in a relationship. Her parents have been divorced for two years now. She has a strong relationship with her mother and brother, however, she is full of hatred and contempt towards her father.</p> <p>The patient with an avoidant, narcissistic and obsessive-compulsive personality disorder has also suffered from NOS depressive disorder system. System-broken relationship with father, in collusion with mother. She found herself embroiled in matrimonial triangle. Together with her mother they were in opposition to patient's father.</p> <p>The helplessness, powerlessness and rage the therapist felt in countertransference and the patient's avoidance of supervisions resulted in long work on "here-and-now" in order to establish a good relationship and alliance. The supervisions started to bring results.</p> <p>Three agreements were concluded with the patient. The first one included the reduction of depressive symptoms. The second one included an insight work in order to change personality and adaptation as well as system work. The third agreement was related to the acceptance of previously carried out abortion. The purpose of the psychotherapy was to bring the joy of life and faith in the patient's possibilities, find a new, good job, become financially independent, teach the patient being open and trusting other people as well as establish a good relationship with both parents.</p> <p>A new theoretical model which is in the process of scientific verification (called Integrative Psychopsychotherapy System) was applied to the patient's psychotherapy. Behaviouristic and cognitive approach was introduced as well as bodywork, hypnosis, insight work and Hellinger's Family Systems Work. The psychotherapy lasted for a year.</p> <p>After the psychotherapy ended the patient was working and also considering starting postgraduate studies. She was more open and happier. The patient lost weight and became more feminine. Her relationship with father improved. She found her place in the family.</p> <p>The insight that the therapist reached after supervisions enabled effective work with the patient and recognition of mistakes and inhibitions. It also directed the psychotherapy into integrative system work.</p>
<b>Keywords:</b>	integrative systemic psychotherapy, Bert Hellinger's method
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Polish Institute for Integrative Psychotherapy

## Poster

<b>Title:</b>	<b>Treating food as an enemy. What will fate do with us if we don't want to accept it?</b>
<b>Author:</b>	Agata Pawlicka
<b>Abstract:</b>	<p>A female patient, 39 years of age, has attended the therapy after being talked into by her friends. The first meeting took place on 2 June this year. Reason for consultation given by the patient: bingeing and every-day vomiting.</p> <p>Family background: Female, husband and two children, she also lives with her father. Unexpectedly, 13 years ago, patient's mother had a brain tumour, and she died shortly after. She is the youngest child of five.</p> <p>Other data from the interview. When she was pregnant 14 years ago, she gained 23 kg, she was trying to lose weight, but diets didn't help, vomiting did. Her mother died in the meantime. The patient wanted to have another baby, but at the same time, she was afraid of gaining weight. She gave birth to her daughter 2 years ago. She often vomited during her pregnancy and afterwards. In May this year, the patient was prescribed anorectics by a psychiatrist. Unfortunately, she didn't lose weight despite medication and vomiting. It caused despair and huge tension. She didn't want to cooperate. She claimed to be healthy.</p> <p>Multi-axis diagnosis: the patient has been diagnosed with purging bulimia as well as recurrent mental disturbances in the form of depression. In the last years, she has experienced: vomiting caused by bingeing, several times each day, depressive mood, decreased interests and feeling pleasure, increased sleepiness, lack of energy, low ability of concentration. She also reported heart rhythm disorder, hand trembling; she often had conjunctivitis caused by decreased immunity. Functioning level on GAF scale could be assessed as: 60 prior to therapy and 85 during therapy.</p> <p>My psychotherapeutic diagnosis and psychotherapy project: the patient became aware of her disease. Bulimia made the patient take care of herself. After becoming aware of suffering from depression, she also acknowledged that her mother had died. During the therapy, she felt despair after the loss of her mother; she is slowly coming to terms with her passing away.</p> <p>I have used the strategies of system therapy: acceptance of her mother, father and her own fate.</p> <p>The objective of the psychotherapy was coming into terms with her mother's death, accepting her own past and experiences.</p> <p>Contract: the patient's problem was eating obsession. As objectives of the therapy, she took: limitation of vomiting and accepting herself. Sessions with the patients took place once a week. Apart from the sessions, since September, the patient has had appointments with a psychiatrist on a regular basis, once a month, and she drew up her diet together with a dietician.</p> <p>Course of the therapy: in the beginning of the therapy, we worked on relation. The patient was afraid to trust me, she was distant; she had checked if I really could help her. When the patient started feeling her body and its ailments, fear appeared. She was afraid that she could die. During the next meeting, thanks to work on relation, she felt anger, sadness, pain and suffering. Then she started crying; and that is why this was a break-through meeting. She understood that it is safe to feel a weak person. A psychiatrist allowed her to put away the medication. Presently, she is cooperating with a psychotherapist and a dietician. Omitting is occasional. The patient is more self-reliant, she demands helping her family, she is satisfied with her work, and she spends time with her husband and children. The patient has stayed in the psychotherapy.</p>
<b>Keywords:</b>	Integrative Systemic Psychotherapy, Bulimia
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Private Practice, Wroclaw

## Poster

<b>Title:</b>	<b>Intensification of Borderline symptomatology after psychiatric medication – a case study.</b>
<b>Author:</b>	Paweł Polnik
<b>Abstract:</b>	<p>The purpose of the presentation is to present the escalating symptoms of drug action: chlorprothixen, xanax and seronil.</p> <p>In December 2010 a 21 year old with panic attacks reported to me. Background: complete family, older sister, younger brother and deceased brother and sister (miscarriage). She started education outside the home. After high school, psychiatrically hospitalized for 6 months – depression, Borderline Personality Disorder. Sister hospitalized psychiatric (depression), mother - in outpatient psychiatric care.</p> <p>Diagnosis: axis I - 300.21; axis II - 301.83; axis III - a congenital defect (abnormal jaw); drugs: chlorprothixen, xanax and seronil; axis IV - problems related to social environment, education, profession. GAF: 40.</p> <p>Psychotherapeutic diagnosis: motivation: unstable; high intelligence; able to make contact (despite turbulence and chaos); declaratively weak superego, in fact present. The conceptualization: inadequate, unstable self-image and other, depersonalisation on the body, paranoid ideas of persecution. The sources of these phenomena: strong ego splitting mechanisms and impaired communication and emotional expression, in accordance with the concept of Linehan.</p> <p>Purpose of psychotherapy: weakening of the splitting, build an adequate self-image and world. Contract: one year, the sessions once a week.</p> <p>Methods: dialectical psychotherapy BPD, expressive therapy. Strategy: creation of the therapeutic relationship in order to achieve an alliance, introduction of a structure, maintain friendly relation to the patient and the problems; medical supervision because of the arbitrary use of drugs.</p> <p>Description of the therapy: maintaining the structure was the reason for the frustration of the patient. She was full of paranoid suspicion against the psychotherapist. During the session she exceeded the boundaries of behavior. Manipulative suicide threats led to the renegotiation of the contract. The patient went into psychiatric treatment. Still arbitrarily been taking drugs. Mental contact was difficult, emotionally empty, dissociated or excessively stimulated. After starting therapy, panic attacks subsided. In July 2011 there has been a deterioration. She opt out of visits, abandoned psychiatric treatment. She stalked psychotherapist, blamed him for the failure of the therapy. She returned after a month. During this period, she did not use drugs. She didn't remember depersonalization and lack of control over impulses. Contact was lively and emotionally available. She now recognizes her operation under the influence of drugs and without. Patient's life has changed: she was in a relationship with a man, underwent surgery of the jaw. She wanted to complete the psychotherapy.</p> <p>Summary: medications caused trouble in touch and reduced cognitive abilities. Medication was intensified by pathological defense mechanisms, what lead to increase of patient's suffering. Psychotherapy was successful: the achievement of cooperation in order to adjust and decrease doses of drugs. After withdrawal of medication decreased BPD dynamics. Evidence of weakening of splitting mechanism were: rebuilding the therapeutic relationship and the termination of therapy by the patient.</p>
<b>Keywords:</b>	Borderline Personality Disorder, dialectical BPD therapy, Linehan, drug effects on personality disorder, cognitive functions deterioration
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Private Practice, Warsaw

## Poster

<b>Title:</b>	<b>Where are you Mum? Integrative psychotherapy of social phobia</b>
<b>Author:</b>	Marzena Szarecka
<b>Abstract:</b>	<p>The presentation aims to describe the recovery process of a patient with social anxiety disorder, taking part in systemic integrative psychotherapy.</p> <p>A woman, aged 30, reported in April 2010 with strong anxiety concerning her return to work after maternity leave, which was to end in six months.</p> <p>The patient with social anxiety disorder deplored the fact that she would have to entrust her one-year-old child to a baby-minder and return to work full time.</p> <p>She suffered from insomnia, strong need to control and the fear of her child being kidnapped. Her daughter accompanied her in everything she did. The fear to leave the child turned into the fear of the patient's professional incompetence that would result in her being sent to prison for failure to perform her professional duties.</p> <p>After a few sessions of psychotherapy the patient revealed increasing motivation and belief in the success of the treatment.</p> <p>The psychotherapy uses a new theoretical model, which is in the course of scientific verification, based on the systemic integrative psychotherapy founded on Bert Hellinger's method.</p> <p>The treatment combined the model of systemic therapy, innovative methods of bodywork and relaxation. It included the visualisations of the image of the patient's mother, with whom she had no contact since she was four years old and whom she did not remember. The visualisations were connected with breathing and relaxation sessions. It resulted in the healing process transferring into the patient's dreams, in which she met her excluded mother.</p> <p>A year after the completion of the therapy, the patient works professionally, freely leaves her child under the care of childminders, performs her professional duties without fear and is free from compulsive control.</p>
<b>Keywords:</b>	Integrative psychotherapy systemic, Bert Hellinger method
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Centre for Integrative Psychotherapy, Gdansk

## Poster

<b>Title:</b>	<b>Life and death as one. Psychotherapy of a patient grieving after losing her mother and her son</b>
<b>Author:</b>	Sylwia Wojtysiak
<b>Abstract:</b>	<p>The presentation shows psychotherapeutic work with 56 years old woman, who came to a private practice six months after the death of her brutally murdered son. The diagnosis itself and the process of reaching it will be widely explained in the presentation, but the diagnosis I made was the PTSD (Post-Traumatic Stress Disorder). She was under a constant care of the GP and a cardiologist because of heart aches.</p> <p>The presentation contains a description of the patient's psychotherapy process that has been lead in integrative systematic model which is still being scientifically verified. I will also show difficulties that occurred during psychotherapy and its clinically important results, that were objectified by the Core-OM test.</p> <p>The main aim of the psychotherapy was to support the patient and give her a place to abreact all emotions. The patient was at a stage of denying son's death. Reminiscences about living son were interweaving with invasive pictures (flashbacks), such as the photographs of the dead body that she had seen. During the majority of the sessions hate towards the perpetrators predominated/was stronger than sadness. Patient's despair was blocked. Desire to retaliate and fantasizing about revenge gave the patient temporary pain relief and a deceptive feeling of strength. They were helping the patient to survive and destroying her at the same time.</p> <p>The next/other aim was confronting the patient with and showing her the reality. It was a difficult task because the patient was 'escaping' from experiencing and had the strong tendency to ruminate. Application of hypnosis turned out to be helpful and the elements of visualization are also in the presentation.</p> <p>The last and most difficult stage for the patient was to merge into two separate pictures - life and death of the son - in one. I used Bert Hellinger's method which helped me to conceptualize the problem. Accepting this merged picture met with her resistance. Meantime, one more problem appeared - brutal, suicidal death of patient's mother. She was experiencing double loss. Moreover, the son was murdered when he was at the same age as the patient's mother - 32 years old. The supervisor was helping to find the direction of the therapy and was a great support in bearing the patient's pain. The patient came convinced that her life had finished and had lost its meaning. As a result of the therapy she came back to normal functioning at work and within the family. She will never be the same woman, but she will be able to live.</p> <p>The magnitude of patient's suffering was a great challenge for me, a young therapist and a mother let into the inner world of shocking experiences and pictures. I thought it was a case poignant and valuable enough to be worth sharing with the other psychotherapists.</p>
<b>Keywords:</b>	despair, life and death, loss, integrative psychotherapy, systemic approach, Bert Hellinger method
<b>Type of work:</b>	Integrative Systemic
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow Private Practice, Poznan

## Poster

<b>Title:</b>	<b>Suzannah in grief. Neurolinguistic psychotherapy of 24 years old grivieng woman – a case study.</b>
<b>Author:</b>	Sylwia Woronowicz, Marta Karpińska - Makowska
<b>Abstract:</b>	<p>24-year-old student has entered the therapy by the reason of a crisis situation related to experiencing the mourning after the separation with her partner, which was laid at the basis of improperly outdated and uncompleted process of the mourning after the death of her father when she was a 5-year-old child.</p> <p>Crisis intervention associated with the loss of important relationship, support of the patient in overworking the rate with her father (work on the mourning and emotions associated with it), strengthening self-esteem, bringing out deep assertiveness of the patient (level of belief, identity and mission) were used for the purposes of the therapeutic process.</p> <p>Research methods included the diagnostic process, ie: the analysis of the functioning of patients with Roberts Dilts's Neuro-Logical Levels, representation systems - sensory modalities, meta-model of language, meta-programs and the process of intervention programs such as crisis intervention, interventions at high levels of neurological levels and interventions related to the primal reasons for the patient's behaviour (relations with important persons) as well as building a bridge to the future with the use of different strategies.</p> <p>As a result of the approach the patient properly experienced mourning after a separation from her partner, closed properly the mourning process of her father's death, gained access to the resources associated with self-esteem and assertive forming relationships with people.</p> <p>NLPt interventions and tools applied proved to be effective with the goals of psychotherapy, both from the perspective of a patient, as well as from the perspective of psychotherapist's approach. Interventions were carried out with particular reference to ecology of changes.</p>
<b>Keywords:</b>	case study, Neuro-Linguistic Psychotherapy, mourning, crisis intervention, meta-model, Roberts Dilts's Neuro-Logical Levels, sensory modalities, self-esteem, assertiveness, ecology of changes
<b>Type of work:</b>	NLP
<b>Affiliations:</b>	Polish Association for Neurolinguistic Psychotherapy, Mental Health Clinic, Warsaw

Sunday, January 15, Plenary session (11.30-13.20)

**Oral Presentation**

<b>Title:</b>	<b>Complex and chronic trauma, complex diagnosis and multidimensional psychotherapy of patients after childhood traumas</b>
<b>Author:</b>	Agnieszka Widera Wysoczańska
<b>Abstract:</b>	Based on over 20 years of clinical practice and scientific research will define chronic and complex interpersonal traumatic event (violence), which takes place in the family of hurt person. I point out the complexity of the symptoms that occur in a person experiencing this type of trauma and signs of trauma in relationships in a family where this trauma occurs. Emphasize many aspects of assumptions underlying objectives, stages and methods of psychotherapy aimed at helping people experiencing violence in childhood. Propose a way of testing the effectiveness of the presented therapy and present the results of research on subjective perception by the clients the change that appears as a result of participation in the therapeutic process.
<b>Keywords:</b>	complex trauma, multifaceted psychotherapy, complex diagnosis, an adult, violence in childhood
<b>Type of work:</b>	Trauma
<b>Affiliations:</b>	Psychology Institute of Wrocław University; Institute of Psychotherapy, Wrocław

## Oral Presentation

<b>Title:</b>	<b>Love as a ceaseless source of psychotherapists' effective work</b>
<b>Author:</b>	Urszula Wojciechowska – Jaworska
<b>Abstract:</b>	<p>“At the end of life we cling to neither our achievements nor works. We will have to ask ourselves the question – how much did we love?” Willigis Jaeger</p> <p>Love is a healing power. In the preparation to the profession of psychotherapist and, later, in the effective work in this profession, the essential significance is attached to the discovery of love sources in oneself, free use of its potential and transferring it to patients.</p> <p>Such conclusions were reached by masters in the field of helping people. Hippocrates treated a human with a human, Z. Freud wrote to C. Jung: “therapy is healing through love” (in: Z.Freud, Works. Volume 9 – 1915-1978).</p> <p>Also the later authors: S. Ferenczi (in: The clinical diary of Sandor Ferenczi – 1932), H. Searls, J. Greenberg, M.S. Bergman, T. Lewis, F. Amini, R. Lannon, B.E.</p> <p>Similarly Wampold who in his doctoral thesis “Great debate surrounding psychotherapy” in 2001 stated that: “psychotherapy is effective if both parties believe in it, have strong motivation and are linked with each other by a close bond”. And later also: B. Hellinger, N. Mc Williams and B. Cyrulnik.</p> <p>T. Lewis, F. Amini and R. Lannon prove that psychotherapy changes a living brain when a psychotherapist is able to tune to a patient providing him or her with quasi-motherly functions until the patient becomes independent.</p> <p>What does a therapist feed on? How to intensify the professional involvement? Where to derive this healing love from?</p> <p>My presentation shall provide an attempt of answering these questions. It is based on research and theories expressed in the works of the abovementioned masters and, also, on my own experience in 14-year-long psychotherapeutic practice and 20-year-long work of an academic teacher who also prepares others for the profession of psychotherapist.</p> <p>I shall also use an analysis of the results of original training, workshops of self-experience nature intended for psychotherapists entitled: “A psychotherapist as a tool of change in psychotherapy” which took place in two sessions in the years 2010 and 2011.</p> <p>The participants examined their personal sources of their own energy for therapeutic work and the considerable majority of them derive it from the love of their parents, more distant family, their therapists and other sources as well.</p> <p>Today in a psychotherapist's office we often meet many people of instant identity (the notion introduced by B. Cyrulnik), i.e. too quick, without any awareness of their roots, too superficial. The following question appears: is my passion as a therapist hot enough to melt this “instant” thing? And, also, can I recognize the things which should be let drift?</p>
<b>Keywords:</b>	Healing love, psychotherapeutic relation, assets of psychotherapist's vitality
<b>Type of work:</b>	Psychotherapists
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow; Polish Institute for Integrative Psychotherapy, Cracow

## Oral Presentation

<b>Title:</b>	<b>Applicability of research on depressed patients' attachment to parents</b>
<b>Author:</b>	Bernarda Bereza
<b>Abstract:</b>	<p>The purpose of the paper was to seek practical possibilities of using empirical studies on the quality of the relationships with parents, in psychotherapy of persons with a diagnosis of depression. We analyzed the relationships between emotional functioning and periods of subjectively perceived the strongest ties with parents (i.e., before 5 years of age, early primary school, adolescence and adulthood). In order to bring out the specificity of emotional functioning in relationships with parents, we compared a sample of 35 people with a diagnosis of depression to a control group of people who did not take part in psychotherapy.</p> <p>Methods. Based on R. Plutchik's theory of emotion, the feelings towards the parents, common for subjects, were identified using questions from a survey. In addition, examining the relationship between emotions and the perception of the relationships with parents.</p> <p>Results. (1) anger, disgust, sadness and acceptance are the leading emotions in people with depression and statistically more likely relate to the father (<math>p &lt; 0.01</math>) than the mother, (2) in the clinical group, the stronger the emotional bond with the mother in the early stages of life, the fewer expectations (<math>p &lt; 0.01</math>) and more sadness directed to the mother (<math>p &lt; 0.01</math>). In the group not receiving psychotherapy, the stronger the bond with the mother in childhood, the greater acceptance for her (<math>p &lt; 0.05</math>). (3) In the clinical group, the stronger the emotional relationship with the father in adulthood, the more sadness for the father (<math>p &lt; 0.05</math>), in the group of healthy controls, a strong bond with the father in adulthood was associated with acceptance of the father (<math>p &lt; 0.05</math>).</p> <p>Conclusions. Reference to the results obtained in the group of healthy individuals shows the desired direction of change. The following would be the directions in psychotherapy of persons with depression: (1) work on recognition, conscious and adequate directing of feelings towards oneself and the object, (2) to teach the patient to accept and cope with negative affects without going into the dynamics of death, (3) the systemic work towards finding the strength that comes from the line of the mother / father and strengthening the parent's image.</p>
<b>Keywords:</b>	Psychotherapy, attachment, depression, emotions
<b>Type of work:</b>	Diagnosis
<b>Affiliations:</b>	Polish Association for Integrative Psychotherapy, Cracow; Integrative Psychotherapy Private Practice, Lublin

## Oral Presentation

<b>Title:</b>	<b>Positive psychology and neurolinguistic psychotherapy in work with dysfunctional families</b>
<b>Author:</b>	Barbara Gojzewska
<b>Abstract:</b>	<p>The so-called dysfunctional families environment is the recipient of psychotherapy services in numerous programs run by social welfare institutions. Based on programs such as “Reintegration of families” and “Back”; the author presents the possibilities of applying the concept of positive psychology and neurolinguistic approaches used in psychotherapy, for psychotherapeutic practice in working with clients affected by these programs.</p> <p>A common feature of positive psychology and neurolinguistic psychotherapy is to focus on personal resources, personal activity in the process of change, focusing on well-formulated objective, language as a tool of communication, respect for the customer's unique capabilities. Customer has the knowledge and skills to solve his or her problems, even in very difficult social and cultural conditions. According to the author a psychotherapist is personally responsible for the nature of collaboration with the client and the development of his or her resources. With this approach it is possible to work with socially excluded individuals with serious life problems. The ultimate recipients of the work with the family are their minor children. A therapy that brings change that builds happiness in a place of suffering, encourages being creative.</p>
<b>Keywords:</b>	neurolinguistic psychotherapy, positive psychology, dysfunctional families
<b>Type of work:</b>	NLP
<b>Affiliations:</b>	Polish Association for Neurolinguistic Psychotherapy, Psychotherapy and Psychological Training Centre, Poznań

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