



ИЗСЛЕДОВАТЕЛСКИ ПРОНИКНОВЕНИЯ

RESEARCH INSIGHTS

POSSIBILITY-FOCUSED PSYCHOTHERAPY: THE ROLE AND RESPONSIBILITIES  
OF THE PSYCHOTHERAPIST IN A TRAUMA SITUATION

Jakub Bartoszewski<sup>1</sup>  
Anna Bartoszevska<sup>2</sup>

**Abstract:** *In the proposed article, we will present the issue related to the role and tasks of the psychotherapist of possibility-focused psychotherapy. Of course, this will be a very synthetic approach. In the first part, we will discuss what possibility-focused psychotherapy is, we will also discuss what memory is, then we will present the role and tasks of the psychotherapist using the example of the diagnosis: trauma - depression. In conclusion, we will summarize.*

**Keywords:** *psychotherapy, trauma, depression, scripts, role of the psychotherapist of possibility-focused psychotherapy.*

**Introduction**

Possibility-focused psychotherapy is a modality whose initial rule is emotional, somatic, behavioral, psycho-physical problems. It is worth adding that one of the basic conditions for human functioning is the baggage of experiences created in the context of upbringing. During socialization interactions, psychological mechanisms are shaped in each person, which in this psychotherapeutic modality we call scripts (Bartoszewski 2018). It should also be noted that the processes of parental influence are related to their educational and socialization attitudes, e.g.: avoidant, rejecting, overly demanding, or overly protective. Unfortunately, these attitudes lead to destructive behavior in the form of “small traumas” and sometimes “big traumas” (Kolk 1988). It is commonly believed that trauma – post-traumatic stress disorder – is caused by major catastrophes, wars, natural disasters, and extreme violence. However, few people pay

<sup>1</sup> Jakub Bartoszewski, prof. dr hab. prof. hon. Academy of Applied Sciences in Konin. Psychotherapist, supervisor of possibility-focused psychotherapy. Research interests: psychotherapy, philosophy. jakub.bartoszewski@konin.edu.pl

<sup>2</sup> Anna Bartoszevska, MA in psychology. Expert in psychology at the District Court in Sieradz. Psychotherapist, supervisor of possibility-focused psychotherapy. anna.bartoszevska18@gmail.com

attention to the fact that the cause of trauma does not have to be an extreme stimulus, but ordinary life situations manifesting themselves in the form of:

- a. minor car accidents, including, for example, a fender bender
- b. invasive medical procedures;
- c. minor trips and falls that result in, for example, a sprained ankle;
- d. various types of illnesses accompanied by high fever;
- e. artificially induced threats to life and health;
- f. being left alone, especially when it comes to a prolonged period of limb stiffening, e.g. in the case of a fracture;
- g. sudden, loud and intense noises;
- h. perinatal stress for both the woman and the child (Bartoszewski 2025).

On this basis, we focused in this article on the issue of the so-called, colloquially speaking, psychotherapeutic roles and responsibilities in situations of minor traumas, which have a huge impact on human functioning. We want to show how on the basis of the psychotherapeutic modality that we deal with we can help patients. At this point, it is worth mentioning one of the examples of traumatizing activities, which may be, for example, mobbing at work. We know that the concept of mobbing appeared in literature in the 1950s. Mobbing is a process of gradual isolation, aggressive behavior of an individual or group towards the mobbed person. The first basic stage is the removal from the decision, the next is social isolation, and finally attacks on the private sphere. It is worth adding here that the mechanism of the impact of traumatizing psychological stress is similar to the symptomatic syndrome of PTSD. In people experiencing mobbing, similarly to post-traumatic stress disorder, we observe a reduction in the volume of the limbic system structure, for example: the hippocampus, which results from stress, when nerve cells, e.g. when transmitting NMDA impulses, absorb an excessive amount of ions, causing them to die. We can determine this using magnetic resonance imaging (Wasilewski 2005). Similar phenomena, in terms of changes in the brain structure, occur as a result of domestic violence or constant stress. The result of such a state of affairs is a disruption in the functioning of “(...) internal organs controlled by the hormonal system and the autonomic nervous system through the nerve center located in the limbic system” (Wasilewski2005).

Returning to the justification for the choice of the topic, it should be noted that the role and tasks of psychotherapy in the situation of “minor traumas” affect the functioning of the subject, and their inability to diagnose them leads to a decrease in the quality of life.

## Methodology

In the proposed article, we based ourselves on the methodology of scientific research used in social sciences. The starting point was a reference to existential anthropology, taking into account Nicola Abbagnano's philosophy of possibility. This methodology is unique because it takes into account paradigms related to narrative research and the subject's life trajectory realized in the existing world, as well as clinical psychology and psychopathology. This approach allows us to present the role and tasks of the psychotherapist, taking into account an objective approach to the patient.

## Results and discussion

### *Possibility-focused psychotherapy*

According to the initial rule of possibility-focused psychotherapy, as indicated in the introduction, a number of emotional and somatic phenomena, way of thinking, and ethos of life are taken into account. Clinical diagnosis and proto-diagnosis are also taken into account, which allows us to determine the carrying scripts that were created in the socialization processes, and in the case of trauma were dominated or reinforced. Possibility-focused psychotherapy appreciates the so-called existential events “W”, which affect scripts “S”, and these in turn affect our thoughts “M”, leading to certain attitudes “P” and actions “D”. In this scheme, we must also take into account trauma and procedural memory (the body records reactions to events), emotional memory (it is the driving force of human reactions and motivations), as well as declarative memory and episodic memory.

It should be noted that if the patient experiences, using the language of the philosophy of possibility, existential tension, which will usually show us a disorder, e.g. emotionally, then he usually reacts to it in an inadequate way, in the form of denial, avoidance, rejection, and in the case of somatization, reaches for psychoactive stimulants.

Let us present this with an example:

Justyna, raised in a children's home, felt a fear of rejection. When she got married, she often experienced anxiety that her husband would leave her. When her husband fell ill and focused on his health, Justyna's mood dropped, she often woke up at night, she even started to control her husband, which caused the deterioration of the marital relationship. A specific sequence of events occurred (quarrels, reproaches, withdrawal, withdrawal into oneself), and the formed rejection script (the need to belong) strengthened her fear, which led to specific compulsive behaviors. The "M" thought system (beliefs) in psychotherapy focused on possibility does not occupy a leading place, as it is in cognitive therapy or cognitive-behavioral therapy. Nevertheless, they are an important element in working on solving the patient's problems, because they play an important role in our life "deformed" by scripts. "S" scripts remain in a permanent relationship with "M" thoughts, procedural memory, emotional memory, which strengthens our self-image, which we define precisely on the basis of the correlation between "S-M" and procedural-emotional memory. Dysfunctional patients, in their own opinion, as well as individuals with a properly formed personality, strive to behave in accordance with their interiorized world of values, principles or social roles, which is, colloquially speaking, normal, but dysfunctional people do not see the mechanisms resulting from scripts and small traumas, and they lead them to specific social behaviors in the family, at work, in religious and educational groups.

### **Memory**

A synthetic discussion of memory is necessary to understand how to work with trauma, just as it is necessary to understand what scripts are, which, shaped in the processes of socialization and upbringing, deform the image of the subject, and small and large traumas lock a person in an event that does not allow him to go out into the present world. So let's look at memory, which is a sine qua non condition for human functioning (Roediger 1990). Memory can be divided into explicit and implicit. Explicit memory is divided into declarative and episodic memory. It can be observed at the conscious level (Importantly, this memory is the most studied).

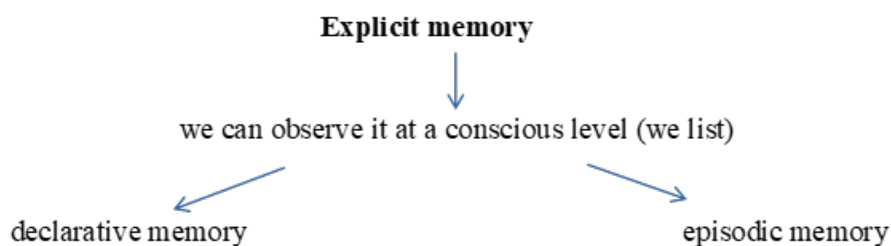


Figure 1

Explicit memory can be compared to the attendance list that I check during each class or a shopping list, we can also compare it to data categories like in computer programs. On the basis of explicit memory we build, for example, a story about experiences that have:

- a. a beginning;
- b. a middle;
- c. an ending.

The basic function of explicit memory is to transmit information about experiences. The semantics of this memory is devoid of emotions and feelings (they can evoke emotions and feelings), without explicit memory consisting of declarative and episodic memory there would be no computers, phones, buildings and this textbook, etc.

Apart from explicit memory, as we mentioned, we mention implicit memory, which consists of emotional memory and procedural memory.

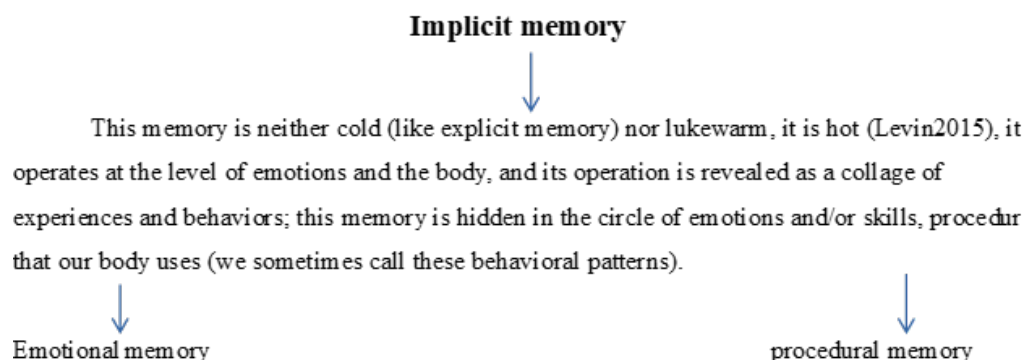


Figure 2

Memories of emotional memory strongly influence procedural memory, memories of procedural memory often have a deeper impact on how our lives will unfold. One might be tempted to say that our “geopolitical” life map – scriptural – is conditioned by the “politics” of our procedural memory and emotional memory. Memories that appear within the boundaries of these memories cannot be consciously recalled. They appear without our knowledge as a collage of specific emotional experiences and bodily reactions (Levin 2015), i.e. they are nothing more than a sphere of unconscious emotional and bodily reactions. Emotional and procedural memory combine into one “dance”, as in the case of a waltz. Emotions are an important element of human functioning. Psychology of emotions deals in concrete with this issue, but emotions are not indifferent to psychotherapy either.

### *The role and tasks of a psychotherapist: trauma and depression*

We know that people with traumatic experiences are at risk of depression, and this unfortunately co-occurs with PTSD. It is worth noting that symptoms such as insomnia, agitation or loss of interest or problems with concentration (Bartoszewski 2016) are attributed to depression by psychotherapists in accordance with the ICD-10 or ICD-11 classification and the DSM-V, but the fact that these symptoms are vivid, i.e. they also appear in a situation of trauma, is overlooked. Unfortunately, in many cases this makes diagnostic objectivity difficult. Moreover, people with trauma usually complain of a low mood, which further increases the diagnostic error. Often, people reporting mood problems communicate that they have experienced intense events, but psychotherapists consider them to be the cause of depression, adaptive anxiety (Agosti et al. 1997), or the source of panic attacks, e.g. the patient reports low mood, a feeling of existential emptiness, tearfulness, insomnia, loss of interest in activities. In psychotherapy focused on possibility, we use objective diagnostic methods and maieutic dialogue. Thanks to this, we can establish facts, e.g.: the patient experiences somatic disorders, on the basis of the diagnosis we establish that she was hit by a car five years ago. This situation did not cause serious damage to health, only minor bruises. The previous psychotherapist, when making a diagnostic “assessment”, interpreted this information as the cause of depressive disorders. He did not perform a far-reaching evaluation of the patient’s messages. The patient’s information clearly shows that the deterioration of her mental health occurred several months after the hit-and-run (she could not specify when exactly, indicating five or maybe six months after the event). The psychotherapist ignored the fact mentioned by the patient, and at the same time did not take into account the symptoms she indicated, namely freezing and numbness. For him, this was a source of anxiety depression. In the case of depressive symptoms, the psychotherapist should be sensitive to atypical symptoms reported by the patient and events preceding them, e.g. invasive medical procedures, surgeries, accidents, neglect, violence or mobbing, because depression is an important component in the post-traumatic state (see research on antidepressants and PTSD medications). Therefore, a psychotherapist should pay attention to:

- a. deep sadness caused by depression;
- b. excessive sense of loss and guilt;
- c. tendency to self-accusation;
- d. tendency to commit suicide;
- e. loss of interest in contacts with others;
- f. loss of interest in activities that previously brought satisfaction;
- g. sleep disorders;
- h. psychomotor disorders - agitation or slowing down;
- i. lack of strength and willingness to act;
- j. problems with concentration;
- k. excessive muscle tension or excessive relaxation (Bartoszewski 2025).

When diagnosing trauma, psychotherapists most often rely on four criteria, taking into account the so-called catastrophic features, i.e.:

- a. narrowing;
- b. fleshbeaks;
- c. repeated recreation of the trauma;
- d. time.

Trauma, as Zimmerman notes, is associated with various disorders, including depression and even psychosis (Zimmerman, Mattia 1999). Examples include victims of sexual harassment, rape, violence, or people involved in armed conflicts. These people often show symptoms of intrusion, e.g. they hear the voice of the perpetrator of violence or rape calling, or they hear gunshots. It is worth noting that deep trauma can cause psychosis and depression. And people who are “predestined” and prone to psychotic depression may unfortunately be at risk of post-traumatic stress disorder due to a reduced cognitive factor or a disorganizing cognitive factor and due to a far-reaching reduction in the ability to regulate affect, as Briere et al. (2015) write.

### Conclusion

In the proposed article, we presented the roles and tasks of psychotherapists of possibility-focused psychotherapy. Of course, we had to briefly present the assumptions of this modality and then move on to the tasks. It is worth adding that in the USA psychotherapy develops in direct proportion to social needs. In the EU countries, however, excessive regulation leads to stagnation and development limitations of this scientific discipline.

In our material, we tried to present the basic elements of psychotherapeutic interactions based on the appropriate methodology, and we also pointed out that knowledge is necessary that allows the psychotherapist to work with the patient in an objective manner, also taking into account the patient-psychotherapist relationship.

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