SECTION: THEORETICAL AND METHODOLOGICAL PROBLEMS OF PSYCHOLOGICAL ADVICE AND PSYCHOTHERAPY

РОЗДІЛ: ТЕОРЕТИЧНІ ТА МЕТОДОЛОГІЧНІ ПРОБЛЕМИ ПСИХОЛОГІЧНОГО КОНСУЛЬТУВАННЯ ТА ПСИХОТЕРАПІЇ

EXPIRIENTAL GROUNDS OF CLASSIFICATION AND PSYCHOTHERAPY OF THE PERSONALITY DEVELOPMENT PROBLEMS

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The problems of classification of psychological problems, which are particularly acute in the period of rejection of nosological (etiopathogenetic) grounds: normalization of pathological manifestations and tolerance to them are the essence of the cultural mainstream. Given the approach to etiopathogenic classification built on experiential grounds. Four classification axes are considered. The first axis of classification is the types of emotional schemes that are formed in ontogenesis early enough. The scheme includes five components: the actual primary "blocking" experience, the corresponding system of early memories, bodily manifestations (emotions-in-body), corresponding cognitive representations (interpretations) of situation and motivation. In the literature there are attempts at the classification of such schemes, which are called "early non-adaptive schemes" (John Young), however, in this version of the classification confused primary and secondary "blocking" experiences and they are not tied to certain ontogenetic periods and psychotrauma. Therefore, the classification of emotional schemes needs further elaboration. The second axis of classification is the type of personal process, which is determined by the structure of the organization of the psyche. Type of personal process, and they are four (optimal, fragile, dissociative and psychotic), determines the ability of the client to move in psychotherapy. The third axis of classification is the type of organism flow and the level of its actualization. K. Rogers has left the list organismic tendencies. The fourth axis of the classification – the degree of acceptance of the personality of the body flow, that is the depth of self-actualization.

KEYWORDS: classification of psychological problems, emotional scheme, psychotherapeutic process, actualizing tendency.

Existing models for the classification of behavioral, emotional, and social issues focus, as Thomas Achenbach and David Ndetei (Achenbach, Ndetei, 2018, p. 87) point out, on phenotypic characteristics that may be useful for the specification of a disorder by practitioners. These models make it possible to create a conventional space in frame of which the ideas about the types of disorders and their etiology, consequences and results of treatment will be unified and communicated. These authors note that the "lack of knowledge about specific causal connections" (Achenbach, Ndetei, 2018, p. 87) contributes to the creation of a phenomenological classification of disorders, to the description of symptoms and syndromes. In some cases, we meet the nosological orientation of the classification, which describes the etiopathogenesis of the disorder, in most cases, syndromic. These classification models of ICD-10, DSM V, DC: 0-3 are based on the developments of expert committees that modeled diagnostic categories (headings) and criteria. However, in diagnostic categories, especially in children, procedures for assessing behavioral, emotional, and

social problems in different social environments (school, family) are not precisely described and there is a serious inconsistency of data from different informants (teachers, parents and children themselves), which does not allow the doctor to make unambiguous yes/no diagnostic solutions regarding the presence or absence of a diagnostic category. Such symptomatic models are not always convenient in the implementation of medical care, and it seems they seriously weaken nosological positions in psychiatry and neurosology.

The idea of abandoning nosology and the causes of disorders also exists in psychology, primarily in behavioral psychology and psychotherapy, and this idea is reflected in the "aspirin metaphor" - aspirin helps with headaches, but this does not mean that lack of aspirin is a cause of headaches. Thus, the classification of psychological problems can be based on a phenomenological - behavioral - basis.

The antipsychiatric direction also seriously undermines the idea of causation (nosology) and leads to the normalization of a wide range of psychiatric disorders.

Risomal thinking, as a manifestation of postmodernism in culture, generally eliminates clear binary schemes, the difference of cause and effect, center and periphery, top and bottom, important and unimportant, good and bad, and, finally, norm and pathology, etc. As Alexander Dyakov notes (https://www.vshm.science/blog/avkurpatov/921/), the result of this is that "the world has lost its core, but has become not rhizomatic, but a world of consensus". This means that everyone agrees with everyone, including the classification of psychological problems. This, by the way, means that tolerance has come to replace normativity, and what has recently been described as pathology has begun to normalize: homosexuality, transsexualism. In 2016, the Ministry of Health of Ukraine approved a unified clinical protocol of primary, secondary (specialized) and tertiary (highly specialized) medical care for gender dysphoria, which explicitly states that "transsexuals, transgender people and gender-non-conforming individuals *are not inherently sick*. Rather, distress from gender dysphoria, when present, is a problem that can be diagnosed and for which many treatment options are available" (Unified clinical protocol…, 2016, p. 9). If this is not a disease, then why treat it? Gender Identification Disorders (F64), which, for example, include transsexualism, double-role transvestism in the ICD-10 in the ICD-11 project is replaced by a gender mismatch. Mismatch is not a disorder, not a disease. Why am I talking about this? Because the mainstream, associated with normalization and tolerance, leads to the limit that the classification of psychological problems will not be very different from psychiatric ones. This, in my opinion, is the serious danger of losing the psychiatric view itself. And in this sense, there are serious problems of differentiating the psychological problem from the psychiatric one.

The psychological view on the origin of problems can be very different. Today there are many psychologies, and, naturally, many personalities, created by these psychologies. We are based on client-centered psychotherapy, and in its later versions that designated as experimental, or, if more precisely and specifically, as experimental-procedural or emotionally-focused therapy. Joseph Hart (Hart, 1970) identified three phases of client-centered psychotherapy development: 1) the phase of non-direct psychotherapy, 2) the phase of reflexive psychotherapy, and 3) the phase of experimental psychotherapy, where the emphasis is on preverbal, or subverbal client experience. Hart refers to the work of Eugene Gendlin, his concept of felt sense, which reflects the actual pre-modal, subverbal customer experience, where not words, but feelings-in-the body, are important. Moreover, as L. Greenberg and J. Shafran (Greenberg, Safran, 1989) have shown, the ability to reflect on one's own emotional experience is a reliable predictor of psychotherapy success. M. Main (1991) designated this ability as metacognitive.

I will present the main ideas in the form of theses:

1. The topology of the psyche is presented in Figure 1. There are some organismic tendencies (on the OT slide) that are immanent to the personality (the inner circle), and which, like peculiar "irrigation canals" or capillaries, nourish the psyche and revive it. In this sense, the metaphor of psychotherapy, proposed by Joyce McDougall (2007), is "seduction

to live" and not only "understand". What carries such a channel? An organismal tendency or an organismic stream, in which energy and meanings are merged. C. Rogers has no list of such organism tendencies, which is bad for anthropology, but good for psychotherapy. Z. Freud has only one organism tendency, libido, the dynamics of which determine the development and well-being of the individual.
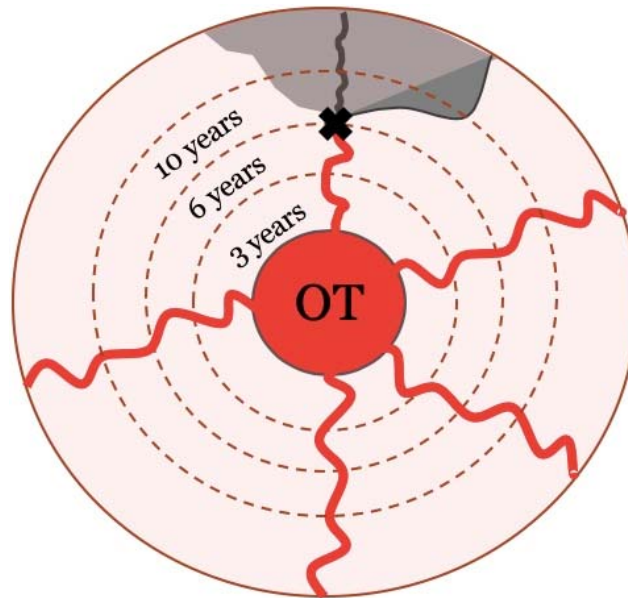

Figure 1. Topological model of psychological space. OT- organismic tendency.

2. Thus, an organismic tendency flows through the capillary, which, as we have said, carries not only vital energy, but also meaning. The meaning is built into it, and it cannot be brought from the outside. The meaning of food in the organismic food stream itself. If it is not, it cannot be brought from the outside.

Otherwise, the meaning is transformed, it becomes the meaning of "love" - "eat for mom, for dad, if you love them, of course"; "Health" – "to eat this, to be healthy?"; "Beauty and visual appeal", etc. The same happens with streams of sexuality, love, affection, separation, etc. The search for meaning outside the organismic stream itself leads to the fact that people are trying to "put" inside meanings, that they take outside themselves. For the time being, it works. Religion can be an external source of information, when it is not embedded in the organismic sacral stream. Rene Girard in the concept of "mimetic desire" presents "external" meaning for the individual sense, induced by another example - a person must steal his desire from another and enter into conflict with him.

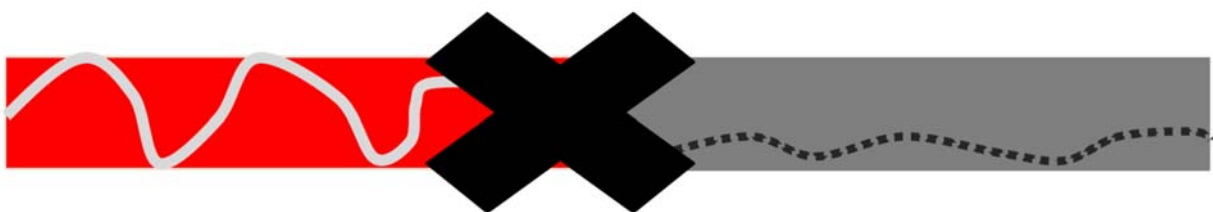The fullness of the capillary determines the energy of this desire, or meaning.

Figure 2. "Blockage" of OT movement in "capillary"

According to B. Nitschke (1998), for Z. Freud it was important to "increase the intensity of the emotional and affective process", i.e. according to our metaphor, - to clean the capillaries from the "mash" plaques, and to ensure the free movement of the organismic stream (OT).

3. The internal "blockage" is a pinched, or fixed affect, which "stuck" in the emotional "capillary",

preventing, like a plaque, the movement of the organismic stream. "Blocking" emotions have a complex structure: the underlying is a poorly conscious primary "blocking" experience (for example, the feeling of "second-rate", "defectiveness", "depravity", "abandonment", etc.) and "secondary" experiences are superimposed on it. Only by removing the primary links from the structure of the "congestive" experiences, the conglomerate of the "blocking" feelings break down into separate experiences that are ready to move. The low awareness of the primary experience is expressed either by the denial of the presence of some latent experience (there is none), or by the impossibility (difficulty) of calling this experience using the word. This closes the organismic desire itself. If it is alive, the person says, for example, "I want love"; if it overlaps, the statement is different: "I want love," even further from this desire: "I want to want love". The farther from the organismic flow, the more the conventions – "I want", "would like", "would like to want", "would like to want to want".

If some part of the mental becomes "dead", for example, love and sexuality, then the quality of "as if" appears in the functioning of the personality (Andryushchenko, 2001):

"I am not given Earthly pleasure

Earthly Peace and Earthly Destiny

I experienced ups and downs

In My striving to become Myself.

But the hour has passed and minutes have flowed.

Aspiring to fill the Void.

But I suffer and love as if

And this state - I live? ".

"As if" ("as though") life, love, affection, autonomy, etc. become filled with the existential of Emptiness, or Senselessness, or Uselessness, or Second-Grade, etc. The more blocked the flow in the "capillary", the more it is necessary to compensate reality with fantasy, and desires are replaced by its surrogates – not "I want", but "I want to want", and then "I want to want to want", etc. At a certain stage, when fantasy can no longer cope with the function of replacing reality, it "bursts like a bubble" and Emptiness arises (subdepressive and actually depressive states).

4. Secondary "blocking" emotions have special properties - they: 1) "stuck together" - there is no separate offense, anger, helplessness, etc.; they constitute a holistic conglomerate; 2) resistant to exposure; 3) they do not completely disappear - they only fade, hide, making up potential emotionality, which can be actualized (rather than arise) for the most insignificant reason, i.e. they become potential; 4) somatized - they exist as "things in the body" (A. Yermoshin), as "a lump in the throat", "balls on the temples", "a bag on the shoulders", "failed legs", etc.; 5) they do not flow - cannot move, change: the offense itself can either be "dried" by rationalization, or defused by cathartic techniques, or the energy of resentment can be shifted to other areas of mental functioning, it is fundamentally difficult to remove it. The only form of movement of "blocking" emotions is a "vicious circle": for example, resentment → anger → helplessness → resentment, etc. The only possibility to split the stuck together conglomerate of emotions of the "secondary" block consists in extracting the core from it - experiences of primary "blockage". This is achieved by focusing technique of the client on the experiences of the primary "bockage". Such focusing is triggers the psychotherapeutic mechanism of "emotional balancing" described by C. Rogers. Primary "blocking" experiences go through the following stages: a) initially, they only "leak" into consciousness; b) they reach the limit; c) they actualize the mechanism of emotional balancing. When the experience of the primary "blockage", for example, "abandonment", "uselessness" becomes extremely pronounced, it moves, releases the lumen of the capillary, which increases the flow of the organismic tendency. When a mouse is driven into a corner, it becomes decisively wild from fear – it rushes at the offender. Among the many mechanisms of psychotherapeutic change of the client, the mechanism of emotional balancing is the most important and, unfortunately, little noticed even among client-centered therapists. Change does not occur through the "head", not through words (although the mechanism for enhancing maturity is important). It happens when the body changes. Without a change in bodily manifestations, it is

difficult to talk about real organismic changes. The target of therapy, therefore, is emotion-in-the body.

5. The blockade of the organismic tendency is carried out by secondary and primary "blocking" experiences, which, like a concrete slab, overlap it. According to the principle of equipotentiality, the corresponding parts of the body become also "dead".

6. Robert Elliott and Leslie Greenberg introduced the concept of "emotional scheme", which somewhat complicates the understanding of the structural organization of emotional experience, emotional "blockage". The scheme includes five components:

a) the actual experience, which is a primary emotional "blockage";

b) a system of early memories that supports this main traumatic experience of the primary "blockage" and, in turn, remains stable under the influence of this experience;

c) bodily manifestation system (for example, "weak legs, hands", upper body prevailing over bottom, squeezed diaphragm, flattened abdomen, cold kidneys and lower back, psychogenic bladder, "alien" abdomen, feeling of a belt or lining on the abdomen, etc.), which keeps the "blocking" experience in the body;

d) a system of cognitive interpretations, for example, in the primary experience of "abandonment", interpretation is possible – "Nobody needs me", "I must be obliging to be interesting", "I must live by the interests of others to be necessary", etc.;

e) a motivation system determined by the previous components of the emotional scheme, for example, "I'm afraid to be alone – run to people", "I'm not going anywhere – anyway, nobody needs me".

These five components of the emotional scheme are like five nails that hold the slab, under which the organismic, actualizing tendency is constrained. In order to release the organismic tendency, to release it from captivity, it is necessary to remove the slab, and, therefore, to remove all five nails with which it is fixed. Another metaphor: if the riverbed, in which the body flux flows, is blocked, and blocked by all the "bricks" of the emotional scheme, then it is necessary to remove all these "bricks". And they do not lie separately, but are interconnected in a single network - one such "brick" holds the other. And cleaning the channel is hard work. Here are a few considerations:

a) pure, direct emotion rarely exists - it is, firstly, objectified, and therefore introduced into the symbolism of the objective world (the fear of something is always easier experienced than non-objective anxiety), secondly, the experience is almost always found, like a piece of paper, in an intelligent file. The client's experience in its pure form is rarely presented: either it is altogether blocked for the client's awareness, who in a result cannot feel it, or it is distorted. One type of distortion is the intellectualization of an experience in which it is placed in an intellectual shell, like paper in a file. As a result, painful emotions become less traumatic: one thing is to have the concept of one's own loneliness and uselessness, and another is to experience these feelings in a pure form. Emotion in its pure form is difficult to touch, it's like a snow man, yeti – about the existence of which everyone knows, but nobody communicated with him. We cannot pull this emotion over the files -the files we get are empty – emotions fall back, and wrapped in new files. Therefore, the client should be immersed in the traumatic experience in which this emotion is located. If the injury falls on the age of, for example, three years, then we must help the client to remember this experience, but not from the outside, but to enter inside it. We can see through the window of the house next door that the room is dirty. But the knowledge of this does not provide an opportunity to remove this dirt. You need to go there with a broom, cloth and mop, and remove. Trauma memory does not automatically provide immersion in it.

An important means to lead a client into the depth of experience is empathy, but his understanding remains insufficiently articulated, especially since it is rather difficult to immerse in a broken psyche. As noted Bondarenko O.R. (2012, p. 102), "empathic understanding may be limited by the strangeness and obscure forms of experiencing client behavior". Hence, the psychotherapist is experiencing a shift of focus from emotional (which is understandable when the client's mind is normal)

to cognitive structures, when the client is at a lower level of mental organization (borderline and psychotic) - "we don't feel into, we'll understand". Various forms of understanding (cognition), replacing the actual empathy arise: "empathic knowledge", "knowing understanding", "sympathetic knowledge" (W.W. Keil, B. Reisel, J. Eckert - cited in 10). As indicated by O.P. Bondarenko (2012, p. 102, 103), the goal of such understanding / knowledge is "to develop approaches at first to incomprehensible forms of experience" when "the world of customer experiences is not sufficiently accessible to direct perception ...".

Thus, **the first approach to the classification, or axis of classification,** of the problems of personality development refers to the classification of emotional patterns that impede the normal development and functioning of the personality.

Jeffrey Young, a representative of cognitive psychology and psychotherapy, introduced the construct "early maladaptive schemes", which includes "ideas of a person about himself, the world and other people, a stable complex of memories, emotions, beliefs and bodily sensations, which was formed in childhood and developed throughout life" (quoted by Galimzyanova and coauthors, 2016). He described 18 early maladaptive schemes, which he grouped into five major categories (domains). Each domain reflects the dissatisfaction of a developmental need.

The first domain reflects, from our point of view, the problems of unmet need for a merger (fusion) and corresponds to the child's age from birth to 1 year of life. These include: abandonment, mistrust (as the expectation of ill-treatment), emotional deprivation, defectiveness (and hence, the eternal experience of shame), social exclusion.

The second domain reflects, from our point of view, variants of violation of the need for autonomy, separation and correlates with the child's age from 1 to 3 years: dependence (helplessness), vulnerability, confusion (or undeveloped identity), unsuccessfulness.

The third domain reflects, from our point of view, disturbed boundaries, but in fact also to some

extent indicates problems of separation. These include: grandeur and lack of self-control.

The fourth domain reflects, from our point of view, a violation of the need for self-esteem and self-acceptance, that is, most likely, problems in solving oedipal rivalry (age of the child is 3-5 years old): humility, self-sacrifice, search for approval.

The fifth domain reflects, from our point of view, a violation of the need for the free expression of one's needs and emotions: negativism, suppression of emotions, strict standards (pickiness), punitiveness. In the concept of Jeffrey Yang, on the one hand, primary and secondary "congestive" experiences get confused, for example, obviously secondary, derivatives are "distrust", "social exclusion", "humility", etc., on the other hand, the early maladaptive schemes are presented as types of behavior that are not associated with certain ontogenetic periods of development.

In the concept of ontogenetic development, three periods are distinguished: the 1st (from zero to 1 year) – fusions or merges; the 2nd (from 1 to 3 years) - separation and, the 3rd (from 3 to 5 years) - assimilation of sexuality - for women, the solution to the problem of male rivalry - for men. These periods bear certain threats to development, constitute some psychotraumas associated with dissatisfaction of needs, which are characteristic of these age periods. These are such injuries: for the 1st period - rejection, uselessness; for the 2nd period - depreciation, suppression and formation of learned helplessness; for the 3rd period - asexualization of women and the weakening of male. On the basis of these traumas the corresponding types of characters are formed, which are stable style protective formations that allow to cope with a specific trauma.

In accordance with the type of trauma and characterological type, basic emotional schemes are also formed (Table 1).

This is one of the options for the classification of emotional patterns, corresponding to the characterological style of the personality and determining its behavior. It is necessary to describe these schemes. Two dissertations are being made under our supervision. They are devoted to the influence of early emotional patterns on the formation of post-stress psychological

maladjustment and the influence of emotional patterns on the formation of the lifestyle of students. Work with emotional schemes is important in emotionally focused therapy and is carried out using the focusing technique. From a therapeutic point of view, this means a tactical departure from K. Rogers's therapeutic strategy, namely, the strategy of following, which is expressed by the principle "half a step behind" the client. A new strategy is a customer management strategy.

Table 1

The ratio of ontogenetic periods of development, early traumas, type of character and emotional scheme

Stage of development	Trauma	Character	Scheme
I. Fusion	1. Rejection	Schizoid	?
	2. needlessness	Oral	?
II. Separation	3. Depreciation	Narcist	?
	4. Suppression	Masochistic	?
	5. Forming Learned Helplessness	Symbiotic	?
III. Oedipal	6. Women's asexualization	Hysterical	?
	7. Male weakening	Rigid	?

7. The optimal psychotherapeutic process assumes that if a psychotherapist "calls in" a client, showing participation and empathic understanding, then he will openly go. The psychotherapist needs a little - just "call" the client. The client's optimal movement in psychotherapy is connected with the fact that he quite easily moves from one component of the emotional scheme to another, from one stage of the psychotherapeutic process to another (and Rogers described seven such stages). The client has no "blockage" in such a move, so it's enough to "call" the client - he will hear and go.

The reflective technique proposed by C. Rogers is such a "call" of the client. The optimal process, therefore, involves an organization of the client's psyche, in which all zones are connected, and from one zone (component of the emotional scheme) it is easy for the client to enter another. But there are few such clients, especially recently.

Let me give you some phenomenology of "block" of the psychotherapeutic process (Kocharyan, 2018):

1)"A decrease in the "energy" of the flow — the client initially expresses activity (speed of speech, general activity, emotionality, gesticulation, openness to the psychotherapist, etc.), and then, as if "freezes", he does not have the strength and desire to move deeper, just like also the psychotherapist;

2) the formation of "traps" - the client is happy to discuss some topics (for example, relationships with the mother, childhood), and as soon as the process enters the zone of sexuality, the client stops, is angry, silent. There is a feeling that the client needs to be pulled, and at the same time he rests;

3) loss of some components of the emotional scheme - the client moves exclusively in the intellectual component, or the body component, which makes it difficult to change the entire traumatic pattern;

4) the client, as it is difficult to him to enter the traumatic zone, cannot leave it, showing signs of retraumatization in the process of psychotherapy;

5) high intensity of the client's experiences, blocking the possibility of moving the client into the depth of the problem and their own experiences.

There is a tendency to consider the "bad" process as a manifestation of the client's unwillingness to change. At Rogers, we find that the client is successful in therapy when the pain from therapy is less than the pain from life. In short, if the client does not "go" in psychotherapy, then he did not suffer. At Rogers, we find that the client is successful

in therapy when the pain from therapy is less than the pain from life. In short, if the client does not "go" in psychotherapy, then he did not suffer. And this is a question of the client's personal experience, and not the features of the organization of his psyche. Some authors, for example, Mearns (Mearns, 2008) still point out that something depends on the client. In particular, he attracts the category of "courage" to explain successes in psychotherapy - if the client gets very tense, he will overcome his fear and enter traumatic zones, open up inside himself an organismic tendency. As far as we know, C. Rogers himself did not analyze the reason why some clients easily move from stage to stage, while others "stop", have problems in advancing in psychotherapy. He kept it all down to the client's willingness to move, which was due to the fact that he "suffered". However, Margaret Warner (Warner, 2013) identified several types of client's psychotherapeutic process: *optimal, fragile, dissociative, and psychotic*. In addition, the specified author (Warner, 2013, p. 147) described the structure of the client's ability to procedural experience: 1) the ability to be attentive to the traumatic experience while maintaining a moderate level of emotional involvement in it (when the experiential "I" does not overlap the reflexive,

i.e., bifocality is ensured); 2) the ability to regulate (decrease) the level of emotional involvement in traumatic experience; 3) the ability to verbally symbolize their own experiences. These abilities are organized differently in optimal, fragile, dissociative and psychotic processes.

Thus, the peculiarities of the movement of clients in client-centered therapy necessarily lead to the formulation of the question of which structural features of the organization of the psyche determine the turnover / rigidity of the psychotherapeutic process. And, thus, **the second axis of classification** of psychological problems **is the type of personal process.**

8. Let us return to the organismic process, or flow. I said that K. Rogers did not give a classification of these processes. But, I think, for the purposes of building psychological personology, and accordingly classifying personal problems, this should be done. After this, it is logical to diagnose the level of actualization of the personality for each organismic tendency, which, in the end, reveals the level of completeness of the functioning of the personality. In Figure 3 shows a hypothetical profile of the full functioning of the individual.
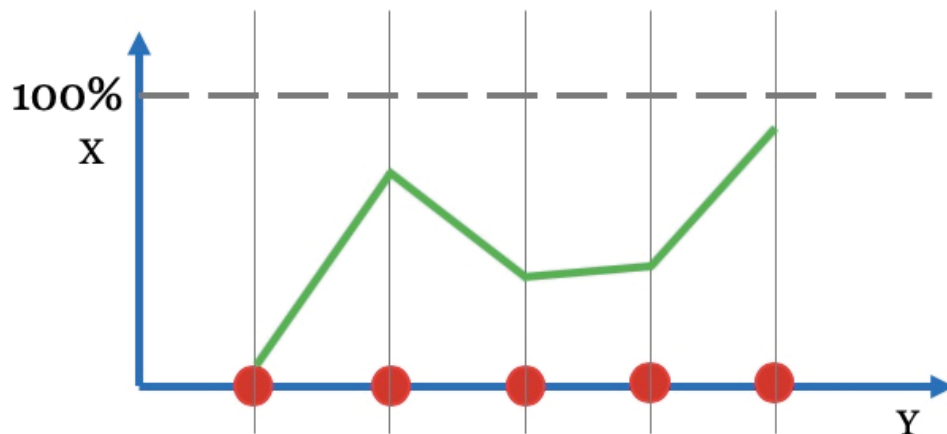

Figure 3. The hypothetical profile of the full functioning of the individual. X axis - level of actualization of the organism tendency*;* Y axis - types of organism tendency.

Thus, **the third axis of classification of psychological problems** is the classification of the organismic flow, the selection of its types and levels of actualization.

9. And finally, it is necessary to distinguish between actualization and self-actualization.

Actualization - reflects the degree of openness of the actualization flow, for example, femininity, sexuality, separation / autonomy, etc., self-actualization reflects how much the individual accepts this flow. Obviously, in the process of psychotherapy, sexuality can open up (I'm not

talking about the physiological function, but about psychosexuality), but it can frighten the personality, it may not be perceived by personality in all areas of functioning. So, the client O., 31, had a dream in which she was in the house with her parents. A young robber rushed into the house, in front of which the mother took the client to the basement, hid her from the robber so that he would not offend her daughter. The client didn't like in the basement, and somehow she broke out alone, without her mother. She was terribly afraid to meet the robber, ran along the houses so that she was not visible. She met her husband, greatly rejoiced, because she felt safe. And suddenly a burglar runs up to her and pulls a glass in the shape of a pear on a long stem and asks: "Is this yours?". To which she replied fearfully: "No." She abandoned her own femininity. Her complaint - tortured obsessive cleaning the anus before leaving the house, so as not to disgrace. This action took daily from forty minutes to an hour. It was extremely painful for her. Natural, organismic sex transformed into anal perserving masturbation.

Thus, **the fourth axis of the classification of the psychological problems of the individual** is the degree of the individual's acceptance of the organismic flow.

Conclusions. Consequently, the experimental bases for the classification of psychological problems of a personality imply 4 classification axes: 1) an emotional scheme; 2) the type of personal process; 3) the type of body flux; 4) the degree of acceptance by the individual of the organismic flow, i.e. depth of self-actualization. Such a classification is inherently causal-oriented.

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ЕКСПІРІЄНТАЛЬНІ ПІДСТАВИ КЛАСИФІКАЦІЇ І ПСИХОТЕРАПІЇ ПРОБЛЕМ РОЗВИТКУ ОСОБИСТОСТІ
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Розглянуто проблеми класифікації психологічних проблем, які особливо загострилися в період відмови від нозологічних (етіопатогенетичних) підстав: нормалізація патологічних проявів і толерантність до них складають суть культурного мейнстріму. Наведено підхід до етіопатогенетичної класифікації, побудованої на експірієнтальних підставах. Розглянуто

чотири класифікаційних осі. Перша вісь класифікації - типи емоційних схем, які досить рано формуються в онтогенезі. Схема включає в себе п'ять компонентів: власне первинне «заторне» переживання, відповідна система ранніх спогадів, тілесні маніфестації (емоції-в-тілі), відповідні когнітивні репрезентації (інтерпретації) ситуації й мотивації. У літературі існують спроби класифікації таких схем, які були названі «ранні дезадаптивні схеми» (Дж. Янг), проте в даному варіанті класифікації плутаються первинні і вторинні «заторні» переживання і вони не прив'язані до певних онтогенетичних періодів і психотравм. Тому класифікація емоційних схем потребує подальшого опрацювання. Друга вісь класифікації - тип особистісного процесу, який визначається структурою організації психіки. Тип особистісного процесу, а їх виділяють чотири (оптимальний, крихкий, дисоціативний і психотичний), визначає здатність клієнта рухатися в психотерапії. Третя вісь класифікації - тип організмічного потоку і рівень його актуалізації. К. Роджерс не залишив переліку організмічних тенденцій. Четверта вісь класифікації - ступінь прийняття особистістю організмічного потоку, тобто глибина самоактуалізації.
КЛЮЧОВІ СЛОВА: класифікація психологічних проблем, емоційна схема, психотерапевтичний процес, актуалізаційна тенденція.

ЭКСПИРИЕНТАЛЬНЫЕ ОСНОВАНИЯ КЛАССИФИКАЦИИ И ПСИХОТЕРАПИИ ПРОБЛЕМ РАЗВИТИЯ ЛИЧНОСТИ

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Рассмотрены проблемы классификации психологических проблем, которые особенно обострились в период отказа от нозологических (этиопатогенетических) оснований: нормализация патологических проявлений и толерантность к ним составляют суть культурного мейнстрима. Приведен подход к этиопатогенетической классификации, построенной на экспириентальных основаниях. Рассмотрены четыре классификационных оси. Первая ось классификации – типы эмоциональных схем, которые формируются в онтогенезе достаточно рано. Схема включает в себя пять компонентов: собственно первичное «заторное» переживание, соответствующая система ранних воспоминаний, телесные манифестации (эмоции-в-теле), соответствующие когнитивные репрезентации (интерпретации) ситуации и мотивации. В литературе существуют попытки классификации таких схем, которые были названы «ранние дезадаптивные схемы» (Дж. Янг), однако в данном варианте классификации путаются первичные и вторичные «заторные» переживания и они не привязаны к определенным онтогенетическим периодам и психотравмам. Поэтому классификация эмоциональных схем нуждается в дальнейшей проработке. Вторая ось классификации – тип личностного процесса, который определяется структурой организации психики. Тип личностного процесса, а их выделяют четыре (оптимальный, хрупкий, диссоциативный и психотический), определяет способность клиента двигаться в психотерапии. Третья ось классификации – тип организмического потока и уровень его актуализации. К. Роджерс не оставил перечня организмических тенденций. Четвертая ось классификации – степень принятия личностью организмического потока, т.е. глубина самоактуализации.
КЛЮЧЕВЫЕ СЛОВА: классификация психологических проблем, эмоциональная схема, психотерапевтический процесс, актуализационная тенденция.