

**AXIOLOGICAL  
ANTHROPOLOGY AND DIPLOMACY**

**Mental Health Promotion  
and  
the Development of Communication  
Strategies**

**Maria S. Vassiliadou**



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of Communication Strategies

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*Foreword by*  
*Ambassador Stratos Doukas*

Text editor: K. Chryssanthopoulou

JASON 2005

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Cognitive Strategies**

7 Elm Tree Road  
London  
NW8 9JY  
UK

**Published by JASON 2005**

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AXIOLOGICAL ANTHROPOLOGY AND DIPLOMACY: Mental Health  
Promotion and the Development of Communication Strategies

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**ISBN: 960-88735-0-9**

PN: GV9400001

Printed in Athens, Greece

## **Dedication**

This book is dedicated to my Mentor, Professor Sir David Goldberg (Institute of Psychiatry, King's College London) with deep gratitude for his wisdom, inspiration and support without which I would have had neither the skills nor the courage to follow in his pioneering footsteps towards the development of new scientific paths.

## **Acknowledgments**

I am deeply grateful to Ambassador Stratos Doukas, Director of the Diplomatic Academy (Ministry of Foreign Affairs of Greece) for enriching this demanding book with original material, as well as for his eminent personal contribution in the onset of this effort, in the framework of his own initiative for continuous upgrade of diplomatic studies, and his continuing support.

My heartfelt thanks go to Ambassador Nicolaos Dictakis, who introduced the idea of linking axiological principles and psychological knowledge to the science of negotiation, and to Counselor of Embassy Panagiotis Stournaras, Head of Training Services, Diplomatic Academy, for his invaluable help and useful advice on diplomatic subjects.

I must also express my deepest thanks to Professor Andre Tylee (Institute of Psychiatry, King's College London) who supplied me with explicit knowledge and clear insight.

Finally, I remain eternally grateful to the British "Educational Trust for Health Improvement through Cognitive Strategies" (E.T.H.I.C.S) for the permission to use educational material from their sources.

## **Foreword**

If war used to be defined as an extension of diplomacy by other means, today we could define diplomacy as the means to avoid conflicts. Diplomats – by profession or vocation – should therefore be highly skilled in negotiation, i.e. communication, techniques and strategies in order to be effective in the pursuit of conflict prevention and peace preservation.

Diplomacy has always been quintessential in promoting peaceful cooperation and preventing wars, but in the twenty first century it has to face up to an additional challenge, the spectre of international terrorism perpetrated by non governmental actors. Diplomats must use - in an ever increasing scale – psychological skills in handling such conflicts. Understanding psychology remains therefore a prerequisite for any successful diplomatic action in today's world and gaining an insightful understanding of the motivations of others is a very useful tool in managing sociopolitical threats efficiently.

Axiological Anthropology and Diplomacy is an in-depth study of the pathology of conflicts on an international level and of

methods to resolve them, while maintaining self-control and minimizing feelings of insecurity and stress. Dr. Maria Vassiliadou has succeeded in combining the psychological and ethical factors that should guide diplomats and others entrusted with negotiation and communication processes.

Ambassador Stratos Doukas  
Director of the Diplomatic Academy  
Ministry of Foreign Affairs of Greece

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## **PREFACE**

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Human ability to communicate is the foundation for developing healthy relations in family, friendly, social and professional environments.

It is largely known that the way the individual perceives oneself and one's position among and facing the others determines the outcome of communication since self-awareness and self-confidence constitute the starting point and at the same time a guide for any kind of human reaction to messages deriving from the environment. It can easily be understood that maladaptive attitudes as well as psychological difficulties constitute severe obstacles to achieving desired outcomes.

The educational material of this book consists, among others, of essential techniques for dealing with factors of Mental Health Promotion, since by definition Promotion of Mental Health is targeting the development of healthy elements of personality.

It also consists of axiological strategies deriving from a useful educational tool called “Epictetus”. These strategies are based on the Cognitive Model and Positive Psychology principles, appropriate for both the management of maladaptive attitudes and psychological difficulties and the development of positive personality qualities, respectively.

In particular, axiological strategies that are discussed herein focus on the development of abilities stemming from the field of Axiological Anthropology, which are considered to be helpful for the development of effective communication skills.

Axiological Anthropology defines a new interdisciplinary science concerned with the different options available for the promotion of human life. It targets the promotion of adaptive and the prevention of maladaptive perceptions and attitudes that affect all facets of human life such as personal, social or professional as well as the quality of life per se.

In the following pages herewith the correspondence between Axiological Anthropology and Diplomacy with regard to their communication principles is discussed. Further, communication is examined as the mediator in promoting the aims of negotiation with respect to its harmonizing mission.

Mental Health Promotion techniques for developing self-concept and self-esteem, as well as the necessary strategies to employ in order to creatively and beneficially deal with difficulties and

unpleasant events of life are hereby discussed. Coping strategies are viewed with reference to their crucial role in structuring human abilities to timely respond to and efficiently control adverse circumstances and obstacles.

Further, the most frequently expressed psychological ailments together with their basic characteristics are presented in a simple way, so that their early recognition as well the selection of proper methods of coping with such difficulties are facilitated.



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**PART ONE**

**IN QUEST OF HARMONIZING COMMUNICATION**

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## **PART ONE: IN QUEST OF HARMONIZING COMMUNICATION**

### **Chapter 1 Anthropology and Diplomacy:**

Towards an axiological convocation

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Communication presupposes elaboration of the healthy elements of human personality in order to be effective. It also requires the promotion of axiological abilities in order to complete its harmonizing mission.

Axiological ability is symbolically defined as a spring of virtues such as reasonable independence, creativity and sociability that enable people to achieve self-sufficiency, appreciation, and emotional fulfillment respectively.

In terms of Mental Health Promotion, Axiological Anthropology is concerned with the promotion of axiological abilities such as independence, creativity and sociability.

In terms of Communication Sciences, the axiological elements mentioned above could be applied in Diplomacy in order to effectively support the aims of negotiation.

The harmonizing aspect of communication is considered as an equalizer of inconsistencies or contradictions in terms. It could ideally neutralize the negative effects of attitudes or behaviours and elicit or improve the positive ones.

Negotiation techniques are substantially related to developing such effective communication skills.

In line with all the above, Anthropology and Diplomacy could be considered as potentially leading to a continuum of axiological elements deriving from a productive convocation of their essential principles. The result of their convergence might become the sound basis to effectively avoid conflicts and promote the harmonizing role of communication.

## **PART ONE: IN QUEST OF HARMONIZING COMMUNICATION**

### **Chapter 2: Substructure of Communication**

The harmonizing process

---

Communication concerns all life options and activities of individuals. In order to define the sorts of interpersonal activities that are influenced by the individuals' communicative abilities, one has to consider every human relation that requires interchange of informative stimuli. Family, intimate, friendly, social or professional relations (Table 1) are the main fields where humans interchange supportive/ rewarding, neutral, negative or devaluating behaviors.

Harmonizing communication usually aims at attaining a balanced peace, at overcoming difficulties and conflicts, at achieving

effectively social support and at achieving personal satisfaction as deriving from the fulfillment of goals (Table 2)

<b>Main fields for the implementation of communication</b>
Family relations Friendly and emotionally intimate relations Social relations Professional relations

Table 1

Both self support and social support depend on how individuals communicate in order to interchange helpful behaviors effectively.

<b>Harmonizing communication goals</b>
Attaining peace Avoiding conflicts Transcending obstacles Achieving social support Achieving personal satisfaction

Table 2

“Self-support” (Table 3) requires the development of particular skills in order to be achieved.

<b>Self support</b>
Ad hoc / according to conditions recording of advantages Planning to “transcend a disadvantage” Based on principles of “self-esteem”

Table 3

“Social support” (Table 4) requires proper communication skills in order for individuals to ask effectively and receive support from their social environment.

<b>Social support</b>
Ad hoc / according to conditions recording of advantages Planning to “transcend a disadvantage” Based on principles of “communication”

Table 4

The two forms of support constitute prerequisites for one other. Preconditions for providing and accepting supportive behaviors

are evaluation of conditions and elimination of maladaptive perceptions or biases (Table 5).

<b>Preconditions for providing and accepting support</b>
Evaluating suitability of conditions for providing and accepting support
Transcending psychological repressions for providing and accepting support

Table 5

Careful evaluation of the particular conditions where mutual support takes place is necessary so that such support is not utopian (Table 6).

Also necessary is the elimination of maladaptive perceptions, which either psychologically inhibit communication or alter and transform it into superficial or virtual (Table 7).

<b>Suitability of conditions for providing and accepting support</b>
<u>Terms</u>
Determining needs and obligations of other, which might inhibit provision or acceptance of support

<p>Evaluation of the above considering the result in demand</p> <p>Clear planning of support intervention</p> <p><u>Limitations</u></p> <p>Provision of support is determined by the will or the abilities of the other to accept it</p> <p>The aim of support provided and the possible benefits from interaction are not realizable if they had not been set from the beginning and had not been realistic</p>
--

Table 6

<p><b>Techniques to transcend psychological repressions for providing or accepting support</b></p>
<p>Necessity is examined and a method of “cold” intervention is selected without any emotional exaltations or passions</p> <p>Long-term benefit is considered</p>

Table 7

The combination of all available characteristics or properties of communication deriving respectively from each aspect of communication (Table 8) is useful in order to achieve each objective of harmonization.

<b>Main aspects of communication</b>
Mental communication
Emotional communication
Conscious communication
Unconscious communication
Interpersonal communication
Egocentric communication
Essential communication
Masked communication
Empathic communication
Critical communication
Internal communication
External communication
Verbal communication
Non verbal/ bodily communication

Table 8

**Difficulties**

---

Harmonizing communication is often obstructed not only due to maladaptive biases and psychological difficulties but also due to factors related either to the lack of homogeneity in the way that people convey their thoughts and feelings or to their decreased capacity to locate and visualize the common interest (Table 9).

<b>Main reasons related to decrease of efficacy of communication</b>
Negative cognitive schemas
Dependence behaviors
Contrasting interests
Cultural differences
Personal differences
Psychological difficulties

Table 9

Maladaptive and biased concepts that people often use in order to protect themselves from hypothetical bad motives or attitudes of others could be considered as related to what the cognitive model represents as maladaptive cognitions or modes when referring to the individuals' relation with their social environment (Table 10).

<b>Maladaptive communication models related to negative cognitive schemas</b>
NEGATIVE COGNITIVE TRIAD (Self, World, Future) (A. Beck, 1976)
Malfunctioning models of social behavior  Dystonia in emotional investment  Devaluation of natural human abilities to deal with difficulties

Table 10

Such maladaptive concepts that often arise under challenging relationship circumstances (Tables 11, 12) almost always prevent fulfillment of the essential aims of communication.

<b>Maladaptive modes concerning social relations</b>
<p>(Examples)</p> <p><i>«The world is a jungle and if you do not step onto dead bodies you cannot achieve anything»</i></p> <p><i>«Being good equals to being a fool»</i></p> <p><i>«When you behave well others take advantage of you»</i></p> <p><i>«Don't give when you are not certain that you will get back»</i></p>

Table 11

<b>Maladaptive modes concerning emotional relations</b>
<p>(Examples)</p> <p><i>«If you are not certain that a relation will go well, you'd better break it»</i></p> <p><i>«You are ridiculous when you love if you are not certain that you are loved»</i></p>

Table 12



**Strategies**

---

Basic preconditions for overcoming the above difficulties and achieving harmonizing communication are a balanced and realistic self-concept, a proper estimation of positive and negative characteristics of others and the ability to maintain control in the cases that communication seems difficult (Table 13).

<b>Requirements</b>
Realistic self-knowledge
Empathic knowledge of others
Maintaining control

Table 13

Strategies for effective communication are mainly related to the less possibly distorted “reception” of information coming from others, the “perception” of information that is not directly expressed and the most possibly accurate “presentation” or “transference” of the information that the individual wishes to convey to others.

Rational transference, reception and counter-transference of information, as described herewith, are facilitated by exercising the “Meefiki” method of Socrates of eliciting the meaning that the person wishes to convey via the information transferred as well as the meaning hidden in the information coming from others. Meta-cognitive control, that is, control of interpretive schemas via which each piece of information is interpreted, constitutes the resolution or, in other words, the control over the solution of a riddle that might be concealed under any fragment of information (Table 14).

<b>Basic strategies</b>
Undistorted “reception”, “perception” and “transference” of information
Elicitation of information from self and others (Socrates’ “Meefiki” method)
Meta-cognitive control (Solution – Resolution)

Table 14

Meta-cognitive control constitutes the foundation to support harmonization since it is the main vehicle for a healthy and creative self-judgment and judgment of others as well as for the improvement of maladaptive interpretive schemes that obstruct the achievement of goals (Table 15).

<b>Meta-cognitive control goals</b>
Axiological (healthy, realistic, creative) judgment of self and others
Improvement of maladaptive beliefs, interpretive schemas or attitudes

Table 15

Application of the above strategies presupposes autonomy of thought or, in other words, its exemption from such dependencies, which frequently create chimerical expectations for the individual, and constitute, as mentioned above, a basic obstacle for communication.

In order to achieve location and determination of common interest, since it is a basic precondition for harmonizing communication, it is necessary that the individual achieves the axiological assessment of advantages and disadvantages of oneself and of the persons with whom one communicates. Finally, for communication to succeed, it is necessary that the

individual considers and realistically combines all the above factors (Table 16).

<b>Preconditions for proper application of strategies</b>
<p>CREATIVE AUTONOMY</p> <p>Avoiding dependencies Avoiding maladaptive expectations</p>
<p>AXIOLOGICAL JUDGMENT</p> <p>Evaluation of the relation or the ratio of “natural” or “acquired” advantages versus disadvantages (of self and others)</p>
<p>PSYCHOLOGICAL WELL-BEING</p> <p>Axiological/ realistic / optimistic assessment of data</p>

Table 16

Factors that facilitate axiological judgment and meta-cognitive control of the outgoing (from the person) and the incoming (from the environment to the person) information that are necessary for communication are related to the awareness of the fact that it is a very tough task to achieve objective judgment. Consciousness of subjective value of judgments facilitates a more adaptive and, as

much as possible, more realistic or least distorted axiological judgment (Table 17).

<b>Factors that facilitate the process of “axiological judgment”</b>
Realistic assessment of difficulties in achieving objective judgment
Understanding of the subjectiveness of the perception of others
Assessment of relative certainty of available data and conclusions

Table 17

Psychological well-being is necessary in order to achieve an effective communication. Acquiring positive cognitive schemas based on which reality may be interpreted in a creative and optimistic way and managing to positively evaluate or exploit difficulties, via accepting the reality that no goal has a certain result, are basic conditions for maintaining psychological prosperity (Table 18)

<b>Factors that facilitate acquiring and maintaining psychological well-being</b>
Familiarization with positive cognitive schemas
Positive assessment and exploitation of difficulties
Acceptance of uncertainty in relation to the achievement of each goal

Table 18

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**PART TWO**

**THE PROMOTION OF AXIOLOGICAL ELEMENTS**

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## **PART TWO: THE PROMOTION OF AXIOLOGICAL ELEMENTS**

### **Chapter 3 Self - concept:**

The developmental process

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As a prerequisite of harmonizing communication, the notion of “self – concept” has been considered to be synonymous to an individual’s capability of evaluating one’s own abilities and limitations, with the minimum of distortions.

The developmental process of self–evaluation has been considered to be based mainly on:

- A) The axiological comparison between the individual’s personality characteristics and those of the society that one lives in.

B) The axiological comparison between the individual's personal characteristics and some "ideal" ones, as deriving from one's own active experience and education, which are used as archetypes for the individual's psycho-social behavior.

Thus the developmental process of self-evaluation is conceptualized as an infinite trial towards the acquisition of a sense of identity via an endless loop of observing and assessing a wide range of other people's identity components within the historical and socio-cultural environment in which such developmental process takes place. (Table 19)

<b>The developmental process</b>	
<u>Self-concept is:</u>	
<b>a.</b>	<b>a hypothetical construct of identity</b>
	Produced with
<b>b.</b>	<b>the minimum of distortions</b>
	Influenced by
<b>c.</b>	<b>a particular historical and socio-cultural environment</b>
	Consisting of
<b>d.</b>	<b>a developmental continuum of experience</b>

Table 19

## **Strategies**

---

### **1. Axiological evaluation of models**

For a developmental conceptualization of the self to be achieved an axiological evaluation of the models against which the individuals compare their hypothetical abilities or weaknesses has been considered to be useful. Thus, one has to examine not only the surface characteristics of whatever constructs each society promotes as models, but also such models' fundamental strength and tolerance parameters vis a vis the challenge to fulfill the individuals' realistic needs by offering them a positive long term and effective behavioral template.

### **2. Conscious recognition of humans' natural ability to improve their characteristics**

According to fundamental principles of Axiological Anthropology all personality characteristics, such as abilities,

particular temperaments or desires, have to be evaluated with regard to their own developmental process. Even when negative traits are detected, such as limitations, vulnerabilities or weaknesses, it has been considered that it proves to be beneficial for the individuals' promotion of mental health if, during this traumatic process, they are enlightened by focusing on such traits' improvable properties

### **3. A directory of humans' positive personality traits**

In order the process of self evaluation to be beneficial or the least traumatic for the individual, an inventory of positive characteristics may be necessary.

Table 2 provides a list of essential positive traits in order to facilitate such evaluating processes. The proposed list has been elaborated on the basis of literature from the field of Positive Psychology, combined with data from the Cognitive therapeutic model concerning the cognitive triad "Self, World, Future"(Table 20 a,b,c) (Beck, 1976).

**PERSONALITY CHARACTERISTICS**

**Self**

1. Emotionally stable
2. Responsible
3. Original
4. Inventive
5. Calm
6. Tolerant
7. Feeling easily rewarded
8. Feeling easily satisfied
9. Forceful, energetic
10. Able to set limits
11. Able to balance needs
12. Able to hierarchically prioritize values
13. Flexible
14. Adaptive
15. Perceptive

Table 20.a

**PERSONALITY CHARACTERISTICS****World**

1. Persuasive
2. Sincere
3. Enjoying leadership
4. Independent, non prone to addictions
5. Affectionate
6. Sympathetic (warm, kind, friendly)
7. Empathetic, understanding
8. Protective
9. Good listener
10. Communicative
11. Co-operative
12. Forgiving
13. Thankful
14. Non taking advantage of others
15. Able to discover positive aspects

Table 20.b

**PERSONALITY CHARACTERISTICS**

**Future**

1. Decisive
2. Risk taking (productive, beneficial, discerning non harmful risks)
3. Open to stimuli
4. Open to novelty
5. Steady
6. Tireless
7. Able to organize things
8. Imaginative
9. Able to plan practical steps
10. Resistive
11. Hopeful
12. Creative
13. Patient
14. Courageous
15. Able to set plans, aims and goals in a hierarchy

Table 20.c



## **PART TWO: THE PROMOTION OF AXIOLOGICAL ELEMENTS**

### **Chapter 4 Self- esteem:**

The improving process

---

Accurate assessment and valuation of one's personal abilities and weaknesses is an essential prerequisite for the development of one's self-esteem.

The notion of "self- esteem" has been considered to be synonymous to a "balanced weighing" of personal traits, since underestimation or overestimation of one's own personality characteristics may be dangerous or even fatal for their mental health.

It could be argued that, in terms of Axiological Anthropology, self-esteem is neither factual nor self-evident. It is rather the outcome of a constant effort for self-improvement. However, it

may be realized only if one manages to gain on it without taking it for granted, without acquiring it effortlessly, or without trading upon it. Its most important features seem to be ceaseless dispute and incessant requisition and re-enthronement.

Thus, a permanent and unaffected self-esteem might rather be considered as a narcissistic obsession than as an adaptive process towards self development and improvement.

## Difficulties

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Basic difficulties in achieving a balanced and realistic self-esteem are mainly related to the existence of malfunctioning interpretive schemas on which the person bases the comprehension of the self as well one's own self-valuation.

Such interpretive schemes regard mainly the "being", in other words, the very essence of human nature (see examples, Table 21), or the "having", namely the superficial properties of "being" that relate to the sentiment of adequacy of the person vis a vis the possession of available goods (see examples, Table 22).

<b>BEING</b>
<b>Malfunctioning perception of the self</b>
<p><i>«I shall either be perfect or nothing»</i>  <i>«Man is born, not made»</i></p>

Table 21

<b>HAVING</b>
<b>Maladaptive threshold of an adequacy sentiment in relation to possession of goods</b>
<i>«I shall either have whatever I want or I want nothing at all» «There are people who have everything»</i>

Table 22

## **Strategies**

---

Recruiting and exploiting basic mental functions (perception, judgment, and memory) is necessary in order to achieve a creative and, at the same time, most possible realistic self-esteem.

Such adaptive self-esteem shall be in a position to produce a positive sense of self for the person, on the condition that it is assessed and re-assessed or judged in a critical way.

Critical self-evaluation of personal characteristics presupposes the assessment not only of the abilities that one allegedly possesses but, mainly, the evaluation of one's own efforts for further improvement of the existing abilities and for simultaneous diminishment of weaknesses.

An axiological consideration of both abilities and weaknesses together with the achievement of effective combinations of the capacities and skills of a person, with the aim to actually promote advantages themselves and not merely display their superficial,

thus, infertile, manifestation is considered to be a basic strategy in the process of self-esteem improvement (Table 23).

<b>Axiological self- evaluation</b>
Evaluating efforts to develop or improve abilities
Assessment of both abilities and weaknesses
Effective combination of abilities
Principle of “discernment” (promotion / manifestation)

Table23

In promoting a healthy self-esteem, creative self- criticism is necessary at the same time with a decision for controlling and diminishing weaknesses (Table 24), which is a precondition for the individual to manage an effective and beneficial prevention or administration of the unpleasant emotions that might arise from any frustration or failure (Table 25).

<b>Creative self- criticism</b>
Simultaneous to the decision to control and diminish weaknesses

Table 24

<b>Creative management of frustration or failure emotions</b>
Determining and recording error or errors
Cost – benefit assessment of the decision to execute similar action
Gradual exposure to similar facts / actions
Recording of progress and benefit
Determining and recording beneficial thoughts, attitudes, etc., which have influenced recent results

Table 25



## **PART TWO: THE PROMOTION OF AXIOLOGICAL ELEMENTS**

### **Chapter 5 Coping with life events:**

#### The creative process

---

In terms of Mental Health Promotion, coping refers to the abilities of humans to manage life difficulties in an effective way, as well to control and adapt their thoughts, feelings and reactions to life events and treat them as challenges for future similar or more complex conditions.

In terms of Axiological Anthropology, creative coping mechanisms may be used as aids to help individuals to develop beneficial strategies in order to achieve a kind of mental “immunity”.



## Difficulties

---

Research has shown that the difficulties of persons, suffering of some kind of strain in coping with the events of their daily life, are related to a major degree to the maladaptive mental schemas that such persons use as the basis to interpret the various facts of life and their consequences (see examples, Table 26).

<b>Examples of maladaptive beliefs and convictions</b>
<i>«There are situations that one can no way cope with»</i>
<i>«Our problems gradually pile up and finally kill us»</i>
<i>«Being adaptive in life equals to be defeated»</i>

Table 26

It has also been showed that perceptions, beliefs and convictions which, instead of promoting, rather hinder the ability to adapt are related to a corresponding negative perception of reality and constitute a factor of vulnerability for the development of psychopathology.

According to fundamental principles of Mental Health Promotion development of natural abilities of humans to deal with the problems of life may act protectively against any type of stressful stimuli and may help maintain mental / psychological balance and health. It is self- evident that impediment of natural adaptive abilities may bring about completely opposite results.

## **Strategies**

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The specific techniques and strategies that individuals develop based on one's own experience in order to deal beneficially with life difficulties or traumatic events, have been considered to be the main components of the notion of "coping". Freudian defense mechanisms had aimed at the explanation of humans' efforts to adapt and deal with stressful events.

According to Darwin, individuals develop adaptation mechanisms and techniques in order to deal with life's threats and dangers.

R. Lazarus (1996) considered two main co-related classes of coping techniques. The first one focuses on the problem per se (problem focused coping) and the second on the emotions deriving from the problem's appraisal (emotion focused coping). He suggested that the two types of coping may be used at the same time in order to help individuals to react effectively (Table 27).

<b>Basic kinds of coping</b>
<b>(R. Lazarus, 1996)</b>
<p>Problem –focused coping</p> <p>Emotion – focused coping</p>

Table 27

In line with the above, axiological strategies may focus on effective coping considered to be mainly based on the productive management of each life difficulty per se (Table 28), on a realistic estimation of events' consequences (Table 29), as well as on a creative response to cases of failure (Table 30).

<b>Basic principles to creatively manage difficulties</b>
<p>Realistic control and analysis of conditions under which the particular difficulty or problem arose</p> <p>Realistic assessment of possibilities for a problem to occur again after concluding necessary efforts to change conditions under which the problem arose</p> <p>Locating and recording of the “concealed benefit” that probably springs out from a problem or difficulty</p>

Table28

<b>Creative control of the consequences of a problem</b>
Controlling the real cost and consequences of each life event without “overgeneralization” errors
Controlling the consequences of the critique coming from the “important others” in times of devaluation
Assessing cost- benefit ratio in order to decide a just and beneficial “decision making” in cases of failure

Table 29

<b>Creative coping with “failure”</b>
<u>Terms</u>
Accepting the opportunity to recognize possible errors and to improve the strategies applied
Accepting the opportunity to promote superiority aiming at further, mainly moral, benefits
Accepting the opportunity to promote natural abilities and talents, as tolerance, adaptability, ability to find alternative solutions, creativity etc

Table 30

Herewith we propose three main representative cases of life problems (Table 31) as well the essential coping strategies for each one respectively.

<b>Proposed main categories of life problems</b>
<b>(M. Vassiliadou, 1998)</b>
<b>BEREAVEMENT</b> <b>LOSS</b> <b>DEVALUATION</b>

Table 31

## 1. BEREAVEMENT

---

### Difficulties

---

Main difficulties in creative psychological management of bereavement are considered to be unrealistic beliefs (Table 32) that favor the development of pathological appraisals of conditions or of consequences of an unpleasant event.

<b>Unrealistic (maladaptive) beliefs or convictions</b>
(Examples)
« <i>This should not happen to us</i> »
« <i>Serious sorrow will kill me</i> »
« <i>There are situations that people just cannot handle</i> »
« <i>He who dies is reprehensible and deserves pity</i> »

Table 32



## **Strategies**

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The aim of the proposed strategies (Table 33) to cope creatively with bereavement is not to get rid of the natural emotions of grief but, mainly, to develop the natural abilities to adjust, thus, to prevent, as much as possible, the probable disturbances of adaptation or any other mental or psychological problems that might get triggered by the intense excitements that follow mourning.

It is reminded that coping with bereavement is a different process for different persons. For individuals that cannot manage to cope and are vulnerable to the development of a mal-adaptation syndrome or, even worse, to the expression of a fixation for suicide, the option is a pharmaceutical treatment along with simultaneous follow up, protection and support.

**Creative management of bereavement**

Taking the responsibility to help others to cope with the same bereavement

Accepting the reality that death is for all and may happen to any one in one's environment, even at the very next moment

Accepting the principle of uncertainty in life

Becoming aware of the fact that nature equips humans with surmounting capacities, either directly at the gene level or indirectly at the education level, even in the case of the hardest events

Paying efforts to approach and accept the possible "desire" of the "absent other" with respect and dignity rather than pity

Table 33

## **2. LOSS**

---

### **Difficulties**

---

Basic difficulties for creatively coping with all different categories of loss (Table 34) are considered to be mainly related to maladaptive interpretive schemas deriving, probably, from emotions of loss experienced in the past and, mainly, during early childhood (Table 35) and to dependence behaviors (Table 36) that are considered to follow, at times, fear of loss.

<b>Main categories of loss</b>
Emotional loss
Social loss
Professional / financial loss

Table 34

<b>Maladaptive interpretive schemes</b>
(Examples)
<i>«There are people who never lose»</i>
<i>«I am sensitive and I cannot afford losing something»</i>
<i>«If I do not win I lose my dignity»</i>
<i>«People appreciate only the winners»</i>
<i>«There are things in life that if you lose you shall lose your mental balance»</i>

Table 35

<b>Dependence behavior</b>
<p>(Examples)</p> <p><i>«Without him / her I cannot live»</i></p> <p><i>«I cannot stand it if there is not someone around to support me»</i></p> <p><i>«I want my children to have everything so that they can be happy»</i></p> <p><i>«My job is everything for me»</i></p>

Table 36



## **Strategies**

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Herewith we refer to some basic coping techniques to control loss and deriving emotions (Table 37) aiming at their timely treatment as potential serious stressful factors. Such techniques are based mainly on promoting the individual's natural abilities in order to achieve the most possibly beneficial adaptation without the mediation of any maladaptive defense mechanism, which, at times, might create more serious psychological or other problems than loss itself.

**Mechanisms of creative coping with loss**

Activating natural creativity mechanisms in order to achieve a new objective or a new source of interest

Recognizing the possible benefit that may arise out from the changes of the conditions that loss creates

Assessing the benefit arising from the creative coping with loss

Recognizing the value of exercising in finding creative “alternative” solutions

Realistically accepting the principal “never for ever”, which refers to the awareness that basing one’s psychological balance on something that nobody can guarantee that will last for ever is a maladaptive and risky attitude

Developing the abilities to enjoy the “trip to Ithaca” in spite of any possible danger or loss

Table 37

### 3. DEVALUATION

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#### Definition

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Sentiments of devaluation may be related to a strict criticism or disdain coming either from interpersonal or professional environment or even automatically emerging in the framework of a psychological difficulty or disturbance. We herewith propose the classification of devaluation sentiments in three basic classes according to their assumable source (Table 38)

Sources of “devaluation”
Personal / emotional
Social
Professional

Table 38



## **Difficulties**

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In case that an individual becomes the object of unhelpful criticism or disdainful behavior the possibilities to develop negative, unpleasant and non creative feelings increase, especially when the self- concept of the person is immature and cannot be based on predetermined realistic criteria. In such cases self- concept is prone to changes and is too dependant on criticism and any kind of such external stimuli.

Usually the “immobilization” of self- concept to immature developmental stages relate to the existence of maladaptive beliefs (Table 39) which are viciously connected to the creation of an unstable self- concept and of negative emotions.

Such negative emotions sometimes act as a releasing factor to create a changeable self- concept and other times are themselves the results of maladaptive attitudes of individuals to depend their self awareness even exclusively on external “loci of control”.

**Maladaptive beliefs related to an immature overestimation or underestimation of the “ego” and thus to emotional vulnerability**

*«It is a given fact that my value as a person is high»*

*«I cannot stand it if someone doubts my motives, my good intentions, or generally any aspect of my personality»*

*«Others have to always understand and appreciate me»*

*«If someone doubts an aspect of my work this means that I strive without a reason»*

*«If he/she does not have a passion for me this means that I do not deserve to be loved»*

*«If I am not found perfect, I have no value at all»*

## Strategies

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Specific strategies that deal with the healthy development of self-concept and the creative perception of the possible negative criticism suffered in the past, have been considered to be helpful in order for an effective control of emotions deriving from disdaining treatments of individuals to be achieved (Table 40)..

<b>Basic strategies and preconditions for an effective prevention and coping with emotions of devaluation</b>
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Evaluating criticism with the less possible distortions, even if it is coming from selected persons (“important others”), in order to understand whether this criticism was just or unjust and in what degree
---

Creatively conceiving the value of criticism as an opportunity for change, in the case that criticism is judged to be just
--

Creatively conceiving the value of criticism as an opportunity for improving other abilities of the person, even when this criticism is not judged as just, as, for example, one's abilities to cope with unjust criticism

Creatively developing and promoting the individual's own talents via the "dignified acceptance" of criticism

Table 40

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**PART THREE**

**THE PREVENTION OF DIFFICULTIES**

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## **PART THREE: THE PREVENTION OF DIFFICULTIES**

### **Chapter 6 Distress:**

The prevention of maladaptive elements

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According to contemporary biochemical and neuro-psychological medical studies **stress (anxiety disorders)** and **depression** seem to share similar bio- psycho- social origin forming a continuum or spectrum of disorders today called **“distress”** (depression and stress). Such disorders are difficult to recognize clearly since usually they co-exist in the same person and are efficiently treated with the same pharmaceutical method (anti-depressants have been proven to be the selected therapy for long term stress).

### **General issues**

People frequently suffer from stress

When someone is in stress this does not mean that he/she has a weak character or decreased rationale

Many body diseases and deaths relate to pathological stress and this is why it has to be timely cured

In any case when stress lasts for long periods and obstructs people from living normally or be efficient in what they do it demands to be cured

## **“Pathological” stress**

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“Pathological” stress is defined as the subjective feeling of worry or of vague fear, which provokes unpleasant emotions, negatively influences focusing of attention, judgment and memory, hinders many of the activities of daily life and is accompanied by multiple disturbing symptoms.

“Normal” stress or fear, on the other hand, may arise at moments or periods of difficulties. It is not chronic and usually helps individuals to concentrate their attention and face problems efficiently.

**Basic categories of anxiety disorders**

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- General Stress Disorder
- Obsessive – Compulsive Disorder
- Panic Disorder
- Agoraphobia
- Social Phobia
- Post traumatic Stress Disorder
- Professional Exhaustion

## **Generalized Anxiety Disorder**

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Generalized anxiety disorder is characterized by long duration of symptoms, usually **more than 6 months**, by difficulty to control the feeling of anxiety and by the troubles it brings about in the person's personal, social or professional life.

For its diagnosis **3 or more** of the following symptoms have to be expressed:

- Anxiety and nervousness
- Easy fatigue
- Difficulty to focus
- Muscular tension
- Irritability
- Sleep problems.



## **Professional stress**

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Stress and anxiety that usually occur mainly inside the professional environment and prohibits the individual from functioning as efficiently as one would desire both at work and according to demands is called “professional stress”.

“Professional stress” is directly related to the “burnout syndrome” (i.e. syndrome of professional exhaustion) which, apart from the difficulties in professional performance, further creates many more troubles in all other sectors of life. Both are causally related to a number of factors such as the following:

- Decreased coping mechanisms
- Authoritative behavior of supervisors
- Big demands and heavy load of work
- Competitive environment

- Lack of recognition of special knowledge and abilities of the person
- Lack of understanding or of will to cooperate
- Lack of proper preparation for taking up responsibilities
- Lack of necessary means and proper planning
- Uncertainty regarding the evolution of a career
- Etc.

## **Symptoms of pathological stress**

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### **Symptoms of pathological stress on the mental sphere**

- Vague fear, agony, feeling of threat or upcoming danger
- Continuous strain
- Decreased concentration, attention and memory
- Irritability
- Hyper-sensitivity in noise and any kind of disturbance
- Restless sleep

### **Symptoms of pathological stress on the bodily sphere**

- Tachycardia
- Heartburn feelings
- Heavy thorax
- Trouble in breathing
- Choking feeling

- Hyperpnoea
- Mouth dryness
- Difficulty to swallow
- Nausea
- Increased urination frequency
- Decreased libido
- Dizziness, vertigo feeling, tendency to faint
- Blurred vision
- Buzzing ears
- Scratching
- Numbness, limb parasthesia
- Sweat
- Headaches
- Bone ache
- Scattered pains

## **Depression**

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Depression, which is common enough especially in modern western societies, constitutes one more parameter obstructing effective communication. Many factors have been determined as causes of this, the most probable of which seems to be related to increased needs of breaking away support and attention, frequently seen in persons suffering from depression, together with the persons' weakness to provide their own help and attention to others.

In bipolar depression, mood may be either elevated or depressed. In periods that mood is elevated individuals may demonstrate flight of ideas, decrease sleep, and grandiose ideas. Next they appear to have depressed mood, feelings of guilt, a loss of energy, difficulties in concentrating, thoughts of death or suicide etc. All types of depression result in impaired interpersonal, social and occupational functioning.

Biological, genetic, and psychosocial factors have been considered to be causally related to the pathogenesis of depression.

Depression often co-exists with further psychological problems, most frequent of which are the following:

- Anxiety disorders
- Alcohol or substance abuse
- Psychotic disorders
- Dementia

## **Diagnostic approach to depression**

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In order to diagnose depression the following should be expressed:

- General symptoms (at least one)
  - Depressive or blue mood during most part of the day
  - Lack of interests or pleasure
  - Feeling of increased fatigue
  
- At least four of the following
  - Unstable self- concept
  - Feelings of self- accusation or accusation of others
  - Difficulty to concentrate
  - Psychokinetic deceleration
  - Sleep disorders
  - Eating disorders (anorexia or bulimia)
  - Self- destructive behavior
  
- Duration of expression of symptoms
  - At least for two week



## **Methods of dealing with distress**

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The basic methods used today to deal with distress are mainly classified into the following categories:

### Pharmaceutical methods to control stress

(Effective as a short time therapy, when stress is already present)

### Pharmaceutical methods to control depression

(Effective to both biological and psychological factors)

### Special relaxation techniques / dealing mainly with stress symptoms

(Effective to control stress symptoms and prevent relapse)

### Psychological methods to control distress

(Effective to control distress. Therapies of choice for preventing the resistance and relapse of distress)

Note

In the treatment of stress symptoms the best reason for choosing a particular therapeutic method is the individual's past history of response to that method

## **1. Pharmaceutical treatment of stress**

Pharmaceutical intervention is more effective if used in conjunction with psychotherapeutic treatment.

### Categories of pharmaceutical substances typically used to control symptoms of stress

#### Benzodiazepines

Short term medication against stress  
Danger for abuse, dependency and addiction  
Long term use might cause depression

#### B-blockers

Short term therapeutic effect and limited to certain cases

#### Anti-depressants (SSRIs and SNRIs)

Long term therapeutic outcome for the whole spectrum of distress  
Non addictive

## **2. Pharmaceutical methods to control depression**

Pharmaceutical intervention is effective in acute and severe depression episodes.

For long term depression it has to be integrated with psychotherapeutic interventions.

### Categories of pharmaceutical substances typically used to control depression

#### Tricyclic antidepressants (TCAs)

Effective in the acute phase of depression

Particularly dangerous in overdose

#### Monoamine oxidase inhibitors (MAOIs)

Effective in milder depression associated with anxiety

Serious interactions with foods and other drugs

#### Reversible inhibitors of monoamine oxidase (RIMAs)

Effective in chronic depression

Their side-effect profile is benign. They do not appear to be excessively toxic in overdose

Selective serotonin reuptake inhibitors (SSRIs) and serotonin-  
noradrenalin reuptake inhibitors (SNRIs)

Effective in depression associated with anxiety, panic attacks or  
bulimia

First – line treatment of the acute phase of depression

Better tolerated side-effects

Non addictive

### **3. Relaxation techniques**

Because most of the body functions are autonomic and not consciously controlled, relaxation methods are based on the theoretical premises that people may gain control over bodily functions in order to reduce stress. Though, such methods seem to be rather poor for stress reduction if stress symptoms are related to frequent maladaptive interpretive (hermeneutic) perceptions regarding some hypothetical danger or threat. Relaxation techniques might, however, prove beneficial if stress is caused by physical pain; so, becoming aware of, for example, muscle constriction might help the patient relax and therefore reduce pain. They might also be effective in reducing frequency and intensity of strong headaches or of stress related disorders such as hypertension or lower back pain, as well as of the side effects of chemotherapies.

#### Examples of relaxation techniques

##### Breathing control

(Deep and slow breathing)

##### Muscle relaxation

(Stretching groups of muscles and gradual relaxation)

Detailed log, recording and discussion of all symptoms with  
an expert

(So as to reduce secondary anxiety and fear arising from  
symptoms themselves)

Cognitive control of symptoms

(Awareness that symptoms will reduce if organism relaxes)

Breaking attention away

(Occupation with something pleasant before attempting to solve  
the problem causing stress)

Etc.

#### **4. Psychotherapeutic methods of controlling distress**

A wide range of psychotherapeutic methods have been used until today to control depression and stress. Theoretical background of such methods is almost identical for both stress and depression, that is, for the whole continuum of this category of disorders, which may be expressed either with increased stress symptoms or with increased depression symptoms, accordingly. Hereby we indicatively refer to three “Schools” of therapy, which have proven to have good, but not so fast, results and to provide mostly long term effectiveness in comparison to drugs.

##### Psychoanalytic School

According to psychoanalytic views distress in the various forms of its expression is mainly related to repressed desires, defeats and unconscious psychological conflicts created in the person in accord to the “ego” defense mechanisms activated. Thus, distress therapy, according to such approach, is based in emergence and resolution of conflicts, mainly via the psychoanalytic process of free associations.

### Behaviorist School

Behaviour modification aims at changing people's behaviour by applying operant conditional principles, since it is considered that distress is related to obsessive maladaptive responses to specific environmental stimuli. Thus behaviouristic models do not directly focus on changing the maladaptive appraisals but rather on repairing the automatic false "alarm" responses of the organism.

### Cognitive School

Cognitive-based therapies have been proved to have long term effectiveness and thus to prevent relapse. The aim of therapy is to help people construct adaptive cognitive strategies against distress.

The theoretical matrix of cognitive based techniques may be described in the dictum of philosopher Epictetus "**People don't get upset by events but by their ideas about events**". It is, in other words, assumed that distress is affected by the cognitive assessment of a situation and not by the situation per se.

Underlying psychological factors such as maladaptive cognitions or insufficient coping attitudes have been considered to closely

relate to the development of distress. Increased activation of maladaptive cognitions has also been considered to play a crucial role in rendering inactive the modes that promote adaptation.

There is evidence that therapeutic challenges of such cognitions can not only relieve patients from current symptoms but can also re-activate modes that help an individual adapt to changing circumstances, and thus produce a kind of “immunity” against similar future problems.

Recently, another therapeutic approach has emerged, the so called “Emotional Disclosure”. This method consists in teaching people to express their emotions related to distress by talking or writing about negative events that are considered to have precipitated such emotions. Many researchers have claimed that this process has been proved responsible for improving the function of the immune system, resulting in lower rates of asthma, arthritis, cancer and heart diseases. In addition to such physiological improvements, emotional disclosure has been proved to produce behavioural changes such as better grades amongst college students, or increased ability to find new jobs etc.

Note

Regarding psychotherapeutic method of dealing with distress, exactly as in the case of all different therapeutic methods, it is truly necessary to choose, based on special predetermined criteria, the proper method that will prove most efficient for each person, in terms of its application and effective performance.



## **PART THREE: THE PREVENTION OF DIFFICULTIES**

### **Chapter 7 Personality Problems:**

The prevention of antisocial attitudes

---

Most people express some of the malfunctioning thoughts or interpretive schemes met in personality disorders. In order to diagnose a disorder it is not enough to merely consider that one, two or more maladaptive traits exist in a person. Rather, a special medical assessment is necessary so as to show whether an individual fulfils the criteria of one or more disorders.

The reason why we hereby describe the characteristics of some fundamental personality disorders is that even the presence of some of their characteristics or traits, although it cannot decisively document a diagnosis of disorder, however, it may be enough so as to create problems in the individuals

communicating with their family, friendly or professional environments.

Moreover, medical research has shown that the presence of maladaptive traits of this kind is often related to the presence of mental disorders, such as anxiety and depression, which, as mentioned already, are further related to maladaptive communication attitudes.

## **AVOIDANT Personality Disorder**

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### **Basic characteristics**

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- Cannot tolerate toils and difficulties
- Loses easily important human relations
- Avoids social events when thinking that cannot present oneself as perfect as one desires
- Believes to be “sensitive” and not “insensitive” as the others

### **Examples of maladaptive interpretive schemes or beliefs**

---

- I am shy because I am sensitive
- I cannot tolerate unpleasant emotions
- If others come too close they might discover something from my inner self and reject me
- Proving oneself as inferior or inadequate is intolerable
- I wish to avoid situations where I am in the focus and pass by as invisible as I can
- Instead of doing something that might fail, it is better not to do anything at all

---

Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **DEPENDANT Personality Disorder**

---

### **Basic characteristics**

---

- Renders needs into absolute facts
- «Deifies» one's partner, demanding everything, otherwise rejects partner
- Becomes a victim in order to achieve what one wants

### **Examples of maladaptive interpretive schemes or beliefs**

---

- I need more support than the others
- When I am alone I feel helpless

- 
- I cannot stand the thought that somebody might abandon me
  - If there is nobody to be in love with me I feel miserable
  - If I love someone this person has to prove that deserves my feelings
  - I always make sacrifices for others
  - All who are around me are happy

---

Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **PASSIVE / AGGRESSIVE Personality Disorder**

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### **Basic characteristic**

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Considers society as oppressive and authoritative and thus considers oneself as having the right not to obey rules

### **Examples of maladaptive interpretive schemes or beliefs**

---

- Any kind of authority is demanding, intervening and controlling
- The only way to protect my self esteem is to show my superiority in indirect way, as for example by not following instructions and rules

- Laws are arbitrary, do not serve anyone and oppress everyone
- I have to resist to any kind of authority and, at the same time, not to lose its appraisal and acceptance
- Abiding by rules, following regulations or adapting oneself destroys one's dignity and self-respect

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Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **OBSESSIVE – COMPULSIVE Personality Disorder**

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### **Basic characteristics**

---

- Believes that is or may become perfect
- Cannot accept that may make a mistake
- Cannot stand any weakness of others'

### **Examples of maladaptive interpretive schemes or beliefs**

---

- I am absolutely responsible of myself and of the others
- How things go depends totally on me

- Others are too thoughtless and usually they are irresponsible or incapable
- I have to do everything in perfection
- Each imperfection or defect in an action is a disaster
- I have to completely control my feelings
- The way I act is generally perfect and for this reason others have to do what I think that is right
- Imperfections or errors of mine or of others, undermine my mental balance

## **ANTISOCIAL Personality Disorder**

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### **Basic characteristic**

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Pathological perception of one's relations with society

### **Examples of maladaptive interpretive schemes or beliefs**

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- Violence is the best way to achieve whatever you want
- We live in a jungle and only the evil survives
- The others are mean and I have to be proactive and punish them

- It is not necessary for one to keep one's word and your promises
- Lie and deception are the most effective weapons of man
- When I feel that I am unfairly dealt with, I think it is my right to take revenge in every way
- You can take advantage of the people that do not defend themselves in any way you wish

---

Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **NARCISSISTIC Personality Disorder**

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### **Basic characteristics**

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- Deifies oneself
- Is indifferent for others
- Is absolutely certain for one's own judgment, thinks to know everything

### **Examples of maladaptive interpretive schemes or beliefs**

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- I am very important and a person of special value

- Because I am very superior to others I have the right to special treatment and privileges
- If others do not respect what I am they have to be punished
- The world has to satisfy my needs
- I demand that others recognize instantly how important I am
- Others around me do not deserve the admiration or the good things they have
- Nobody has the right to say that I have made a mistake
- I do not care for anyone's needs
- Because I have been born so important other people have to realize my dreams

## **HISTRIONIC Personality Disorder**

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### **Basic characteristics**

---

- Wishes to be in the center of attention with the result of becoming provocative and be criticized
- Considers one's own instinct as errorless and denies the value of rational thought and of self-control

### **Examples of maladaptive interpretive schemes or beliefs**

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- I am an interesting and exciting person

- In order to be happy I need that other people are occupied with me
- If I do not excite or impress people then I am nothing
- If people do not treat me in a very flattering way, I have to reject them
- In every way I have to be in the center of all attention
- I do not need to care to think very much, since I can base myself on my instincts and impulses
- I cannot tolerate boredom
- If I have an urge to do something, I have to do it straight away
- People will notice me only if I behave in extreme ways
- Emotion and intuition are much more important than realistic thoughts and plans

## **SCHIZOID Personality Disorder**

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### **Basic characteristics**

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- Hides from others and gets isolated
- Does not try to correct one's own errors but is indifferent in other's criticism

### **Examples of maladaptive interpretive schemes or beliefs**

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- I don't mind whatever image I create about myself
- I do not wish to be in contact with people

- I enjoy only the things I do alone
- I do not want to do anything together with others
- I do not feel well when I am together with other people
- I cannot stand relationships because they destroy freedom
- I never need help by anybody
- I can use others for my needs but without having any relationship with them

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Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **PARANOID Personality Disorder**

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### **Basic characteristics**

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- Does not want to risk anything
- Does not trust anyone
- Interprets other's behavior as based merely on tricky motives

### **Examples of maladaptive interpretive schemes or beliefs**

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- People have only mean motives
- I have to be alert all the time

- When someone treats me in friendship one tries to use and exploit me
- Those who come close to me are always deceptive

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Adapted from: Beck, A. and Freeman, A. and assoc. (1990)

## **Management of Personality Disorders**

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Within each personality disorder certain maladaptive beliefs or dysfunctional hermeneutic schemas dominate and form a characteristic profile.

People with such characterological problems present symptoms that are vague, chronic and pervasive. They are usually dissatisfied, since they easily fail to establish a long-term desirable intimate or friendly relationship and fail to reach their potential in their work. They lack psychological flexibility and tend to express hopelessness about changing, since they can not easily make meaningful changes in a short period of time.

Research has shown that it is very productive to identify and modify the core maladaptive beliefs or hermeneutic schemas in treating personality disorders.

Psychoanalytic and cognitive therapy theorists are focusing on the therapeutic management of such beliefs and schemas. The two schools differ in their views of the nature of these elements, thus they also differ in their therapeutic methodology and approaches.

The cognitive therapeutic model is based on the premise that attributional bias, rather than unconscious motivational or response bias, is the main cause of personality disorders. Cognitive therapists help individuals who present such problems to change their biased judgments derived from biased beliefs and learned attitudes.

It has been proved that people without a diagnosable personality disorder, who present only some of the disorders' maladaptive hermeneutic schemas, can easily manage and turn them into more adaptive. It is supported that using the "schema therapeutic model" people gain the ability to view their characterological problems as ego- dystonic and thus become more empowered to give them up.

Recently, behavioral experiments have been proposed in order to test the validity of individuals' pre-existing beliefs. Since maladaptive beliefs are often longstanding and have been

repeatedly reinforced over the years, individuals have to be encouraged to confront situations that previously had avoided and acquire evidence probably inconsistent with their expectations.

The axiological model provides rules and principles in order to protect from potentially dangerous experimentation. This model also suggests the replacement of maladaptive beliefs and attitudes, which dominate characterological problems, by humanistic qualities, which may help individuals to overcome their difficulties and to manage to achieve their personal and professional objectives and aims more easily.



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**FOR FURTHER STUDY**

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