Psychotherapy of Possibilities: the Basic Components of the System
Theoretical and Practical Approach

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Abstract
In the proposed article, we take issue related to psychotherapy of possibilities. It is a concept that originated on the basis of philosophical research; hence it is based on the philosophy of the possibilities of Nicola Abbagnano.

In the theoretical part we present the issue of coexistence, while indicating an elementary function of being-with; this procedure allowed us to show the role and importance of being-with in psychotherapy of possibilities, whose main goal is being-therapist with the patient to work together to solve his problems.

Being-with constitutes the human existence and at the same time shows in which "existential processes" the man has shaped up and what an impact have they had on the satisfaction of needs, and hence on the triple movement of transcendence, so: being-with-own self, with another and the-world.

In the proposed solutions we have tried to indicate on what psychotherapy of opportunities is based and identify the source and cause of the perception of one own self, others and the world.

The conclusion is somehow re-looking at the proposed topic from the perspective of summaries.

Keywords: Nicola Abbagnano, being-with, coexistence, psychotherapy of possibility, psychotherapy.

Introduction
Nicola Abbagnano is a founder of the philosophy of possibilities, on which was based and developed a model of a psycho-therapeutic support, he died at the age of eighty-nine. He is the author of nearly two hundred scientific papers and twenty-six monographs copyright in the field of existential philosophy, history of philosophy, sociology and existential pedagogy. Coincided with the apogee of his work was between the years 40 and 80 of the last century. Before his death, however, he could look forward to a wide discussion on the concept, which he described as positive existentialism [M., Stsglieno, Il Giornale – 10 settembre 1990].

This was the "intellectual rebellion" against the philosophical thinking of Heidegger, Jaspers, Sartre’a defined by Abbagnano’s environment "esistenzialismo negativo"[M. Bruno, s. 5-6.]. In the face of the experience of cognitive, Abbagnano tried to introduce readers to the problems connected with the understanding the concept of possibilities, not so much in terms of logical, etymological signification but existential. For this reason, at the very beginning of his scientific activity Abbagnano developed the idea of the human being in the context of the so-called relative to his own existence: "It's that man exists and that existence is the way of being, which is proper to him, that means a man constitutes not as being, but as a ratio to the existence and the possibility of this relationship [ N. Abbagnano, s. 308].

So understood the existence an Italian philosopher enclosed in the work entitled: La struttura dell’esistenza. (The structure of existence). In one of the chapters he took up the issue of
coexistence, which presents as "the visage of the <other> in mine <I> and <I> in the visage of <other> ", but that must be made so-called triple movement of transcendence, paraphrasing the words of Abbagnano based on, firstly: a person must be aware of his or her own existence, which allows him or her to search for understanding of his or her own self and "others"; secondly: when a person discovers the outside world and its inner perfection and shortcomings (the world in the full sense of the word) he or she tries to understand his or her own attitudes, and thirdly: when a person interacts with the inner and external world is able to discover coexistence [N. Abbagnano s. 141-154].

It should be noted that this article is a purely theoretical and will consist of several parts, namely, it will begin with the presentation of Abbagnano concept of being-with. This will be done on the basis of the collected materials like publications or short - monographs, and an article. In the next part we will present the uniqueness of being with, in the perspective of coexistence and meeting. In the final section we will discuss the concept of the therapeutic possibilities of psychotherapy with an indication of the synthetic dialogue maieutikós.

1. Being-with according to Abbagnano

In his texts are statements that justify the understanding of being-with as a basis for patient-therapist contact, or psychotherapist-patient. Although the Italian philosopher did not engage in psychotherapy, but his look of the specificity of the meeting assumed a relationship that we can define "meeting face to face" (which assumed the oath of the Hippocrates), eg.: what is missing to "I", is the "other". It is in "you" a man can discover his own attitude, which is the outgoing to the "you". The coexistence is anchored in the human being. This does not mean that a person is doomed to it [Zob. M. Tański, Kraków 2013]. "You" is given together with the existence of the human being, because the human being as a dwelling refers to "you".

A man in its action is set to "other", because man is a being that corresponds to and responsible. "You" is given to "I" and its existence, because a person carries within himself the longing for "you". Hence the existence of "I" shows coexistence. The coexistence in a special way reminds us of birth and death. My hero claimed that death can lead to break of co existential ties. This is a close-up in fear, worries, in concern regarding care, which in turn may lead to treat the "other" as the giver of goods for "I". Abbagnano wrote: "(...) if others are for (me) << I >> shadows, or ghosts, << I >> am for myself nothing more than a shadow and spectrum; if others are degraded to the role of ordinary tools (...), << I >> also degrade to the role of tools "[N. Abbagnano, s. 308].

It is necessary to say that coexistence derives its justification from the human reference to the existing "you". If a man, as a person is set to "other", this setting is called co-existence, because co-existence is the ratio of human to another human being. So, co-existence somehow carries the multiplicity of individuals. This plurality is, however, closed to the references of "I" to "you", giving birth to the community. Hence the community, as it is constructed from real existing units, is taking a prominent place in the philosophy of Nicola Abbagnano.

2. The uniqueness of being-with

Based on the interpretation of Abbagnano coexistence, it should be noted that the phenomenon described by him for the modern man who is looking for himself in the sheer volume of issues, anxiety, fear and concern are unusual because it reveals it horizontally "I" - "different" and burdened with extremely strong existential charge determined by the belief of "I" or "other": "the basic meaning of birth and death is that the existence itself is not enough "[N. Abbagnano, s. 298].

The coexistence constitutes my inner "I", and at the same time is a requirement for the constitution of the "other". It assumed meeting with the "other" as "different" with his experience of himself and ethos. It should be noted that Abbagnano in order to clarify the relationship of "I" - "different" repeatedly used the concept of equivalence, which served him to describe the authentic relation with the "other", "myself" and the world: "[...] a man can be himself only when he depart from himself in the equivalent direction, triple movement of transcendence: <self> <world>, <community> "[N. Abbagnano, s. 303]. This item has eliminated the abstract approach of coexistence, which as a consequence, leads to understand it as a meeting.
In the description of the meeting Abbagnano uses a unique method of existential, which is based on the experiences understood as individual psychological and physical symptoms of the real, and not as content, e.g.: pure consciousness, or biological material. Psychology of Abbagnano does not lead to phenomenological reduction, or separation in order to reach the "essence" of being, but to the recognition of man as an individual entity having his experience, which in the context of the possibility of being as being formed. By accepting, it is clear that the philosophical concept of Nicola Abbagnano can serve psychotherapy.

3. Being-with someone in (psycho) therapy of possibilities

From the point of view of philosophy, described by Abbagnano being with someone meets the general criteria of Roshwald regarding the phenomenology of care and Luijenow's phenomenology of meeting. These philosophers emphasized that although the man whom I met is different from my world, but it has an impact on my world, so if that person perceives reality incorrectly, and in not authentic way, you should look for solutions that will allow in an objective dimension in a way that is not dysfunctional look at me, other and the world. Similarly, argues Johan Bradshaw, who stated that "[...] the hope of improvement lies in the fact that we can identify the source of crises [...] that make up our society [...] What happens is the source of inner fighting within ourselves and largely with other people"[J. B. Persons, s. 33].

In psychotherapy of possibility an essential element is to be aware of involving an objective to look at the "other" from the perspective of being-with. It is about being open as a therapist to a number of patient's existential experiences that influence his attitude, e.g.: patient is abusing alcohol and sentenced for an offense threat appears on individual therapy to "do" a good impression, but on a guardian court.

Psychotherapist of opportunities in the first phase of the meeting explains to a patient what the therapy is, and then he or she is trying to diagnose the condition based on the meeting (we have in mind a meeting which means accordingly to philosophical thought of Abbagnano), as manifested by the patient's triple movement of transcendence, that is: determine way of thinking (we use here the dialogue maieutikós). This is especially important because we need to make sure whether a patient suffer because of e.g.: delusions, and psychosis, or only a distorted toughs of min

Diagram 1.
According to psychotherapy of possibilities thinking is conditioned by the so-called scripts, which developed in the process of primary socialization and are reinforced by secondary socialization; should be noted that scripts "running" by specific events that occur in the life of individuals; the consequence of this is a certain way of looking at myself, other and the world. The therapist therefore determines the type of script, and it can be done from the perspective of the patient’s needs:

Diagram 2.

![Diagram 2](image)

Reaching to the being-with- “I” based on the needs, the therapist is determined not so much to find a way of satisfying them, but to have influence on the script, eg.: patient in childhood experiencing excessive demands, moreover, parents often said to him that if he does not work reliably nothing he will reached; in this man from the earliest years were built internal mechanisms (script) based on the belief "I must to succeed" (and presumably I have to meet expectation of my parents):

Diagram 3.

![Diagram 3](image)

The script means a (hidden psychological mechanism)
A hidden psychological mechanism referred to us as the script can be called rooted deficit, which makes the events of everyday life are read by it prism. Underlying the script is the style and form of primary socialization, eg.: rejection, avoidance or over-protectiveness, it could be the cause that reveal the certain way of thinking:

a. I have to be the best,
b. I should be cultural,
c. No one accept me
d. I am nobody
e. All think that I'm a loser.

It should be noted that the scripts are hard to change, because they developed through long years in each patient, but the efforts of the therapist should seek to:

a. The discovery of the types and their functions,
b. The awareness of the impact of thinking about ourselves, others and about the world,
c. Reduction.

Scripts interact with human consciousness and they manifest through a certain way of thinking about ourselves and others, eg.: patient fulfilling the task at work made them in a competent and businesslike, the head being satisfied with the employee joked, "finally you succeeded". These words caused a chain of events in the form of thinking about his own self and were a source of specific activities: surely he has some objections regarding myself [J. Bartoszewski s. 363-378]. I should explain that at other times I would not do that or maybe he wants me to dismiss from the work. I have to start looking for another job, etc.

Schematic relationships in the proposed model (see diagram 3) show how the scripts are running. Events cause that hidden psychological mechanism (scripts) reveals the difficulties in the form of overt thoughts, attitudes and actions. One-way arrow indicates that changes at one level become principium to the next level. Explicit and implicit shell levels in are related, but not in the sense of opposing relationship, and one polar creating a vicious circle.

Diagram 4.

4. A woman who claimed to be rachitic

The young woman took the therapy because, according to her the idleness, according to her is conditioned by depression. In the first meeting it was established that she spends time watching television statically or not getting out of bed. She did not go to higher studies or work; she remained dependent on her parents. Although she attempted to get postgraduate education, as well as trying to work, but the habit to be constant in decision did not last long. To her parents she had an ambivalent attitude, she never felt loved by them, although they provided for her the needs, but mostly the material once. On this based and other information we put forward the thesis that the
process of socialization shaped the scripts, which determined the patient in personal relationship, being-with-me.

The thoughts they were under control of these scripts and they caused the believed in herself that she is not able to meet the demands of parents, raised in her fear in the form: "no matter what I do, I do not attain self-reliance." In the area of being-with-herself and being-with-them (parents) she feels undervalued and dependent, in despite of the desire to become independent from her parents, she was still in a relationship passive-dependent. As a result of these feelings her mood decreased, that in her opinion was the depression. Based on the method of psychotherapy of opportunities a therapist was trying to get to the roots of the problem, hence he established with the patient a dialogue in order to establish key scripts (a conversation), eg.:

T: Good morning.
Q: Good morning
T: Can you tell me something about yourself?
Q: Yes, why not; I live with my parents, they are demanding (observation) and still they are telling me that I need to do something with my life, but I cannot (helplessness, understated sense of value); they argue that I do nothing, they’re right I don’t go to work, neither to learn (behavior);
T: What would you like to do?
Q: I paint, I like it and I have got in this dimension an achievement (satisfaction), but parents say that this is not the work that gives me money and they are right.
T: I see. You may say more, how your approach painting?
Q: Well, I do not paint, I want that my parents maybe proud of me, like the way they are proud of my brother (guilt).
T: So, do you give up painting for the business?
Q: Yes, but I have no choice, my parents took care of us when we were small, we did not miss anything.
T: So, are you looking for the activities that can give satisfaction to your parent?
Q: Exactly.
T: Are there any other problems?
Q: My life is a range of natural unfortunate (self-esteem).
T: What do you mean?
Q: Well, the habit of spending free time at home watching TV or sleeping, but I should go out and become more involved in social life (action).
T: Yes, it’s a good idea.
Q: I think that even as I leave, I will not meet anyone good (cognitive content).
T: And why do you think like this?

The key scripts that emerged in the present passage of this dialogue we can define using two words:

a. The depending relationship (low self-esteem).
b. Passivity (meeting the needs of parents).

In therapy, in the initial phase, patients often do not report major problems, because they are not aware of them, or are afraid to talk about them. Patients may be limited by the variety of deficits, eg.: by the shame because of unemployment, lack of financial resources or discharging emotions through various substitutes - risk behaviors, such as: alcohol, drugs, casual sex.

The therapist must be aware of hidden problems and in some ways he may obtain information about the type of difficulties, eg.: detailed interview, tests (in the case of the tests, the therapist must give information proper to a patient about test and its details, as well as show how to do it he need - in the sense of the relationship being-with, or therapist-patient). When the therapist will diagnose the problem, adds it to the list, which he agrees with the patient in order to hierarchy them and find the resolutions by making a common model of therapeutic action.

The list of the problems is used to evaluate the results of the therapy, if the evaluation is not carried out for both patient and therapist they cannot know whether there has been progress [J.B. Persons, s. 33].

The therapeutic practice should take into consideration the elements, eg.: every two months to analyze together changes in attitudes, actions and thinking, based on specific events. Of course,
it is sometimes difficult to determine whether progress is taking place, this is due to the slow performance and commitment, eg.: patient.

**Conclusion**

The model of therapeutic proposed is based on the one side of the abbagnano’s philosophy of possibilities, which underlying emphasis on the relationship, and being-with, and secondly so-called movement of transcendence, which is manifested, colloquially speaking in the action of the individual; also not without significance is to look at being-with from the perspective of positive and negative possibilities*, the man realizes his being-with from the perspective of the possibilities, if it is determined, eg.: deficit then chooses only a negative possibility the example of this is Kierkegaard†, on the other side, the proposed model grew out of a personal experience, and specifically from the work of rehabilitation and research in the field of cognitive therapy, analytic and cognitive-behavioral therapy.

It should be noted that these trends have solutions that can serve for an interdisciplinary perspective and lead to new ideas of psychotherapy.

**References:**

6. Abbagnano N., *Esistenzialismo come filosofia del possibilie*, tłum. J. Bartoszewski, [w:] Ruch Filozoficzny 2011, nr 1, art. cyt., s. 73.

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