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Psychotherapy in one approach of resilience (PAR) - report of partial results in clinical psychology

Abstract

Psychotherapy in one Approach of Resilience (PAR) is a structured methodology aimed at fostering resilience through the restructuring of beliefs. This study presents partial results of interventions conducted between 2021 and 2023, utilizing a protocol based on cognitive models of determinant beliefs (BMDs). The main objective was to analyze the effectiveness of PAR in developing resilience among participants by evaluating changes in beliefs and behaviors.

Methodology involved 12 weeks of psychotherapeutic interventions with nine participants, using instruments such as BAI, OQ-45.2, BDI-II, and the QUEST_Resiliencia scale. Data on keywords, belief changes, and behavioral shifts were collected and analyzed longitudinally.

Results demonstrated significant progress in mental flexibility and belief redefinition related to resilience, particularly in the domains of context analysis and self-confidence. However, areas such as conscious stress reactions showed limited improvement, suggesting resistance to change in bodily-related aspects.

It is concluded that PAR is a promising approach for fostering resilience, offering relevant clinical benefits. Future studies with larger and more diverse samples are recommended to validate these findings.

Keywords: mechanisms of change, psychotherapy resilience, resilient approach, reporting behavioral changes

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Introduction

This is an account of an innovation in psychotherapy. The development of resilience applied to clinical practice. Resilience in this approach is not resistance to stress, just as it is not adapting to situations. And yes, it is understood as the ability to organize and articulate macro belief schemes, through groupings of vital beliefs, in order to overcome challenges, better face adversity and minimize high stress. These groupings of vital beliefs are called Determinant Belief Models of resilient behavior. The objective of this research report is to present the theoretical basis, methodology and results collected between 2021 and 2023. Research on the feasibility of a structured psychotherapy based on the assumption of resilience began in 2012, in the clinical space of SOBRARE – Brazilian Society of Resilience. Efforts to guide our psychotherapeutic practice based on the Resilient Approach theory [ARslnt].[1] Raised a problem that has guided us for years: how we could, based on the Resilient Approach, inspire therapeutic conversations about the sources of bad stress, in a way that could leverage the use of the Resilient Approach? To this end, we structured a protocol – the result of a series of cognitive strategies to develop strategic resilience, which made it possible to obtain a psychotherapeutic approach that we have come to call " Psychotherapy in one Approach of Resilience (PAR)".

Within the protocol, it was sought to ensure the rigor of a clinical theory that explains how resilience is organized in different areas of cognition and contemplates interventions in the field of psychopathology. The protocol structured to guide therapists within the field of action in PAR aims, with the ethical rigor that contemporary research requires, to serve as an indication of procedures for therapeutic actions in resilience supported by mechanisms of change.[2] From the possible results to be found, it will be possible to define the operational feasibility of the PAR, and to infer implications involved in the belief groups (MCDs) that govern the constitution of resilience in each of the participants.[3] Knowing that it is not a single one of these factors that raises the perception of personal resilience, we will seek to understand the "how the perception of resilience occurs" in the research participants, during a therapeutic process oriented along the lines of the PAR.

Research objectives

To carry out experimental research, assuming that the object of investigation is the psychotherapeutic method itself and its possibilities in the ARslnt, and also, having as forms of control the citations of Keywords, Mentions of Ongoing Changes in Beliefs and Reporting of Behavioral Changes. Thus, such methodological organization would facilitate the collection and organization of data from the participants. If the psychotherapeutic method (PAR) will be the phenomenon studied, which in everyday life (non-experimental) provides attributes such as Keywords, Ongoing Changes in Beliefs and Reporting of Behavioral Changes. Critically record how these attributes are presented, their occurrence and influences, in order to observe what happens with the personal perception of resilience. To show how its operability takes place within a space of time. To provide demonstration of effective clinical parameters for future research. Present empirical parameters based on scientific methodology. Theoretical foundation of the resilient approach (ARslnt). Psychotherapy in one Approach of Resilience (PAR) is a psychotherapeutic methodology that aims to develop resilience in individuals by restructuring their belief systems.

PAR is based on three main theoretical pillars

Cognitive Behavioral Therapy (CBT): CBT provides the framework for understanding how thoughts, feelings, and behaviors are interconnected and how modifying dysfunctional thinking patterns can lead to positive changes in behavior.[4–6] Psychosomatic

Approach: Recognizes the interaction between psychological and physical factors in health and well-being, emphasizing the influence of psychological factors, such as stress and beliefs, on physical health and resilience.

Resilient Approach (ARslnt): Proposed by Barbosa, ARslnt postulates that resilience is significantly composed of information processing between eight vital cognitive areas, called Beliefs Models Determinants (BMDs).

Par stands out for its originality in two main aspects

Exclusive Focus on Resilience: Unlike other therapies processes where resilience may be a secondary outcome, PAR places it as the central goal of the therapeutic process.

Significant Changes in Patients' Lives: PAR aims to promote substantial changes related to resilience in various areas of patients' lives, positively impacting their ability to deal with adversities and challenges.

Objectives of PAR: We assume that PAR aims to identify behavioral styles cultivated by a person.[7] It also offers possibilities for structured training and the increase of skills pertinent to resilience by strengthening the components of flexibility in the face of challenges and clashes, cohesion of internal and external forces, determination in the pursuit of priority objectives in terms of overcoming and protection.

Belief restructuring

PAR assists individuals in reassessing and restructuring their beliefs, promoting the adoption of more flexible and adaptive beliefs that enhance resilience.[8] To make these possibilities feasible, three theoretically oriented mechanisms of change were organized and proposed with the purpose of evaluating to what extent the chosen theory effectively allows the identification and understanding of the aspects implied in the therapeutic process focused on developing resilience. This possibility of controlling the results and effects among patients makes it possible to exclude biased factors related to unrealistic variables, such as those in which the beneficial results in the therapeutic process are attributed to the quality and skill of therapists. Another desired elimination would be unpretentious and superficial speeches during therapeutic processes, speeches without a correspondence with the theme of psychological resilience and low understanding of how to cognitively approach one's own resilience.

The objective with such concerns is to ensure as much as possible dialogues and clinically relevant behavior for patients throughout the process and to align with the expectations of mapping the processes of therapeutic changes in each patient in order to pre-establish the changes for an outcome in the patients.[2] The mechanisms were theoretically organized to promote resilience in the course of the therapeutic process and take into account the context of the therapeutic relationship. With this consideration, PAR guarantees the appreciation of the context in which the process takes place and the context of patients' lives.[9] They are mechanisms that enable measures and actions within the context, considering the meaning of what is elaborated in the sessions and not only the form of the content expressed.

In this way, as a possibility of 3rd generation contemporary psychotherapy within Cognitive-Behavioral Therapies, PAR is treading its empirical validation and how innovation has been shown to be effective in the processes that aim to develop psychological resilience.

Mechanism of change

PAR operates through a protocol, structured process encompassing several key elements:

- Identification of Behavioral Styles and Beliefs: PAR aims to identify the behavioral styles and beliefs individuals use to navigate situations of risk and protection.

- Understanding the Attributions of Meaning: This involves exploring how individuals assign meaning to their experiences, particularly in adversity, and how these attributions influence their decision-making and resilience. The ARslnt assumes that in the organization of resilience is the attribution of meaning[6] governs the genesis of thought and the formation of synaptic networks in people resulting in judgment/understanding that the situation experienced, whether in the mental or contextual sphere, is of danger, risk or safety. Such attributions, which act as stimuli, guide the intensity of biochemical production in the various systems of the body, for example, the muscular system, among others. Thus, the more the attribution of meaning is accentuated, the more involved the organism's system will be involved in the organization and expression of behavior. The concept of Intensity Such models express the ways in which people understand that they must give a certain intensity to their beliefs and standardize their behavior when dealing with high stress, with a propensity to passivity to sources of stress, intolerance in the face of these sources and balance in the regency of their beliefs when under demand from adversity.[10] Beck[6] argues that a person may have underdeveloped problem-solving skills or may not apply these skills successfully when under pressure or high stress. Beck[6] also reminds us that the way a person feels or behaves is largely determined by the beliefs they hold and their assessment of the situation or problem. In addition, the resulting negative emotions such as anxiety, shame, or fear can interfere with that performance. We consider that the work of patients to process the necessary identification, reprocessing and resignification of their beliefs occurs when there are integrations in thoughts, emotions, feelings and value judgments. Subordinating to previous knowledge and thus generating expansion of thought and vision, allowing cognitive schemes to be anchored to other cognitive schemes, allowing the sedimentation of the old ones or the formation of a new meaning. Also, by the over ordination of one new knowledge acquired and recognized as broader than the previous knowledge. But also, when a new thought combines with previous knowledge, providing a logical relationship of greater connection, clarity or understanding according to Ausubél,[11] when confronted with previous beliefs. The new meanings[5,12] come from the attribution of meaning that modulates the intensity that the patient cultivates in one given belief.

Through these mechanisms, PAR aims to foster behavioral changes that reflect improved stress management, challenge overcoming, and the construction of new mental networking.[13] The first 'mechanism of change' acts as a way of controlling what is dealt with in the sessions: citations of Keywords. The second 'mechanism of change' groups the mentions of Ongoing Changes in Beliefs (CCM). The third 'mechanism of change' explains the effective Behavior Change Reports (BCR) already in progress in the course of the therapeutic process. In this way, such methodological organization facilitates the collection and organization of data from the participants and directs the conversation to the phenomenon studied in everyday life, which is personal resilience.[2] The 'mechanisms of change', by explaining the space in which they take place, by ensuring that there are effective clinical parameters and empirical parameters aligned with the scientific

methodology of third-generation psychotherapies in CBT,[13] seek to guarantee the technical procedures in the structured protocol and how the theme of resilience is sustained in time and context,[14] within the psychotherapeutic process in line with the Resilient Approach.

BMD - Belief model determinant in PAR

Resilience in PAR is understood to be constituted by eight belief models that determine resilient behavior and, therefore, ensure comprehensive psychosocial dimensions in the constitution of human resilience. The eight BMDs forming the foundation of individual psychological resilience:

1. Self-control: The ability to regulate one's emotions and impulses.
2. Conscious Stress Reactions: The capacity to recognize and manage physiological responses to stress.
3. Context Analysis: The ability to objectively assess situations, identifying facts and consequences.
4. Optimism towards Life: A tendency to maintain a positive outlook on life and the future.
5. Self-confidence: Belief in one's ability to solve problems and overcome challenges.
6. Enchanting and Maintain People: The ability to establish and nurture healthy interpersonal relationships.
7. Empathy: The capacity to understand and share the feelings and perspectives of others.
8. Meaning of Life: Having a purpose and meaning in life, which provides motivation and direction.

Method

This is a clinical intervention with randomized participants that aims to analyze aspects of interventions applied to three different groups of psychotherapy patients. The study interventions were designed through a protocol and exposure to the PAR instruments and methodology were duly controlled by the researcher. The interventions mentioned refer to the response to QUEST_Resilience and the application of the protocol. Group decade data in each of the three years were collected throughout the sessions.[15]

Participants

In the three years, the sample of research participants was defined through an invitation initiated by offering to those involved in training processes carried out by SOBRARE. To standardize in all three years, sixteen invitations were made. The request was to attend on a specific day for a lecture and studies on resilience. The first three to respond to the invitation were invited to respond to the QUEST_Resiliência.[15] After the lecture on resilience, the three volunteers were invited to an experimental psychotherapeutic process focused on resilience.

2021 Participants:

Participant No. 1: Male, 26 years old, Brazilian, Student.

Participant No. 2: Female, 35 years old, Brazilian, Nurse.

Participant No. 3: Male, 55 years old, Brazilian, Manager.

2022 Entrants:

Participant No. 1: Male, 43 years old, Brazilian, Teacher.

Participant No. 2: Male, 42 years old, Brazilian, Military.

Participant No. 3: Male, 47 years old, Brazilian, Businessman.

2023 Participants:

Participant No. 1: Male, 63 years old, Brazilian, Manager.

Participant No. 2: Male, 32 years old, Brazilian, Physician.

Participant No. 3: Female, 57 years old, Brazilian, Businesswoman.

Instruments

Sheet to record the occurrences of Keyword Record, Development of Changes in the Beliefs (DCB) troughout the process and the registration of Reporting Behavioral Changes (RBC) at the end of process.

BAI scale

The Beck Anxiety Inventory (BAI) is a self-description scale that assesses the intensity of anxiety symptoms. Written by Beck, Epstein, Brown, and Steer in 1988. For PAR, the measurement of the perception of anxiety is fundamental because it is one of the important emotions in the clinic. For this reason, symptoms such as anxiety disorder alter the expression of resilience. The scale provides data on the intensity of anxiety symptoms. BAI scores are 0 - 10 Minimum, 11 - 19 Mild. While from 20 to 30 Moderate and from 31 to 63, it is Severe. The result presented by BAI allows the scrutiny of people for the PAR process. It was found that scores above 63 points have low capacity for symbolic elaboration, attachment and engagement to collaborative behaviors as expected in CBT processes. The version used was validated by Cunha (2001) for Brazilian Portuguese. It consists of 21 items, which must be evaluated by the attendant, on a four-point scale: 1- "absolutely not"; 2- "lightly"; 3- "moderately"; 4-"gravely".[16] The application time is about five to ten minutes.

Outcome evaluation Scale OQ – 45.2

One of the most widely used instruments in international literature to verify changes in psychotherapy processes is the *Outcome Questionnaire* 45 -2 (OQ 45.2). In this study, the Brazilian version was used, consisting of 45 Likert-type items, with 5 points, ranging from "never" to "almost always". Our objective in using it was to monitor the progress of patients in psychotherapy and, consequently, its efficiency. According to the authors, the use of the OQ in research on change in psychotherapy is feasible, since it meets certain criteria, considered important in the evaluation of psychotherapeutic processes, such as being brief; easy to handle; applicability and scoring; related to possible diagnoses; sensitive to changes in a short period; and can be applied repeatedly - at the beginning of each psychotherapeutic session.[17–19] Its structure is composed of three specific factors - the discomfort subjective, as interpersonal relationship and the performance of the social role, as well as a general factor (global maladjustment). The first domain measured is subjective discomfort, which seeks to identify aspects of becoming ill in terms of mood disorders, anxiety disorders and substance abuse disorders. The second, interpersonal relationships, evaluates interpersonal relationships with partners and family members. And the third - performance of a social role - aims to measure aspects related to work and leisure. Studies indicate that OQ-45 meets the expected psychometric requirements for evaluation in psychotherapy processes, such as evidence of sensitivity, validity and reliability.[20]

Beck depression inventory – BDI II

The BDI-II is a self-description instrument, consisting of 21 items, which allows assessing the severity of depression in adults and

adolescents from the age of thirteen. This version of the inventory was developed to measure symptoms corresponding to the diagnostic criteria for depressive disorders described in the DSM-IV.[21,22] The BDI-II can be applied individually or in a group, orally or not, and generally requires 5 to 10 minutes to complete. In order to be consistent with the DSM-IV diagnostic criteria for major depression, the instruction given to individuals is that they will answer a questionnaire composed of groups of phrases that describe behaviors and feelings, and that they should choose, in each group, the phrase that best describes what they have been feeling in the last two weeks, including the day itself. The BDI-II is quoted by adding up the quotations of the 21 groups of sentences, in which each of them is quoted on a four-point scale ranging from zero to three (if more than one sentence is selected in a group of sentences, the one with the highest quotation is quoted). Thus, the maximum total score of BDI-II is 63. Through this total score, it is possible to measure four groups (cutoff points) related to the severity of depression in patients diagnosed with major depression: Total score between 0 and 13: Minimal depression; Total score between 14 and 19: Mild depression; Total score between 20 and 28: Moderate depression; Total score between 29 and 63: Severe depression. It was developed as an indicator of the presence and degree of depressive symptoms consistent with the DSM-IV, rather than as an instrument to specify a clinical diagnosis.[21]

Scale QUEST_Resiliência

PAR employs the QUEST_Resiliência scale to assess an individual's resilience,[23] examining how they structure their beliefs related to resilience and how these beliefs influence their handling of risk and protection situations. The scale aims to statistically measure how each group of beliefs occurs and what are the intensities (MBD), as well as the relationship between personal convictions and basic emotions (sadness, joy and anger) of the respondents. There are 72 Likert-type statements that are distributed around eight Belief Model Determinants (BMD):

BMD Self-Control (SCntrl). To manage the emotional before the unexpected. Keywords: control of myself; control my own emotions.

BMD Conscious stress reactions (CSR). The ability to read and organize themselves in the nervous / muscular system. Keywords: Identify my reactions; Better knowing my body.

BMD Optimism towards life (OTL). The ability to see life with hope, joy and dreams. Keywords: Good humor, creativity and new perspective.

BMD Analysis of the context (AC). The ability to identify and precisely understand the causes and implications of problems in the environment. Keywords: Identify facts, consequences of decisions.

BMD Empathy (EPT). The ability to demonstrate the skill of empathy. Keywords: Understanding, even feeling, acceptance.

BMD Self-Confidence (SCnf). The ability to have the conviction to be effective in the proposed actions. Keywords: I can, it is possible.

BMD Enchanting and Maintain People. The ability to delight to a high degree. Keywords: Relationships, network.

BMD Meaning of Life (ML). The ability to understand a vital purpose in life. Keywords: Value of life, obvious reason to live.

Protocol

i. Talking about MBDs - Clarification.

ii. Question guiding (Connection between the themes addressed in the session).

iii. Connecting the MBDs with the theme of the session.

iv. Adjusting the conversation.

v. Developing a comprehensive discussion of the relation between the MBD and the session theme.

vi. To recognize specific Keywords along the comprehensive discussion.

Procedures

Preparation of Keyword Record Sheet; MCC and RMC

Invitation sent by e-mail to 32 people who are part of the SOBRARE mailing list containing:

The period in which the process would take place

The times available for the sessions

The location for the sessions

Information about the responsible professional, and,

Information about the Clarifications about the damages and guarantees to the participants, about the confidentiality agreement that would be effective if the research were to be made viable.

Receiving email responses

Contact the three emails that fit all the inclusion criteria.

Scheduling of the beginning of the process with the three volunteers advising them that the experimental sessions would take place through the WEB.

Process development

a. First session: for information on Documents, Agenda and Clarifications regarding the nature of the process, Instruments, Expectations of volunteers

b. Submission of Access Codes and Passwords of the resilience scale acquired from SOBRARE

c. Second session: Conversation in search of a broad understanding of the results obtained on the scale

d. Third to Eleventh Session: Completion of psychotherapy sessions

e. Twelfth: Result Organization and Process Closure

To organize the data collection of the eight BMDs we structured the Record Sheet for the therapeutic conversation as follows:

A column has several rows to note, in each of its rows, the mention of words related to the general theme of resilience or specific citations referring to MCDs. In this row of this column, we note the number of keywords of customers related to resilience expressed throughout the conversation.

In the following column, in each of its lines, we record the mention of Ongoing Changes in Beliefs (CCM) that evidenced changes in the understanding of the topic discussed.

And, finally, in the third column, we recorded perceptions, in each of its lines, of Reporting of Behavioral Changes (CMR) in progress or carried out during the psychotherapeutic process.

In this way, PAR presents itself as an innovative therapeutic approach that focuses on the development of resilience as a core process, using a structured methodology based on solid theories. PAR seeks to promote meaningful change in patients' lives, empowering them to face life's challenges with greater confidence, flexibility, and well-being. And, through the mapping of the attribution of meanings, it is possible for us to quantify the content evidenced in the discourse of each DCB. Thus, PAR is a methodology that identifies the behavioral styles developed by the patient and that are related to the theme of resilience.

Results

The following table provides a longitudinal view of the evolution during the process. First, keywords occur. Then, the mentions of "Development of Changes in the Beliefs" are all noted and, finally, the "Reporting Behavioral Changes" are recorded in the clients' discourse. Statistically obtaining progress in each stage.[24] The frequency indicates the number of occurrences of that "change mechanism" during the conversations in each session. The table presents data on the performance of participants in Belief Models Determinant (BMDs) of resilient behavior, throughout the years 2021, 2022, and 2023.

Table 1 Mentions and citations within the Belief Model Determinant (BMD)

Year/ (MBD) Belief model determinant	Keywords			Development of changes in the beliefs			Reporting behavioral changes		
	Participant			Participant			Participant		
	#1	#2	#3	#4	#5	#6	#7	#8	#9
	Occurrence records			Occurrence records			Occurrence records		
2021									
MBD Self-Control	6	13	7	2	3	3	1	3	2
MBD Conscious stress reactions	4	3	13	2	3	6	2	1	3
MBD Analysis of the context	9	13	6	3	4	3	2	2	1
MBD Self-Confidence	16	10	7	2	2	3	2	2	3
BMD Empathy	13	16	21	7	5	3	3	1	3
BMD Optimism towards life	8	16	12	5	9	4	1	3	2
BMD Enchanting and Maintain People	5	11	15	3	6	4	2	1	3
BMD Meaning of Life	13	17	9	8	13	6	3	2	2
2022									
MBD Self-Control	8	11	12	4	6	4	3	1	2
MBD Conscious stress reactions	14	13	9	7	5	8	3	2	5
MBD Analysis of the context	17	14	11	9	5	7	6	9	4
MBD Self-Confidence	19	13	17	9	5	9	4	2	4
BMD Empathy	15	6	9	6	3	6	3	1	4
BMD Optimism towards life	7	6	17	3	1	5	1	1	3
BMD Enchanting and Maintain People	17	8	15	4	5	9	3	3	4
BMD Meaning of Life	15	21	9	4	6	2	2	3	2
2023									
MBD Self-Control	16	8	21	5	6	2	2	3	1
MBD Conscious stress reactions	21	7	13	7	3	3	7	2	1
MBD Analysis of the context	34	23	16	5	8	2	5	7	1
MBD Self-Confidence	9	11	17	4	3	6	6	2	2
BMD Empathy	12	7	19	5	2	8	2	1	5
BMD Optimism towards life	11	9	16	4	2	7	2	1	2
BMD Enchanting and Maintain People	19	8	22	6	3	9	4	1	5
BMD Meaning of Life	15	13	9	5	3	4	5	1	3

Discussion

Longitudinal monitoring of the data, over three years, allows the identification of trends and patterns, important to analyze how a participant evolves when exposed to the resilience protocol and the impact on their beliefs that determine behaviors related to resilience. These data allow a detailed analysis of the participants' performance over the years, evidencing variations and trends in each MCD evaluated in the three different brief psychotherapeutic processes of each of the years. The Table 1 shows that the methodology of, through the methodology implicit in the protocol, generating awareness of the keywords verbalized in the conversation, shows that the resignifications promoted influence and generate changes. The data from the nine participants show the significant variations that can be seen in the resilience of everyone - they reflect individual differences in the way participants internalize and deal with the resignification in their beliefs. Life histories, maturity and mental flexibility are perceived by the number of occurrences in RBC. It is observed that for some BMDs (e.g., Optimism Towards Life and Conscious Stress Reactions), there is little evolution in each participant's RBC, leading to the inference that subjectivity in mental schemas does not always result in observable changes. Mental flexibility related to resilience is necessary for attitudinal and behavioral changes to be effective.

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Also, it is verified that in 2021 participant number three showed a better result of RBC in progress or effective (19 citations) and that, possibly, this possibility came, in the first place, due to his greater condition to create meanings between the contents of old beliefs with the knowledge made explicit by the conversation structured in the PAR. Secondly, the participant, due to the meanings initiated, favored a better modulation of the contents of the MCDs worked, resulting in less rigidity in their interpersonal relationships and consequently producing greater flexibility in personal and academic life. While in the year 2022, participant 03 denoted having less rigidity in their MCDs and, therefore, greater flexibility for concrete changes. In view of the theme that the patient himself brought to his psychotherapy process, it is assumed, based on the theoretical argumentation about the malleability of the Resilient Approach, that member 03 will tend to be less vulnerable in the face of the adversities he has been facing in his business.

In the results from the consultations in 2023, it is proven that the number of keywords mentions in the conversations during the session does not represent that there will be quality jumps in the quality of resilience. Discipline and perseverance in the execution of structured tasks based on the resignifications built with the collaborative work of psychotherapists and patients around the theme based on the MCDs, is what generates gains and development seen from effective changes in beliefs or behaviors (RBC column). On the other hand, when the analysis occurs in terms of higher or lower frequency of RBC, it is seen that the MBD Analysis of the context is the one with the highest representativeness and occurrence among the three years, denoting greater possibilities in the generation of new meanings for old beliefs and resignification of perceptions among the nine participants. It is found that MBD is the one with the lowest occurrence in RBC, evidencing its greater propensity to rigidity about the change of beliefs that involve the body in the face of challenges and adversities.

Conclusion

Keeping due consideration by the small number of the population for a study portraying the clinical reality, it is seen that the external validity is guaranteed by extrapolating the internal analyses of this clinical research, with a daily circumstance very close to the reality in clinical care. Considering that the participants were involved in a psychotherapy environment and also had the same objectives as the population that seeks psychotherapy in general, which is the desire to overcome a challenge, to solve an adversity, reinforces the external validity necessary for the research. Except for the small number of research participants, the PAR methodology demonstrates in research that it provides the psychology professional/researcher with a way to analyze events circumstantiated by high stress and perceived as exacerbated. As well as an opportunity for patients to perceive their growth and maturity when faced with adverse environments. Finally, future studies are recommended to structure specific instruments to assess how much the changes are effectively related to the psychotherapeutic process offered. We found that PAR provides the psychotherapist with a method to study the increase in the degrees of flexibility in resilience. We also found that new studies with a larger number of participants from different cultures and genders are interesting.

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Conflicts of interest

The author declared that there are no conflicts of interest.

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