Postmodern Approaches in Group Psychotherapies: Acceptance and Commitment Therapy, Schema Therapy, and Positive Psychotherapy

Grup Psikoterapilerinde Postmodern Yaklaşımlar: Kabul ve Kararlılık Terapisi, Şema Terapi ve Pozitif Psikoterapi

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ABSTRACT

Group psychotherapy has been demonstrated by numerous studies to be a highly effective treatment method in various areas, such as depression, anxiety, post-traumatic stress disorder, addiction, and interpersonal relationships. It also cheaper than individual psychotherapy. The success of the therapeutic relationship and process critically depends on the professionals who conduct group psychotherapy adopting a specific theoretical orientation and framework. Accordingly, this study aims to compile the fundamental elements, session flow, therapist's role, and processes of three contemporary postmodern group approaches, namely acceptance and commitment group therapy, schema group therapy, and positive group psychotherapy. While these have gained popularity in other countries, they remain relatively unused in Türkiye. The compiled information will be of benefit to professionals who engage in group interventions and students interested in receiving education on group therapies.

Keywords: Group psychotherapy, acceptance and commitment therapy, schema therapy, positive psychotherapy

ÖZ

Grup psikoterapisinin, depresyon, kaygı, travma sonrası stres bozukluğu, bağımlılık ve kişilerarası ilişkiler konularında oldukça etkili bir tedavi yöntemi olduğu birçok çalışma ile ortaya konmuştur. Ayrıca, maliyet ve etkililik açısından bireysel psikoterapilere kıyasla çeşitli avantajlara sahiptir. Ancak, ülkemizde grup psikoterapilerinin uygulama alanı ve bilinirliği sınırlıdır. Grup psikoterapisi uygulayacak olan uzmanların belirli bir teorik yönelim ve kuram benimsemesi, terapi ilişkisi ve sürecinin başarısı açısından oldukça önemlidir. Bu çalışmanın amacı, diğer ülkelerde son zamanlarda sıklıkla kullanılmaya başlanan, ancak ülkemizde yeni gelişen güncel ve postmodern grup yaklaşımlarından olan kabul ve kararlılık grup terapisi, şema grup terapisi ve pozitif psikoterapi grup terapilerinin temel öğeleri, seans akışları, terapistin grup içindeki rolü ve grup terapi süreçleri hakkında bilgi vermektir. Bu çalışma, grup uygulamaları yapacak olan uzmanlara ve grup terapileri ile ilgili eğitim almak isteyen öğrencilere, bahsedilen üç ekolün grup süreci ve terapistin konumu ile ilgili temel bilgileri aktarmayı hedeflemektedir.

Anahtar sözcükler: Grup psikoterapisi, kabul ve kararlılık terapisi, şema terapi, pozitif psikoterapi

Introduction

Under the influence of postmodernism, traditional approaches in psychology have faced scrutiny regarding their definitions of patient, pathology, and healing, while alternative conceptualizations and therapeutic approaches have emerged. These newly developed paradigms can be described as more innovative, functional, and non-hierarchical, and oriented towards the present and future rather than assessing issues within the framework of pathology (Başer Baykal 2021). Postmodernism challenges the notion of truth as an objective and universal reality, proposing instead that truth is a construct shaped by each individual's experiences, social structures, and language. This perspective plays a significant role in understanding individual experiences in the therapeutic process (Morgan 2002; Tarragona 2008, 2019). Postmodern therapeutic approaches also

emphasize questioning the perception of reality by considering individuals' experiences, social structures, and language from multiple perspectives (Başer Baykal 2021).

Like individual therapies, group psychotherapies have been influenced by the postmodern paradigm, offering a perspective distinct from traditional therapeutic approaches (Anthony 2018). More specifically, postmodern group psychotherapies emphasize social connections, the use of language, and societal interactions while focusing on individuals and groups. In doing so, they aim to understand how individuals make sense of themselves and the world, establish relationships with these understandings, and experience their roles within social contexts (Linehan 2020). Postmodern group psychotherapies seek to work with the diverse perspectives and narratives of individuals, thereby offering a broader space for meaning-making and personal growth. The primary goals of postmodern group therapies are to help individuals discover their inner strengths, encourage them to rewrite their life stories, and support them in finding new meanings in life. Among the various types of postmodern group therapies, this study discusses three approaches: Acceptance and Commitment Group Therapy (ACT-GT), Schema Group Therapy (SGT), and Positive Psychotherapy Group Therapy (PPT-GT). While these are widely used internationally, they have seen limited application in Türkiye—the focus of the present study—and Turkish-language resources are lacking. These three therapies differ in their theoretical foundations, the core issues addressed in sessions, and their therapeutic processes. However, they share similarities in focusing on group dynamics, emphasizing cognitive, emotional, and behavioral elements, valuing the use of language, and aiming to construct meaningful life narratives.

This study is motivated by the limited availability of Turkish-language resources and applications regarding ACT-GT, SGT and PPT-GT approaches in group therapy formats in Türkiye. While the individual effects of these three therapeutic approaches have been extensively studied in the literature, research on the effectiveness and applicability of their group therapy formats in Türkiye remains scarce. This gap highlights a significant deficiency in knowledge and practice for psychotherapy professionals and researchers. The study aims to contribute to the literature and provide guidance for clinical practitioners by examining these three therapeutic approaches' theoretical foundations, applicability, and practical processes in group formats. To do so, information from the international literature was compiled, and the approaches' group therapy processes and techniques were analyzed comparatively. In doing so, the study seeks to address the academic and practical needs of the field of psychology in Türkiye.

Acceptance and Commitment Group Therapy

Acceptance and Commitment Therapy (ACT), one of the third-wave cognitive-behavioral therapy approaches, aims to help individuals lead a value-oriented life by recognizing and accepting negative emotions as a part of life rather than trying to eliminate them, especially in response to challenging life events (Yavuz 2015). ACT is based on two models: functional contextualism (Hayes et al. 2012; Yavuz 2015) and relational frame theory (Hayes et al. 2001; Yavuz 2015). Functional contextualism can be explained as a set of recurring behaviors within the contexts of an individual's historical reality regarding their psychological issues. The behavioral cycle in which the individual is involved can impair their daily life functionality. Rather than focusing on psychopathologies, ACT centers on enabling the individual to regain functionality and develop new contexts by engaging in behaviors aligned with their values (Hayes and Smith 2023).

According to relational frame theory, humans can relate and respond to events in a relational manner because of their ability to actively use language. This enables them to contextualize an event or events when encountering a new situation—or even without directly experiencing it. However, these established connections may not always be functional; they can cause distress that can be difficult to deal with. For instance, a person who reacts to certain events with anxiety based on their historical context might adopt the belief that they are an anxious person, due to knowledge derived from past experiences, rather than considering the characteristics of the present moment. This prevents them from evaluating the context they are in separately from their past experiences. The person may avoid or try to control situations that they believe could provoke anxiety.

In contrast, it is possible to create opportunities for change if, instead of striving to change the content of the context, they try to understand the context as a singular entity (Wilson et al. 2001). During ACT, individuals are analyzed within in terms of functional contextualism and relational frame theory. Within this framework, six distinct components are identified: creative hopelessness, the control problem, acceptance, defusion, values, and commitment (Yavuz 2015; Srichan et al. 2023). These components are addressed in sessions

through the use of metaphors and exercises. Acceptance and commitment grup therapy (ACT-GT) is also structured around these components.

While ACT-GT does not have a standardized protocol with a fixed number of sessions, a minimum of six sessions are needed to address the six components. The ACT-GT process can also be tailored to the characteristics of the group participants. For example, Twohig et al. (2010) designed an 8-session protocol for adults with obsessive-compulsive disorder; Crosby et al. (2016) designed a 12-session protocol for repetitive pornography use; Peterson et al. (2022) developed a 16-session protocol with two sessions per week for adolescents dealing with anxiety. Given that the ACT-GT process can vary with the group characteristics, the following section presents a framework for a 6-session ACT-GT structure.

Group Sessions and ACT Components Addressed in Each ACT-GT Session

In the ACT-GT process, the core components of ACT's philosophy are addressed in a group setting with multiple participants. In the following 6-session structure, each session focuses on one of the components: creative hopelessness, the control problem, acceptance, defusion, values, and commitment. Participants typically come to therapy with the desire to feel better and avoid negative emotions. They often put significant effort into avoiding negative emotional states. Within this context, creative hopelessness can be defined as "fully opening ourselves to the reality that excessive efforts to control how we feel can prevent us from living a rich, full life" (Harris 2018). The therapist can guide the participants to explore creative hopelessness by asking questions, such as what actions they take to control their negative emotions, how these actions affect their lives, and whether these behaviors are functional.

The efforts individuals make to eliminate or avoid negative emotions, thoughts, and situations often involve a wide range of control strategies. While these strategies are frequently used to cope with psychological problems, their use demands significant time and energy, leading to a rigid control agenda. The effort and time spent on these strategies gradually impairs the individual's functionality in daily life.

Protocol involves discussing with the participants what control means and why it is defined as a problem. The purpose of ACT in this process is to loosen the individual's attachment to their rigid control agenda and work toward establishing an "acceptance and willingness-based alternative agenda" (Harris 2018). ACT conceptualizes values as fundamental components that help individuals lead a functional life. In ACT, values are defined as desired, universal, and chosen directions in life that assist individuals in determining what is important to them for leading a meaningful life (Wilson and DuFrene 2008). The key characteristics of values are that they are chosen by the individual, can be verbally articulated, are dynamic yet subject to change, and can be transformed into ongoing actions that represent long-term life goals (Yavuz 2015; Harris 2018). Examples of values include being fair, compassion, taking care of one's body, being athletic, or being a loving parent.

Over the course of their life, however, individuals may become overly entangled in their thoughts due to the human ability to use language, causing them to drift away from their values. Hence, the ACT-GT process addresses defusion of language. A defused perspective on language brings individuals closer to their values to make life more meaningful for them. Rather than evaluating ourselves through the lens of the thoughts in our minds, defusion involves observing and looking at those thoughts. It means noticing thoughts as they arise without analyzing their content and watching them come and go without holding onto them (Harris 2018). Through exercises focused on values and defusion, participants begin to observe their mental processes, which brings them closer to acceptance. Therefore, the next session places a strong emphasis on acceptance.

Values are fundamental principles that provide individuals with insights into what they want to do in life, what they live for, how they behave, and the purpose and meaning of life (Harris 2018). Values can encompass a wide range of areas, such as assertiveness, caring, equality, freedom, being supportive, patience, self-care, compassion, and more. It is important for individuals to discover their own personal values during the ACT process, although tools like value cards can also be helpful. In ACT-GT, participants evaluate what types of behaviors could help them recognize their values and lead a life aligned with these values. This approach fosters the development of value-driven behaviors.

ACT, assumes that the dysfunctional methods used to cope with negative experiences (such as suppressing or avoiding emotions and thoughts) only provide short-term relief from these experiences (Hayes et al. 2012). However, it requires courage to accept our emotions, thoughts, and sensations within these experiences as a natural part of life—essentially engaging with our experiences—rather than relying on dysfunctional short-term solutions (Gordon et al. 2017). Hence, the aim of fostering acceptance is to shift individuals from focusing

on short-term outcomes achieved through problematic behaviors to a plane where they are in contact with their values and can achieve long-term satisfaction. The process of acceptance involves two key strategies: recognizing the harm caused by attempting to control internal experiences and fostering contact with values and experiences; increasing the client's willingness to accept and fully engage with experiences instead of trying to control them (Stoddard and Afari 2014).

Commitment refers to the individual's steadfast dedication to living a life aligned with their values. A core motto that can be presented to participants is "Do whatever it takes to live according to your values." Starting and maintaining value-driven behaviors with commitment involves four steps: identifying the primary life domain where change is needed (e.g., family, work, relationships); exploring the values that are important within this domain; setting goals related to these identified values; and taking action (Harris 2018). During the commitment process, participants can be supported in sustaining their commitment through classic interventions, such as behavioral activation, exposure, and skill training.

Effectiveness of ACT-GT

A number of studies conducted in different countries have demonstrated the effectiveness of ACT-GT. For instance, Eilenberg et al. (2016) implemented structured ACT-GT over approximately six weeks with seven different groups of individuals (eight participants per group) experiencing high levels of health anxiety. Pre-test and post-test evaluations were conducted, along with follow-up assessments 10 months after group participation. The findings revealed significant and sustained eductions in the participants' health anxiety levels. To measure its effectiveness more comprehensively, Clarke et al. (2014) conducted ACT-GT with individuals who had undergone previous psychosocial interventions for various psychopathologies but remained resistant to treatment. The findings revealed significant immediate reductions in the participants' symptom levels. Furthermore, a six-month follow-up assessment revealed that the immediate benefits had increased significantly over time. In Türkiye, Saraç (2020) used a controlled experimental design with 34 participants to evaluate the effects on values of ACT-based psychological counseling interventions similar to ACT-GT. The results indicated significant improvements in the experimental group participants' value-oriented behaviors. While most ACT-GT studies conducted in other countries have demonstrated its effectiveness, the limited number of studies in the Turkish literature indicates the need for further research and development in Türkiye.

The Role of the ACT Group Psychotherapist

As with other third-wave psychotherapies, the fluidity, flexibility, and creativity of applications in ACT and ACT-GT are essential to align ACT's philosophy. It is important for the therapist to be authentic and genuine, avoiding artificial or contrived behaviors. Although group therapy does not involve individual-focused interventions, it is still critical for the therapist to match the pace of the participants, given that some participants may experience rapid changes whereas others may progress more slowly. Adapting to this pace without rushing or lagging behind is crucial. ACT is grounded in a specific philosophy, so therapists or therapist trainees are encouraged to apply what they learn to themselves as part of their training. This self-application helps therapists better assist their clients. To achieve this, therapists are advised to engage in the ACT exercises found in literature, acknowledge their mistakes during the process, approach themselves with self-compassion, and remain connected to their values and the present moment (Harris 2018). One of the most important points for the therapist to consider is establishing an egalitarian relationship with participants. Whether in individual or group therapy, therapists are expected to avoid creating a hierarchical structure or an environment that conveys a superior-subordinate dynamic (Hayes 2004).

In conclusion, ACT is a therapeutic approach built on functional contextualism and relational frame theory. It focuses on six core components, namely creative hopelessness, the control problem, acceptance, defusion, values, and commitment. Instead of avoiding or escaping memories and experiences, ACT helps individuals embrace them and live a value-driven, rich life. ACT-GT, specifically, offers a flexible and adaptable system, with a six-session framework that can be tailored to the specific needs of the participant group to allow for ongoing development and refinement.

Schema Group Therapy

Schema therapy is an integrative psychotherapy approach that combines cognitive, behavioral, and experiential techniques to target maladaptive thought and behavior patterns (schemas) developed during early

childhood and repeated throughout an individual's life. This therapy focuses on helping individuals recognize, understand, and modify their maladaptive schemas and associated modes (e.g., child modes, parent modes) (Rafaeli et al. 2010).

Schema group therapy (SGT) is a form of group psychotherapy that simultaneously supports individual progress and the development of the group as a whole. It is characterized by group interaction and role-playing techniques involving the full participation of all group members. This method is distinguished by its comprehensive integrative techniques and emphasis on therapeutic factors specific to group therapy (Van Vreeswijk et al. 2012). Exercises are designed for the group, with every member taking an active role, and therapists act as integral parts of the group rather than passive observers.

SGT is suitable for various individuals and diagnostic groups, although it is crucial to define inclusion and exclusion criteria based on diagnoses to create homogenous groups. The therapy has been applied extensively to personality disorders, eating disorders, and mood disorders, with its effectiveness well-documented (e.g., Simpson et al. 2010; Barnelis et al. 2014; Baije et al. 2016; Arntz et al. 2022).

Under the guidance of two skilled and competent therapists (who function as surrogate parental figures), SGT aims to create a "healthy family" where group members can "raise" one another to foster personal transformation. The group dynamic—providing clients with a sense of belonging and acceptance akin to that of a loving family—serves as the group therapy equivalent of the limited reparenting and emotion-focused techniques used in individual schema therapy (Tracy et al. 2024).

The experiential, cognitive, and behavioral techniques used in individual schema therapy can all be applied within the group setting. However, SGT differs from individual schema therapy in several ways. In particular, it allows members to provide mutual support, receive feedback from peers, build relationships with group members, safely experiment with newly developed emotional expressions and behaviors, establish secure attachments that can repair insecure attachment representations, and engage in empathic confrontations and responses within the group (Farrell et al. 2014).

Additionally, the concept of limited reparenting extends beyond the therapist-client relationship to encompass the entire group, thereby creating a collective family experience. The group offers members opportunities for corrective emotional, interpersonal experiences. Techniques for working with child modes can be more creatively and effectively implemented within the group context. For instance, when working on a member's painful memory in the vulnerable child mode (using role-playing or imagery techniques), the group can collectively provide a soothing presence during difficult moments. Similarly, games designed to release anger when working with the angry child mode, or fun activities to foster the happy child mode, can be carried out with reduced shame because the members share similar experiences. The group provides a large cast for mode work, such as chair work or psychodrama techniques, which makes the process more dynamic. It serves as a natural laboratory for new attachment experiences that can transform maladaptive schemas and modes through the limited reparenting offered by therapists and the family environment created within the group. These collective experiences facilitate healing and foster the development of secure attachments (Tracy et al. 2024).

Like individual therapy, the primary goal of SGT is to cultivate the healthy adult mode. To achieve this, five key areas need to be addressed (Shaw and Farrell 2023). By focusing on these areas, SGT helps members strengthen their healthy adult mode, paving the way for emotional resilience and personal growth.

1. Providing care to the vulnerable child. When emotions such as fear or loneliness are triggered in one member, other group members or leaders must step into the role of a healthy adult to offer support and care.

2. Addressing avoidance and maladaptive behavioral patterns. This involves normalizing the emotions experienced, examining the behaviors driven by these emotions, and collaboratively identifying healthier alternatives with the group's support.

3. Facilitating expression of the angry child's emotions and needs. Members should be encouraged to appropriately express the emotions and needs of their angry child mode within the group.

4. Confronting the punitive parent mode. Members need to recognize the harsh internalized voices of their punitive parent mode. They are guided to replace these voices with self-acceptance and supportive self-motivation, while also acknowledging their capacity to take responsibility for their mistakes when necessary.

5. Releasing the happy child mode. Members are supported in discovering what brings them joy and fun and embracing opportunities to experience these moments.

Group Process

SGT typically consists of 8 to 10 participants and is led by two therapists who have received specialized training in schema therapy. While one therapist works directly with one or more participants, the other observes the emerging modes, behaviors, and attitudes of the remaining members, ensuring the group dynamic is maintained. Sessions are conducted weekly, lasting approximately 90 minutes, and generally span about one year. Regular and punctual attendance by both participants and therapists is a key group rule (Tracy et al. 2024).

The group therapy process is divided into three phases. The first phase entitled attachment and group integration focuses on fostering emotional regulation, creating a sense of safety, and establishing the group as a family. Developing a secure environment and group cohesion is critical at this stage (Farrell et al., 2014). In the second phase, known as recognition and transformation of modes and schemas, participants become aware of their maladaptive schemas and modes in this phase, working actively toward meaningful change. In the final phase named as autonomy, participants who have identified and started to modify their schemas and modes strengthen their healthy adult mode, allowing them to gain greater control over their lives.

Throughout these phases, all the cognitive, behavioral, and experiential techniques used in individual schema therapy can be applied (Van Vreeswijk et al. 2012; Roediger et al. 2023). SGT effectively leverages the therapeutic factors outlined by Yalom and Leszcz (2005). The group dynamic is enhanced by strategically integrating schema therapy concepts with these factors to help participants reshape dysfunctional life patterns, schemas, and modes, which enables them to meet their core emotional needs in their everyday lives.

Effectiveness of SGT

The effectiveness of SGT has been demonstrated in studies in various countries. Morvaridi et al. (2019), for example, examined the impact of group schema therapy on emotional regulation, emotional schemas, and social anxiety. After ten sessions of group schema therapy, participants in the treatment group showed a significant reduction in anxiety symptoms (including social and health-related anxiety) compared to the control group. Additionally, their use of positive emotional schemas increased, while the reliance on negative emotional schemas decreased. These findings indicate that SGT is an effective intervention for improving emotional regulation and treating anxiety disorders. Hilden et al. (2021) and Arntz et al. (2022) further demonstrated that group schema therapy significantly reduced symptoms in patients with borderline personality disorder.

To the best of our knowledge, no studies have evaluated the effectiveness of SGT in Türkiye. A meta-analysis by Körük and Özabacı (2018) critically compared the efficacy of individual and group schema therapy for treating depressive disorders by reviewing studies conducted between 2007 and 2017 in various countries, highlighting the lack of direct comparisons between these formats in Türkiye. The findings demonstrated the overall effectiveness of schema therapy in treating depression, with no significant differences between individual and group formats. These results underscore the need to support and investigate the applicability of group therapy in Türkiye. Conducting local research on schema group therapy's effectiveness can fill a critical gap in the literature and provide valuable insights for clinical practice.

The Role of the Schema Group Therapist

In schema group therapy, each group is co-facilitated by two therapists, which allows them to navigate group dynamics more effectively. While one therapist works more actively with one or two members using specific techniques, the other observes the group, maintains emotional connections with all members, explains ongoing processes, and serves as a stabilizing foundation.

Because it is crucial in SGT to establish a bond and foster a sense of the group as a familial unit is crucial, the therapists must convey to each member that they are accepted and valued. Therapists take on a parental role, aiming to get to know each member individually and understand their needs, and help them establish relationships with other group members (their "siblings") (Tracy et al. 2024). Therapists need to remain constantly aware of all group members, maintain eye contact, and provide affirming looks. This is particularly critical for participants whose fundamental needs have been neglected or who have struggled in their

relationships with others. Therapists openly express their affection, their happiness in seeing members, and the importance of everyone to the group. The bond between therapists and members is the most effective motivator for group participation. To preserve this bond, if a member misses a session, the absence can be addressed through an additional meeting where the therapist conveys the week's discussions to the absent member. This approach sustains an active connection and emotionally anchors members to the group (Farrell et al. 2014).

Providing guidance on fundamental rules and setting boundaries is particularly important during the early sessions, when the group is not yet ready to implement group norms independently. If a member exhibits problematic behaviors that compromise the group's trust or safety, therapists should provide compassionate yet firm warnings. These warnings are supportive and resolute but also sensitive, acknowledging the member's underlying unmet needs (empathetic confrontation). While this often stops the problematic behaviors, a member may be asked to step away from the group temporarily if their problematic behavior is persistent (Tracy et al. 2024).

Therapists are not alone in providing limited reparenting in schema group therapy. This concept is supported by the therapists acting as parents, the group members as siblings, and the group providing a healthy family experience. Members' unmet emotional needs are actively addressed through therapeutic relationships within the group. Therapists must therefore thoroughly understand these needs and their relation to developing healthy schemas and modes (Perris and Lockwood 2012).

In summary, SGT has solidified its place among group therapies due to its applicability to various psychopathologies, integration of concepts like limited reparenting and empathetic confrontation into group work, provision of a roadmap for therapists, and high efficacy demonstrated in scientific studies. It distinguishes itself from short-term and directive therapies (e.g., cognitive-behavioral therapy, solution-focused therapy) by focusing on building bonds within the group, meeting needs, and repairing attachments. Additionally, its structured approach and diverse techniques enhance its comprehensibility for clients and facilitate its application by therapists.

Positive Group Psychotherapy

Positive Psychotherapy (PPT) emerged as a therapeutic approach following the work initiated in 1998 by Martin Seligman, then President of the American Psychological Association, which focused on positive experiences and individual strengths (Seligman et al. 2005). By 2006, these efforts had evolved into the creation and development of positive interventions in both academic and clinical fields, culminating in a 14-session framework for PPT that established it as a recognized therapeutic method.

In general, PPT incorporates various models studied within positive psychology, of which the most comprehensive is the PERMA model, developed by Martin Seligman as a framework for well-being. The PERMA model, designed to be memorable, consists of five components, each represented by the initials in the acronym PERMA (Lovett and Lovett 2016). Positive Emotions involves the ability to view the past, present, and future in a positive light to foster an optimistic perspective.Engagement refers to an individual's connection with life and their ability to positively regulate their participation in daily activities and relationships. Positive Relationships refers to the positive connections individuals establish with other people and institutions in their environment. Such relationships are believed to provide support during challenging times, helping individuals navigate difficulties more effectively. Meaning involves the understanding that life becomes more significant when individuals connect not only with their inner world but also with something greater than themselves, such as a higher power or a larger cause (e.g., God, nature, or societal goals). Achievement focuses on setting attainable goals and finding satisfaction and self-fulfillment upon achieving them. It emphasizes the importance of accomplishment as a pathway to personal growth and contentment (Seligman 2011). According to the PPT approach, supporting and enhancing the components of the PERMA model during the therapeutic process is considered a critical step toward the client's healing and overall well-being.

Unlike many other psychotherapy methods, PPT does not solely focus on individuals' personal experiences. Instead, it emphasizes the importance of positive groups and institutions in an individual's life. By highlighting these external supports, PPT contributes to the development and expression of positive personal attitudes (Peterson 2006). As a result, group work holds a significant place in PPT because it provides an avenue for individuals to engage with positive social dynamics and reinforces their ability to cultivate and sustain constructive attitudes.

Many group psychotherapy formats have emerged by adapting individual psychotherapy methods to a group setting. However, Positive Group Psychotherapy (PPT-GT) is not a product of simply transforming individual interventions into a group format, as is common in other group therapies. The founders of the field of positive psychology, Martin Seligman, Tayyab Rashid, and Acacia C. Park, developed numerous interventions between 2000 and 2006. A significant portion were derived, not from individual psychotherapy processes, but from positive psychology studies conducted with groups, such as undergraduate students in university settings.

Group Process and Sessions

PPT-GT focuses on three areas of the PERMA model for participants: positive emotions, engagement, and meaning. Exercises related to these areas are introduced to participants during each session. In a typical PPT-GT program, participants are divided into groups of 6-11 people and engage in a six-session PPT-GT process. While individual PPT courses are designed to last 14 weeks, PPT-GT courses are significantly shorter. Some PPT-GT studies integrate elements of the 14-session PPT structure developed by Tayyib Rashid (Rashid 2009) into group therapy formats (Uliaszek et al. 2016; Irsyadiyah et al. 2019; Furchtlehner et al. 2020). However, the six-session structure has gradually gained popularity because it can reach more people more quickly while remaining highly effective.

In the six-session structure, group sessions are conducted for two hours once a week. While each session focuses on one topic, discussions from the previous session are revisited within the group to establish continuity and connect with the new session's topic. The therapist adopts an instructive role by explaining how to perform the weekly exercises during each session. Participants are also expected to complete between-session homework assignments and share their experiences with the group in subsequent sessions. This approach encourages active engagement and reinforces learning through experiential practice and group reflection.

In PPT-GT, unlike PPT, participants are not given individualized assignments; instead, all participants complete the same assignment within the specified timeframe. Individualized exercises are provided only during the final session, and only if needed, as part of the termination process (Seligman et al. 2006).

The first session of PPT-GT focuses on the participants' strengths. Strengths, a key focus of positive psychology, refer to an individual's awareness of their inherent skills and qualities aligned with their values. To facilitate this, participants are asked to complete the VIA Character Strengths Test before attending the session to identify their top five character strengths. If administering the test within the group is feasible, the session can be structured accordingly. If online access to the test is not available, a shorter version, such as the Positive Psychotherapy Inventory, can be used to identify strengths. After the participants' strengths have been identified, the group discusses how they can be used more effectively in daily life. As homework, participants are tasked with attempting behaviors in their daily lives that leverage their identified strengths and sharing their experiences in the next session (Seligman et al. 2006).

The second session is centered on a gratitude journal, a technique frequently used in PPT to foster gratitude. During the session, the participants discuss gratitude; for homework, they are tasked with writing down three things they are grateful for each evening and reflecting on why these things might have occurred.

The third session shifts focus to values and the participants' engagement in life. They are guided to imagine that they have lived a full and meaningful life and then passed away. They are then asked to write a 1-2 page obituary that reflects how they would like to be remembered after their death. This exercise encourages participants to align their actions with their core values and fosters deeper reflection on what is truly important to them (Seligman et al. 2006).

The fourth session focuses on the gratitude letter exercise. Participants are asked to choose someone significant in their lives to whom they have never properly expressed their gratitude. This could be someone they can easily contact, someone who is physically distant, or even someone who has passed away. Participants then write a letter expressing their gratitude to the chosen person. Ideally, participants read their letters to the recipients during the session if possible. If not, they are encouraged to read the letters face to face or over the phone between sessions. If the person has passed away, participants can visit their grave or read the gratitude letter aloud while alone at home (Bannink 2017). This exercise fosters emotional connection and provides participants with an opportunity to reflect on and express their gratitude meaningfully, enhancing their sense of well-being.

The fifth session focuses on active-constructive responding. This involves responding to positive news from others with visible enthusiasm and genuine positive reactions (Carr 2016). During the session, the therapist explains with examples what active-constructive responding is. The participants discuss how they currently respond to positive news and reflect on ways to make their responses more enthusiastic and authentic. For homework, they are tasked with practicing active-constructive responding at least once each day throughout the week. They are encouraged to respond to positive news from their environment in a positive, authentic, and supportive manner to strengthen their relationships and enhance their well-being.

The sixth session focuses on savoring pleasure, given that research shows that individuals with a strong ability to savor and enjoy experiences report higher levels of life satisfaction (Carr 2016). The participants are first asked to list situations or activities that they find pleasurable, such as eating, taking a shower, or going for a run. They are then instructed to select one activity each day for the week and engage in it intentionally and without rushing. They are also encouraged to extend the duration of the activity deliberately and focus on the pleasure it brings. After completing the activity, participants are asked to note what they did, what they did differently, and what they observed about themselves when they slowed down and savored the experience. This practice helps them cultivate mindfulness and an enhanced appreciation for everyday pleasures (Seligman et al. 2006).

Effectiveness of PPT- GT

International studies measuring the effectiveness of PPT-GT have shown promising results. For instance, a group therapy process conducted with child participants revealed an increase in their well-being levels when comparing pre-test and post-test results (Rashid and Anjum 2008). In another study involving university students diagnosed with mild to moderate depression, group therapy resulted in decreased depression levels and increased life satisfaction, inversely correlated with depression levels, when compared to pre-group therapy measurements (Seligman et al. 2006).

In Türkiye, there are few published studies on PPT-GT. Of these, Eryılmaz (2015) found that, based on pre-test and post-test results, university students reported a significant reduction in the distress levels related to the issues they brought to the group, an increase in positive emotional experiences, and a decrease in negative emotional experiences. Demirci (2021) applied the PERMA model to university students participating in group therapy, finding improved levels of well-being. These findings highlight the potential of PPT-GT to positively influence emotional well-being, life satisfaction, and mental health in various populations.

The Role of the Positive Group Psychotherapist

In PPT and PPT-GT, therapists do not take a problem-focused approach, as in first- and second-wave psychotherapy methods. Instead, they focus on the participants' strengths, values, and inherent capacity for growth and happiness, despite life's challenges. Through this approach, the therapists encouorage participants use their strengths more effectively in their daily lives, leading to increased engagement with life and greater life satisfaction. This non-hierarchical approach ensures that the therapist does not act as an authority who provides knowledge or showcases their own expertise. Instead, the therapist conveys the message that they are walking alongside the participant on the same journey (Seligman et al. 2006; Rashid 2009). This egalitarian dynamic fosters collaboration and empowers participants to harness their inner resources for growth and fulfillment.

In summary, PPT-GT, the group-based version of PPT, focuses on positive emotions, life engagement, positive relationships, meaning in life, and achievement. Participants' well-being is addressed through a structured six-session program, with each session focusing on a different theme. Exercises related to the session's theme are assigned to all participants. At the end of the six-week process, the goal is to enhance participants' overall well-being through increased engagement, a stronger sense of meaning in life, and more frequent positive emotional experiences.

Conclusion

The emergence of acceptance and commitment therapy, schema therapy, and positive psychology approaches, shaped by the influence of postmodernism in psychology, has allowed for a broader evaluation of individuals compared to traditional psychotherapy methods. These new approaches address participants from diverse perspectives in both individual and group formats. ACT-GT focuses on embracing challenging experiences rather than avoiding them and cultivating a values-driven life. SGT focuses on establishing connections,

repairing bonds, and addressing emotional needs. PPT-GT aims to enhance well-being through exercises that increase positive experiences. Despite their differences, these approaches share a common foundation rooted in postmodern psychotherapy principles: discovering inner strengths and fostering a more meaningful life. This shared emphasis reflects the core goal of enabling individuals to navigate life with greater authenticity and purpose.

The three approaches share some similarities in terms of practice and techniques as well as distinct differences in their theoretical foundations and objectives. ACT-GT is grounded in functional contextualism and relational frame theory, teaching participants to accept life challenges and engage in value-driven actions. Techniques such as creative hopelessness, acceptance, and cognitive defusion aim to help participants develop a different relationship with their thoughts and emotions. SGT, on the other hand, addresses the participants' maladaptive schemas and modes developed during childhood in order to modify them and foster healthier relationships. Key techniques include experiential and role-playing exercises, and limited reparenting and empathic confrontation. PPT-GT, which is theoretically rooted in positive psychology, uses exercises that enhance individuals' positive emotions and sense of meaning, and techniques like gratitude journaling, active-constructive responding, and savoring. All three approaches leverage group dynamics to help individuals discover their inner strengths and lead more fulfilling lives. However, ACT-GT emphasizes acceptance and value-oriented living, SGT highlights attachment repair and schema transformation, and PPT-GT focuses on enhancing life satisfaction and well-being.

ACT-GT encourages individuals to accept challenging experiences and pursue a value-driven life whereas SGT prioritizes the improvement of attachment representations and the fulfillment of emotional needs. One of ACT-GT's strengths is its ability to allow participants to explore personal values and take committed steps aligned with them, thereby enabling them to focus on life goals and lead a richer life. SGT creates a secure family-like environment within the group using techniques like limited reparenting and empathic confrontation, which allows the participants to delve into the root causes of their personal issues. Meanwhile, PPT-GT enhances the participants' well-being through exercises centered on positive emotions, meaning, and achievement, thereby promoting participants' life satisfaction and positive relationships. While all three approaches share the common goal of helping individuals discover their inner strengths and improve their quality of life, their primary focuses differ: ACT-GT emphasizes acceptance and value-driven living, SGT targets the repair of emotional bonds and the exploration of past schemas, and PPT-GT aims to strengthen well-being and increase positive experiences.

ACT-GT is particularly effective for conditions like anxiety, depression, and obsessive-compulsive disorder (Coto-Lesmes et al. 2020; Lee et al. 2023). The strength of this therapy lies in helping participants accept negative thoughts and emotions while fostering a value-driven life. Therefore, ACT-GT may be especially beneficial in cases where individuals struggle with internal conflicts and maladaptive control strategies. SGT, on the other hand, is more effective for personality disorders—particularly borderline personality disorder—and eating disorders, in which past traumas and maladaptive schemas play a significant role (Calvert et al. 2018; Arntz and Van Genderen 2020). This approach enables individuals to explore and restructure maladaptive schemas and modes stemming from past experiences. PPT-GT is effective in addressing issues like depression, stress, and overall life dissatisfaction by increasing positive experiences and enhancing a sense of meaning (Carr and Finnegan 2015; Furchtlehner et al. 2024). By helping participants to discover their strengths and improve their well-being, PPT-GT aims to elevate overall happiness and satisfaction levels. Ultimately, the choice of therapy depends on the client's specific issues, personality structure, and therapeutic goals.

Over the past 25 years, international studies on ACT, schema therapy, and PPT have demonstrated the effectiveness of these approaches across various population groups in different countries. However, only limited research has been conducted in Türkiye, particularly regarding group therapy and the three approaches examined in this study. Therefore, to accelerate their development in Türkiye, it is first crucial to translate the existing international literature into Turkish. Second, local researchers should design, implement, and publish group therapy studies targeting the Turkish population. Third, it is essential to develop training and supervision programs for professionals intending to implement these therapies. Academic institutions and professional associations should actively support and encourage such initiatives. These steps can facilitate the integration of widely used approaches like Acceptance and Commitment Therapy, Schema Therapy, and Positive Psychotherapy into the Turkish literature and increase their effective application within Türkiye.

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