

## FROM THE EDITOR: A.T. BECK'S PREDICTIONS AS TO THE FUTURE OF PSYCHOTHERAPY AND RUSSIAN SPECIALISTS' EXPERIENCE

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## ОТ ГЛАВНОГО РЕДАКТОРА: ПРЕДСКАЗАНИЯ А.Т. БЕКА О БУДУЩЕМ ПСИХОТЕРАПИИ И ОПЫТ РОССИЙСКИХ СПЕЦИАЛИСТОВ

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We are happy to start our preface to this special issue with the warmest greetings and gratitude to Dr. Aaron Beck whose anniversary we celebrate this year for his enormous contribution to development of the world psychotherapy. Dr. Beck's work has inspired and changed lives of many people.

On behalf of our editorial board, I would also like to express our deep appreciation to Dr. Judith Beck, Aaron Beck's daughter, who has kindly agreed to write a foreword to this issue of our journal. She is a well-known specialist in the field of cognitive therapy (CT), director of the

famous Beck Institute, which is an institution with very high training standards, and which has prepared hundreds of brilliant professionals from around the world over many years. I can't help but recall Judith's and the Institute faculty's warm welcome given to Natalia G. Garanyan and me (Alla B. Kholmogorova) — the first two East European scholarship holders — when we came to Philadelphia to start our free-of-charge training at this wonderful Institute in 1998, which was a very challenging year for Russia.

The editorial board would also like to extend warm thanks to Dr. Frank Dattilio and Dr. Robert Leahy, our American colleagues and iconic cognitive therapists, whose books were translated into many languages, including Russian, for their kind contributions, which they have made to this special issue, and which are devoted to CT models that they have been developing over many years.

I will let myself to give you a little background. It was precisely 25 years ago, in 1996, when our Journal published a special issue on cognitive therapy — a therapy approach which Russian specialists were little familiar with at that time. The editors of that special issue were clinical psychologists N.G. Garanyan and A.B. Kholmogorova. They also obtained permission to publish several chapters of “*Cognitive Therapy of Depression*” in that issue from Professor Beck, the book's author. He also agreed to write a foreword to the 1996 special issue<sup>1</sup>. Humility which permeated Dr. Beck's foreword with his warm address to Russian specialists and discussion of his family's Russian roots was amazing to see in the founder of CT, which had been enjoying an increasing international influence at the time. I am sure that such Dr. Beck's inherent personality traits as openness to other perspectives, and respect for them played as an important role in the rapid growth of CT influence as an extensive evidence base and rigorous research into effectiveness of its methods did. His ability to unite his followers' efforts and to support new constructive ideas was crucial for the establishment of a powerful professional community of researchers and practitioners.

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<sup>1</sup> *Counseling Psychology and Psychotherapy*. Cognitive Therapy Special Issue. 1996. Volume 4. N 3.

And now, a quarter of a century after Russian specialists got acquainted with CT, we can say that this community has arisen and has been developing in Russia. That is evident from good news that the 11th Congress of the largest international community of cognitive therapists, the International Association for Cognitive Behavioral Therapy (IACBT), will be held in Russia, in St. Petersburg on June 26<sup>th</sup>—29<sup>th</sup>, 2024. You can read about this event in detail at the end of this special issue in the Congress announcement, which Dmitri V. Kovpak, the President of the Russian Association for Cognitive-Behavioral Psychotherapy, wrote specially for our journal.

Nevertheless, some 30 years ago, the future of psychotherapy in general and CT in particular was generally vague. In one of the articles of the time, Aaron Beck and Dave Haaga, Professor at American University, Washington, DC, made an attempt at predicting which trends psychotherapy would follow and made the following five predictions about its future, “psychotherapy confronts the issue of specificity versus nonspecificity at several levels of analysis; (2) psychotherapy responds to ever-increasing pressure for research and accountability; (3) different systems of psychotherapy cross-fertilize further; (4) delivery systems for psychotherapeutic knowledge become more diverse; and (5) psychotherapy pursues closer connections with basic psychological science”<sup>2</sup>.

Let us briefly consider each of these predictions and link them to the current state of affairs and Russian experience. Discussing **the first prediction**, the authors criticized an increasing fragmentation of diagnoses in classifications of mental disorders and emphasized that high comorbidity between many disorders provided evidence for the existence of common genetic and psychological predisposing factors. Accordingly, they expected that the future might see a surge in studies identifying transdiagnostic factors of mental disorders, including cognitive factors. This prediction has come true, and this issue will feature a study by Olga D. Pugovkina and her colleagues which exemplifies that kind of research and tackles on the subject of rumination that has been gradually changing its status of a depression chronification factor to the status

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<sup>2</sup> Beck A.T., Haaga D. The future of cognitive therapy. *Psychotherapy Theory Research and Practice*, 1992. Vol. 29(1), pp. 34—38.

of a transdiagnostic factor of psychopathology. Moreover, their article highlights that further elaboration and conceptualization of cognitive deficits including both their specific and nonspecific mechanisms need to be grounded in a psychological theory of normal development and cognitive functioning (see the fifth prediction).

**The second prediction** referred to inclusion of psychotherapy in recommended treatments by mental health services and an inevitable demand of insurance companies for controlled evidence-based research on effectiveness and cost-effectiveness of various approaches for the treatment of different disorders. The authors also noted that, as of the time of their article, the effectiveness of CT for depression had already been confirmed by sufficient scientific evidence but further research was required to substantiate effectiveness and cost-effectiveness of CT for treatment of other disorders. Today, CT has proved effective for a wide range of mental disorders according to numerous meta-analytical findings. Maria A. Padun's narrative review elicits CT's role for understanding of the mechanisms and treatment of a relatively recent diagnostic unit with specific predictors, and namely — the so-called complex post-traumatic disorder.

One more article in this issue describe comprehensive rehabilitation programs for patients living in psychiatric residential facilities and present preliminary findings of their effectiveness assessment. Today, a very significant event for the entire healthcare and social care system has been unfolding in Russia — a reform of psychiatric residential treatment facilities is underway. Article by Maria E. Sisneva — a clinical psychologist who is actively engaged in the implementation of the reform and development of psycho-social rehabilitation programs for people with mental disorders living in psychiatric residential treatment facilities — describe rehabilitation strategies used and the data on preliminary assessment of their effectiveness. The author rely on the extant findings that prove effectiveness of the comprehensive rehabilitation including cognitive therapy methods for the most challenging population of patients with chronic mental disorders. This study adds to the evidence that justifies the urgent need for psychiatric residential treatment facilities be reformed, as living there is associated both with unfavorable humanitarian consequences such as social isolation and with high and unjustified costs. The author relate the principles and ways of working

with these patients to a state-of-the-art CT model — Recovery Oriented Cognitive Therapy (C—R), which originated with A. Beck<sup>3</sup>.

**Beck and Haaga’s third prediction** referred to the possibility of establishing of the so-called General psychotherapy integrating the best therapy practices from various approaches which was widely discussed at the time. By the way, “General Psychotherapy” was the title of a book by Klaus Grawe, a famous Swiss scientist and psychotherapy researcher. The book was published in the 1990s too, but somewhat later<sup>4</sup>. Beck and Haaga emphasized that should this merger of CT with other approaches happen, it was targets and methods of working with cognitions, as well as the principles of collaborative empiricism, i.e. cooperation between the client and the therapist aiming at testing and assessing the adequacy and helpfulness of the client’s belief system and strategies, that needed to be integrated. The authors also allowed for the possibility to take into account their psychodynamic colleagues’ recommendations regarding usefulness of integrating CT with interpersonal approaches and utilizing the client-therapist relationship in the course of therapy as a model for testing and restructuring the client’s beliefs. In the 1990s, Natalia G. Garanyan and I developed such an integrative approach and tested it in the course of somatoform disorder treatment<sup>5</sup>. Working on relationships within the client-therapist dyad is also part of schema therapy, which has been rapidly developing in Russia now. It should also be noted that in the course of practice, psychodynamic and cognitive therapists tend to spontaneously integrate their approaches today. Therefore, Beck’s third prediction about the future of psychotherapy has been coming true.

**Beck and Haaga’s fourth prediction** that the then dominant face-to-face therapy format of 50-minute-long sessions once a week would

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<sup>3</sup> Beck A.T., Finkel M.R., Beck J.S The Theory of Modes: Applications to Schizophrenia and Other Psychological Conditions. *Cognitive Therapy Research*, 2021. Vol. 45, pp. 391—400. doi.org/10.1007/s10608-020-10098-0

<sup>4</sup> Grawe K. Allgemeine Psychotherapie: Leitbild fuer eine empiriegeleitete psychologische Therapie. Allgemeine Psychotherapie. In R. Wagner, P. Becker (eds.) *Integrative Ansätze*. Goettingen, Hogrefe, 1999, pp. 117—167.

<sup>5</sup> Kholmogorova A.B., Garnian N.G. The integration of cognitive and dynamic approaches in the psychotherapy of emotional disorders. *J. of the Association of European psychiatrists*, 1998, p. 272.

be expanded by other formats, including online counseling, computer technologies, and psychoeducational materials. Indeed, the pandemic has accelerated actively emerging implementation of online therapies in various formats. This process gives cause for concern for many practicing therapists, but it is important to highlight one of its strengths — making psychological help available to a growing number of people who need it. As shown by the authors of an article in this special issue (Sychev O.A. et al.), when caught in a situation of forced isolation during the pandemic, many people experience significant psychological difficulties and need various kinds of psychological support. At the same time, the authors showed that the Pessimism Questionnaire proposed by A. Beck allowed for predicting people's behaviors and well-being during self-isolation.

Finally, **the last, fifth prediction** relates to the need of establishing a tighter link between psychotherapy and basic psychological disciplines. We believe that — among these disciplines — developmental theory and theory of cognition and its reflexive regulation are crucial for psychotherapy. An article by Olga D. Tuchina and colleagues uses the results of their study of psychological mechanisms that make it possible to predict the remission duration in patients with alcohol dependence to demonstrate an important role of modern concepts of future-oriented cognitions and their reflexive regulation.

Traditionally, CT used to rely on the ideas of cognitive psychology about the ontogenetic development of cognitive functions including J. Piaget's model. Later, G. Liotti<sup>6</sup> used J. Bowlby's attachment model (that showed how relationships with adults at the earliest developmental stages shaped “working models” of one's relationships with the world and other people) to explain how early maladaptive schemata developed.

We believe that Lev Vygotsky's cultural-historical concept of development of higher mental functions has a great potential for further elaboration and optimization of psychotherapeutic approaches. The core

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<sup>6</sup> Farina B. et al: Giovanni Liotti (1945–2018): the Pied Noir of research in attachment and psychotherapy. *Attachment & Human Development*, 2019. Vol. 22 (2). DOI: 10.1080/14616734.2019.1640258

idea of Vygotsky's concept is that formation and development of all mental processes in humans have collaborative, interpersonal character. We showed close links between Vygotsky's ideas and a number of the basic principles of CT in several articles<sup>7</sup>.

Cultural-historical concepts of cognition and its regulation can enrich psychological theory that CT relies on. In the field of psychopathology, these concepts were developed by Bluma Zeigarnik — K. Lewin's famous graduate student and Vygotsky's colleague — and her students. The articles in this special issue attempt at integrating elaborations in the field of cultural-historical psychology and cognitive psychology with the ideas and methods of cognitive therapy.

Some cultural-historical concepts, which Vygotsky's modern followers have elaborated and shaped as methodological diagrams, seem to be especially important for psychotherapy advancement. I would like to share some of these ideas reflecting Russian experience at the end of this foreword.

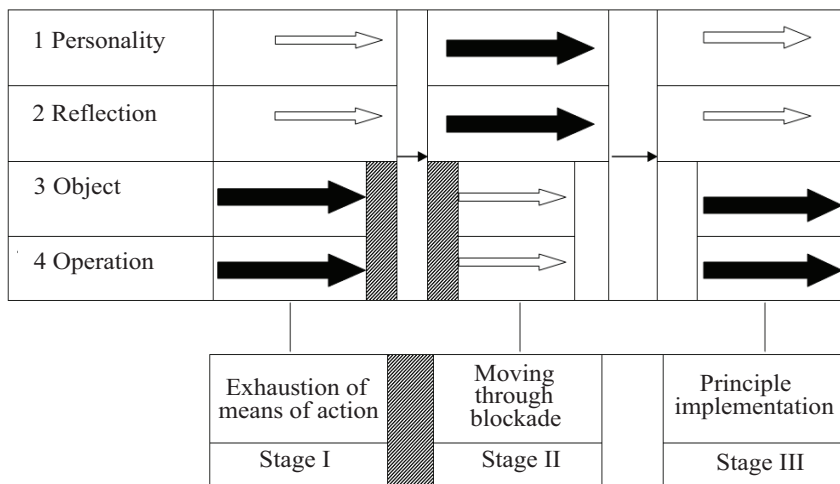
**The first model** (Figure 1) reflects the organization of thinking in the course of overcoming and solving challenging situations<sup>8</sup>. It has become the basis for a series of studies on organization and development of thinking in problem solving in healthy people and people with various mental disorders. The analysis of the concept of rumination, which has become a highly debated issue in recent years, in the article by O.D. Pugovkina et al. relies on this model and reviews some of the studies belonging to the aforementioned series. As Table 1 shows, the process of thinking in this model goes through four levels — Personality, Reflection, Subject and Operation — switching between them. The model facilitates exploration and uncovering of mechanisms that violate constructive cognitive flow necessary to solve a given problem or an emerging issue.

**The second model** (Table 1) describes the structure of a reflexive act (an act of reflection) proposed by J.G. Fichte in the 19th century and modified by Nikita G. Alekseev and Viktor K. Zaretsky for the purpose

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<sup>7</sup> Kholmogorova A.B. Russian psychology of thinking and cognitive psychotherapy. *Counseling psychology and psychotherapy*, 2001. Vol. 9, no. 4, pp. 165—182.

<sup>8</sup> Zaretsky V.K., Semenov I.N. Logical & psychological analysis of productive thinking in discursive problem solving. *New research in psychology*, 1979. Vol. 1, pp. 3—8.



*Figure 1. Structural-Dynamic Model Representing Thinking in the course of Problem Solving as a Balanced Flow through Levels (Zaretsky, 2011)*

of studying reflexive regulation of cognition. The model juxtaposes a reflexive act to cognitive restructuring mechanisms in Beck’s classical model of cognitive therapy<sup>9</sup>. This model illustrates the process through which a cognitive therapist enables reflection at each specific point. That gradually helps patients to restore their impaired self-regulation processes.

**The next model** (Table 2) describes the structure of a reflexive act comparing it to the cognitive restructuring mechanisms of in A. Beck’s classical CT model and in the third-wave models. This facilitates better understanding of similarities and differences between these approaches and provides the rationale for the methodological unity of both — classical and new — “waves”. Whereas Beck’s classical therapy or the second wave

<sup>9</sup> Kholmogorova A.B. Russian psychology of thinking and cognitive psychotherapy. *Counseling psychology and psychotherapy*, 2001. Vol. 9, no. 4, pp. 165—182; Kholmogorova A.B. Beck’s cognitive psychotherapy and Vygotsky’s cultural-historical psychology. *Counseling psychology and psychotherapy*, 2011. Vol. 19, no 2, pp. 20—33; Kholmogorova A.B. A. Beck’s Cognitive Psychotherapy and L.Vygotsky’s Cultural-Historical Psychology. *International Journal/Revue internationale du CRIRES: innover dans la tradition de Vygotsky*, 2017. Vol. 4 (1), pp. 209—218.



Table 1

**Reflexive Act Structure according to Fichte-Alekseev-Zaretsky and Cognitive Therapist’s Process (Kholmogorova, 2001)**

<b>Sequence of Steps within a Reflexive Act</b>	<b>Sequence of Steps within Cognitive Therapist’s Work</b>
1) Hitting a pause button	What was going through your mind just now?
2) Registration	Putting automatic thoughts into words
3) Objectification	Assessing automatic thoughts — working with one’s own thought as with an object
4) Alienation	Developing an alternative perspective
5) Establishing links	a) Exploring links with other automatic thoughts and identifying beliefs b) Establishing links between beliefs and relevant childhood experience c) Establishing links between beliefs and a wider life context (analyzing effects)
6) Changing the foundations of thinking	Restructuring dysfunctional beliefs

CT emerged from cognitive revolution, which took over and digested behaviorism, the third wave can be viewed as a result of reflexive or meta-cognitive revolution in modern psychology and psychotherapy. The role of reflection for mental wellbeing in today’s challenging world has become more evident and the idea of it has impregnated all psychotherapy approaches without exception which is well illustrated by Fig. 2. The articles in this issue devoted to the mechanisms of recovery of patients suffering from alcohol dependence (O.D. Tuchina et al.) and other severe mental disorders (M.E. Sisneva) specifically focus on the development of reflexive abilities and facilitation of the patients’ subjectness position.

The model below (table 2) illustrates the differences in the mechanisms of psychological help in various modern CT approaches. Reflection here is viewed as a complex act consisting of several actions, each of which corresponds to a specific function of reflection: registration, objectification, differentiation, integration, and finally, restructuring of the content and foundations of thinking. Techniques elaborated by representatives of the second and third waves of CT are viewed as a shared rich resource for all specialists in the field of cognitive-behav-

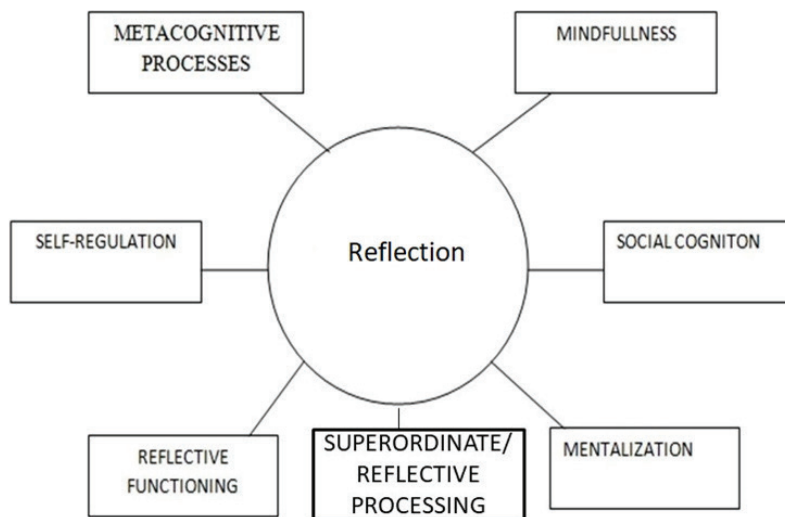


Figure 2. Reflexive Revolution in Psychotherapy

ioral therapy<sup>10</sup> rather than as opposed to each other. This is in line with Beck and Haaga's second prediction about the tendency of psychotherapy for greater integration rather than narrow specialization. It is this integrative orientation that distinguishes the rehabilitation programs outlined in this issue.

**The next model** (table 3) intends to compare practice of a counselor who uses the Reflection-Activity Approach (RAP) to providing assistance in overcoming learning difficulties (an approach that takes on and elaborates the cultural-historical tradition) and practice of a cognitive-behavioral therapist assisting children in overcoming aversive emotional states when facing learning difficulties<sup>11</sup>. In this regard, let us again mention the

<sup>10</sup> Kholmogorova A.B. Cognitive-behavioral therapy «on the crest of the third wave»: a revolutionary new turn or new accents? *Modern therapy of mental disorders*, 2016. No. 2, pp. 16—21.

<sup>11</sup> Zaretsky V.K., Kholmogorova A.B. Pedagogical, Psychological And Psychotherapeutic Help In Overcoming Learning Difficulties To Facilitate Development. *Counseling Psychology and Psychotherapy*, 2017. Vol. 25, no. 3, pp. 33—59. doi:10.17759/cpp.2017250303.

Table 2

**Development of Various Reflexive Abilities in the 2<sup>nd</sup> and 3<sup>rd</sup> Waves of CT  
 (Kholmogorova, 2016)**

<b>Reflexive act according to Fichte-Alekseev-Zaretsky</b>	<b>CBT (2<sup>nd</sup> wave): internal actions that a cognitive therapist facilitates (CT)</b>	<b>CBT (3<sup>rd</sup> wave): Mindfulness (RAIN): internal actions that a cognitive therapist facilitates (ACT, MBCT, DBT)</b>
1) Hitting a pause button on a thought (the controlling function of reflection)	What was going through your mind just now? (Stopping the process of thinking)	Recognition — becoming aware of a variety of experiences and focusing on them (observing)
2) Registration of thoughts (the controlling function of reflection)	Putting automatic thoughts into words (overcoming avoidance)	Acceptance — acceptance of one's internal experience (describing)
3) Objectification of thoughts (the controlling function of reflection)	Assessing automatic thoughts — working with one's own thought as an object	Investigation — taking the perspective of a phenomenologist who describes internal experience non-judgmentally (nonjudging)
4) Alienation of thoughts (the differentiating function of reflection)	Treating thoughts as hypotheses, formulating alternative ideas	Nonidentification — differentiating between experience and reality (cognitive defusion)
5) Establishing links between different mental contents (the integrative function of reflection — temporal aspect)	a) Exploring links with emotions, other automatic thoughts and identifying beliefs b) Establishing links between beliefs, childhood experience and a wider life context	a) Establishing links between different internal experiences in the «here-and-now» b) Training skills of focusing, attention switching and expansion of awareness
6) Changing the foundations of thinking (the constructive function of reflection)	Reconstructing various maladaptive beliefs — changing the content of thoughts and the modality of feelings that interfere with constructive activity and engagement in it	Reconstructing the belief about the need to change the content of thoughts, the modality of feelings and getting engaged in constructive activity despite destructive thoughts and feelings

Table 3

**Model of RAP Practitioner's Work with Learning Actions and CBT Therapist's Work with Child's Emotional States and Behaviors in the course of Overcoming Learning Difficulties (Modified Model of Reflexive Act Structure Analysis according to Fichte-Alekseev-Zaretsky (Zaretsky, Kholmogorova, 2017))**

<i>Cognitive Psychology as Applied to Teaching: Modified Model of Reflexive Act Structure Analysis according to Fichte-Alekseev-Zaretsky</i>	<i>Model of RAP Practitioner's Work Aimed at the Child's Mental Development in the Course of Restructuring Modes of Working with Certain Content of an Academic Subject</i>	<i>Model of CBT Therapist's Work Aimed at the Child's Mental Development in the Course of Mastering Ways to Control Their Emotions and Behaviours</i>
<p><b>1. Hitting a pause button on a thought</b></p> <p><i>(The controlling function of reflection)</i></p>	<p>What are you doing now?</p> <p><i>(The controlling function of reflection)</i></p>	<p>What thought (image) was going through your head when you were experiencing this feeling?</p> <p><i>(The controlling function of reflection)</i></p>
<p><b>2) Registration of actions (thoughts)</b></p> <p><i>(The controlling function of reflection)</i></p>	<p>Describing one's actions</p> <p><i>(The controlling function of reflection)</i></p>	<p>Putting automatic thoughts into words</p> <p><i>(The controlling function of reflection)</i></p>
<p><b>3) Objectification of actions (thoughts)</b></p> <p><i>(The controlling function of reflection)</i></p>	<p>Analyzing an action or working with one's own action as with an object and identifying causes of mistakes or difficulties</p> <p><i>(The controlling function of reflection)</i></p>	<p>Assessing automatic thoughts — working with one's thought as with an object and identifying cognitive distortions or errors</p> <p><i>(The controlling function of reflection)</i></p>
<p><b>4) Alienation of actions (thoughts)</b></p> <p><i>(The differentiating function of reflection)</i></p>	<p>Describing one's wrong mode of action within a given task and questioning it — liberating oneself from the power of an unconscious mode of action</p> <p><i>(The differentiating function of reflection)</i></p>	<p>Developing an alternative perspective — getting rid of a habitual perspective and associated emotional response and behavior</p> <p><i>(The differentiating function of reflection)</i></p>

<p><b>5) Establishing links between different actions (mental contents)</b></p> <p><i>(The integrative function of reflection)</i></p>	<p><b>Establishing links:</b>                  a) between a mode of action and a challenge or an error,                  b) between tasks similar in the way they are solved                  c) between a new mode of action and a successful action</p> <p><i>(The integrative function of reflection)</i></p>	<p><b>Establishing links:</b>                  a) between thoughts, negative emotions, and destructive actions                  b) correlating with automatic thoughts in similar situations and identifying beliefs                  c) establishing links between beliefs and relevant childhood experiences                  d) establishing links between beliefs and a broader life context — analyzing the implications of one’s beliefs for problem solving</p> <p><i>(The integrative function of reflection)</i></p>
<p><b>6) Changing the foundations of thinking</b></p> <p><i>(The constructive function of reflection)</i></p>	<p>Conscious abandonment of the old mode of action and transition to a new mode of action</p> <p><i>(The constructive function of reflection)</i></p>	<p>Purposeful, deliberate restructuring of dysfunctional beliefs and associated maladaptive emotional responses and behaviors</p> <p><i>(The constructive function of reflection)</i></p>
<p><b>7) Establishing links between different aspects of the problem-solving process (uncovering a dual resource)</b></p> <p><i>(The differentiating function of reflection)</i></p>	<p>Establishing links between different dimensions of the process of overcoming learning difficulties in the course of educational activities:                  between <b>a personal resource</b> — what I have done (can do now) myself — and <b>a joint resource</b> — what I needed help with (what I still need to learn or change)</p> <p><i>(The differentiating function of reflection)</i></p>	<p>Establishing links between different dimensions of the process of coping with emotional issues in the course of educational activities:                  between a <b>personal resource</b> — what I did (can now do) myself and <b>a joint resource</b> — what I needed help with (what I still need to learn or change)</p> <p><i>(The differentiating function of reflection)</i></p>

article by Dr. Robert Leahy who has kindly prepared it specially for this issue and devoted it to the Emotional Schema Therapy which has become a valuable tool for cognitive therapists working with the emotional sphere.

Finally, **the last model** (which is not presented in this foreword) elaborates on the concept of the zone of proximal development (ZPD) and the principle of the child-adult cooperation proposed by L. Vygotsky. This principle has become crucial for the proper design of the teaching process and ensuring conditions for the child's normal development. Representatives of the psychodynamic school have already attempted at integrating this concept so as to identify the conditions for the effectiveness of psychotherapy<sup>12</sup>. A similar conceptualization was proposed by K. Grawe, a famous researcher of psychotherapy. In his general rule of efficient psychotherapy, he urged therapists not to actualize problems that lack resource for their solution and not to actualize the problem without actualizing the resource (Grawe, 1999).

Elaboration and refinement of the ZPD concept is related to conceptualization of the practice of assisting children with learning difficulties within the Reflection-Activity Approach (RAA)<sup>13</sup>. Conceptualization of conditions and principles ensuring effectiveness of this kind of assistance resulted in the emergence of the following concepts: The concept of “*subjectness position*” and focus on its facilitation while providing psychological help; the concept of “*an epicentre*”, i.e. the main cause or mechanism of emerging challenges, and *the concept of developmental dimensions*, i.e. areas in the child's mental development where progress occurs or is hindered which leads to inevitable negative consequences for one's mental health<sup>14</sup>. We do not present this **last model** with a multi-

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<sup>12</sup> Stiles W.B., Gabalda I.C., Ribeiro E. Exceeding the Therapeutic Zone of Proximal Development as a Clinical Error. *Psychotherapy*, 2016. Vol. 53, no. 3, pp. 268—272.

<sup>13</sup> Zaretskii V.K. The Zone of Proximal Development What Vygotsky Did Not Have Time to Write. *Journal of Russian and East European Psychology*, 2009. Vol. 47, no. 6, pp. 70—93.

<sup>14</sup> Zaretsky V.K., Kholmogorova A.B. Pedagogical, Psychological And Psychotherapeutic Help In Overcoming Learning Difficulties To Facilitate Development. *Counseling Psychology and Psychotherapy*, 2017. Vol. 25, no. 3, pp. 33—59; Zaretsky V.K., Kholmogorova A.B. Relationship between Education, Development & Health from Cultural-Historical Perspective. *Kul'turno-istoricheskaya psikhologiya = Cultural-Historical Psychology*, 2020. Vol. 16, no. 2, pp. 89—106. doi:10.17759/chp.202016021

dimensional model of the ZPD in this editor's preface, as it is considered in Victor K. Zaretsky and Antonina A. Ageeva's article where they analyze effectiveness of psychological help that parents provide to their child who is facing challenges in his/her learning process.

Viewing psychological help from the developmental theory perspective complies well with Beck's predictions that the role of psychological theories will grow as psychotherapy approaches will be refined<sup>15</sup>. Based on the cultural-historical psychology elaborations and their integration with the cognitive-behavioral therapy principles and methods, Victor K. Zaretsky and Antonina A. Ageeva attempt at identifying common conditions of psychological help effectiveness that would not depend on the type of provider — be it a professional psychotherapist or a counseling psychologist, a teacher, or a parent.

The key condition in this case can be stated as follows: This help should contribute to one's development, which continues throughout one's life; therefore it is crucial that all people who provide this help have a general comprehension of the mechanisms of mental development, and effective therapists need to integrate cognitive therapy techniques and family counseling just as illustrated by a number of diagrams using the example of therapy of anxiety disorders<sup>16</sup>. In this respect, we cannot fail to mention an article written by Dr. Frank Dattilio, our American colleague, for our journal, as well as other works of his that integrate the ideas of systemic family therapy and cognitive therapy.

Moving in time from A. Beck and D. Haaga's predictions which they made almost 30 years ago to the latest elaborations within the framework of Recovery-Oriented Cognitive Therapy that have been carried out under A. Beck's leadership for over ten years now, we can confidently say that creating specific conditions so that patients with severe mental disorders could restore their capacity for normal development is at the heart of this strategy initiated by Dr. A. Beck. Furthermore,

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<sup>15</sup> Kholmogorova A.B., Zaretsky V.K. Can Vygotsky's Cultural-Historical Concept Help us to Better Understand What We Do as Therapists? *Cultural-Historical Psychology*, 2011. Vol. 7, no. 1, pp. 108—121.

<sup>16</sup> Garanyan N.G., Kholmogorova A.B. Integration of family systems and cognitive-behavioral psychotherapy in the treatment of patients with chronic forms of anxiety disorders. *Modern therapy of mental disorders*, 2013. Vol. 1, pp. 34—41.

according to A. Beck, these conditions imply searching for resourceful states that allow patients to recognize their dysfunctional schemes and deliberately “switch off” maladaptive “modes “ of functioning, which tend to “switch on” automatically, in an uncontrolled way. This makes us to infer that it is crucial for all participants of the rehabilitation process to create conditions for development of higher, reflective processes of self-regulation and fully-fledged facilitation of the patients’ constructive activity.

Thank you, dear Dr. Beck, for your creativity inspiring us to engage in continuous search, to constantly improve methods of psychological help to make people happier and more resilient to inevitable life frustrations and problems, and hence more capable of viewing these challenges as a potential for personal growth and development!

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