Eleonora Riva, Nicola Rainisio, Marco Boffi

5 Positive change in clinical settings: flow experience in psychodynamic therapies

Abstract: In both psychotherapy and other mental health care settings Positive Psychology models are widely spread among cognitive-behavioral approaches, structured in order to prescribe changes in behavior and in approach towards life. Most of these therapeutic instruments, practical and prescriptive, are not fitting in psychodynamic psychotherapies, which have had little influence from positive psychology. Flow experience, characterized as a fluid, subjective, psychodynamic process, is more suitable to be used in psychodynamic therapy frames. In this chapter we will propose a clinical approach that allows the use of the Flow model in psychodynamic therapies, in a number of different ways, such as during diagnosis, while constructing therapeutic compliance, or during the different phases of the clinical process.

Keywords: Psychotherapy; Flow of Consciousness; Subjective experience; Psychological Well-being; Flow Therapy; Psychodynamic Therapy; Therapeutic relation; Self Evolution.

5.1 Introduction: a Positive View of Human Beings

The emergence of positive psychology, from its inception as a revolutionary discipline, overturned the view that psychologists had previously had of human experience. Since the first provocative books and articles, positive psychologists propose a vision of the human being as a complex, tridimensional, proactive and intentional entity (Csikszentmihalyi, 1975/2000, 1990 1993; Csikszentmihalyi & Csikszentmihalyi, 2006; Seligman 2002a, Seligman & Peterson, 2004; Fredrickson, 2001). Psychological well-being is considered, in this new perspective, as more than a lack of distress or sufferance (Delle Fave & al., 2010, 2011; Ryff, 1989; Ryff & Keyes, 1995); mental health is more than absence of pathology (Seligman, 2008); positive psychological experience is more complex than the ephemeral emotion of joy or happiness (Inghilleri, 1999; Freire, 2013).

Between the '80s and '90s Mihaly Csikszentmihalyi analyzes and defines *Optimal Experience* as a situation of temporary subjective psychological well-being, strictly connected to the involvement in a specific activity which corresponds to the characteristics of the individual's personality (1975/2000, 1982, Csikszentmihalyi & Csikszentmihalyi, 1988 – see chapters 1 & 2). Csikszentmihalyi, moreover, defines the specific characteristics of Optimal Experience, also called *Flow of Consciousness* (1990, 1997), and demonstrates that the repeated experience of Flow can promote the

development of autotelic[1] personality (Baumann, 2012; Csikszentmihalyi,1989, 1996; Leontiev, 2006; Gardner, 1993a, 1993b, 2007; Nakamura, Csikszentmihalyi, 2002) and the construction of a more complex and resilient Self (Csikszentmihalyi 1993; Csikszentmihalyi & Rathunde 1993; Csikszentmihalyi & al. 1993; Inghilleri, 1999).

Then in 2004 Seligman and Peterson proposed a new idea of the human mental structure, and published a manual of psychological *Virtues and Strength*, also called *VIA (Values In Action) model,* that they provocatively promote in substitution of the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – American Psychiatric Association, 2013). In this wide and detailed definition of human mental abilities, obtained as a result of an applied research project, the authors lay the foundations for the development of clinical and educational tools (Park, Peterson & Seligman, 2006; Peterson, 2006; Peterson & Seligman, 2004; Peterson & al. 2007). This is a new paradigm, different and not comparable to the classic one of psychopathological diagnosis. According to these authors, within the framework of positive psychology, mental health depends first on the promotion and development of subjective psychological skills, and only at a later level on the elimination of symptoms.

Contemporarily, Barbara Fredrickson developed the *Broad-and-Built Theory* (2001, 2002, 2013), in which she demonstrates that positive emotions and psychological experiences of well-being develop differently from pathology and languishing. While negative emotions develop following a two-dimensional track that goes from a minimum to a maximum of negativity or sufferance perception, positive psychological states develop into a three-dimensional mode (Ceja, Navarro, 2009; Fredrickson & Losada, 2005; Larsen & Fredrickson 1999) which is much more difficult to capture with standard instruments of psychological measurement, and which the author defines as "*Flourishing*". Fredrickson proposes a new approach for evaluating human experience, promoting the concept of Flourishing as a measure of overall life well-being, which is considered as the subjective capability to live within an optimal range of human functioning like goodness, generativity, growth, and resilience. In the author's point of view this model incorporates the promotion of various other concepts of positive psychology, such as psychological virtues and strengths, subjective well-being, positive work spaces, etc. (Cohn & al., 2009; Fredrickson, 2006; Fredrickson & Losada, 2005; Keyes & Haidt, 2002; Seligman, 2011).

1 Autotelic personality has been defined for the first time by Csikszentmihalyi and Gardner in their research on optimal experiences and creativity (Csikszentmihalyi, 1996; Gardner, 1993a, 1993b). It is a quality that characterizes a person who is always receptive, active and open to detecting new challenges adapted to promoting their own experience of Flow. An autotelic person is a person with the ability to understand and extract the intrinsic characteristics of the activities connected to Flow, starting from self-experience, and investigate their presence in other activities of daily experience, in order to maximize the opportunities to find flow and satisfaction in life

5.2 Positive Psychology and Health: From Meta-Theories Towards Therapeutic Instruments

This simple yet revolutionary vision of the human psyche immediately calls for the interest of clinical psychology. If there can be a positive vision of the psychological experience, then why cannot therapeutic tools as well promote the psychological skills of patients bypassing the need to focus on the symptoms? And why cannot there be a positive clinical psychology, a positive mental health approach that defines health differently from a mere absence of disease? Indeed, positive psychologists, while developing their own models of interpretation for psychological experience, have begun to wonder how these could be used in applied psychology as well as in educational and clinical intervention (Csikszentmihalyi & Nakamura, 2011; Ryff, 1989, 2013; Ryff & Singer, 2008; Seligman & Csikszentmihalyi, 2000). In 2006 Csikszentmihalyi and most of the other main representatives of positive psychology published a book entitled *"A life worth living: contribution to Positive Psychology"* (Csikszentmihalyi & Csikszentmihalyi, 2006). In this work they expose in a critical way the main theories, research and contributions from positive psychology that may justify a perceived positive quality of life in various life areas, even in stressing or uneasy situations. In this work, while Christopher Peterson openly proposed to use the VIA model for clinical and therapeutic goals (Peterson, 2006), Martin Seligman provocatively proposes a positive psychology approach to psychotherapist in order to make their therapeutic methods more complex and qualified: "*First, I want to assert clearly that positive psychology is not remotely intended as a replacement for or competitor to clinical psychology. It is intended as a supplement, another arrow in the quiver of those who treat patients in the clinic. [...] I believe that clinical psychology is reaching a dead end—the 65% barrier. [...]"*. The 65% barrier the author refers to is that liminal threshold at which the effect of therapy is not so different from the placebo effect (Seligman, 2006) The same author published an article in 2008 entitled "*Positive Health*", recovering and expanding the proposal of the use of positive psychology vision in health care, as a frame in which various clinical instruments can find a more fruitful place, whether coming from the field of positive psychology or from the classical clinical approaches to mental health.

Seligman and Peterson developed a deep reflection on the influences and possible application of positive psychology to mental health, mental sickness prevention and psychotherapy, with a particular focus on the applications for the cognitive-behavioral therapeutic approach, to which they belong (Seligman 2002b, 2006; Seligman & Peterson 2003; Seligman, Park & Peterson, 2005; Seligman, Rashid & Park 2006). Joseph and Linley also elaborate a similar reflection, more specific to psychological practice: between 2004 and 2008 they published several works in which they define the characteristics of *Positive Therapy*, an approach to psychological clinical practice and psychotherapy in which positive psychology is used as a meta-theory (Joseph & Linley, 2004, 2006; Linley & Joseph, 2004). Even if the approach of these authors is

open and directed to all kinds of clinicians and psychotherapists, most of the technical and methodological proposals in applied and clinical psychology ended up being oriented to cognitive-behavioral therapies. Various practical approaches have been developed in this direction, each one with its specific set of technical instruments, such as Frisch's *Quality of Life Therapy* (2006, 2009a, 2009b) or Fava's *Well-Being Therapy* (Fava, 2012; Fava & Tomba, 2009; Runi & Fava, 2008; Ruini, Tomba & Fava, 2007). The strategy of these psychotherapeutic models is to focus on the development of psychological well-being subjectively perceived by the client, which becomes the core of a short-term therapeutic process. In this way the therapy, oriented toward the reinforcement of the client's subjective abilities, will obtain both the result of eliminating or diminishing the symptoms, and reinforcing the client's personality in order to prevent future relapse (Fava & Tomba, 2009; Frisch 2006; Goldwum & al. 2004; Goldwum & Colombo, 2010; Seligman 2002b; Seligman & Peterson 2003;).

Delle Fave and colleagues also studied the impact of theoretical positive psychology models in health care situations, but the main focus of their research is on the influence of eudaimonic experience in the subjective daily perception of health and disease (Delle Fave, 2006; Delle Fave & al. 2011) They were among the first groups to use the experience of Flow as a tool for the assessment of capacities to develop resilience and autotelic abilities in situations of great physical and emotional stress. Delle Fave and colleagues investigated both the various situations of chronic health conditions, as well as the human experience of health professionals. They demonstrated that Flow experience can be a significant variable in the perceived subjective experience of people who face sufferance and pain in everyday life, and consequently that the perceived quality of life can vary in patients with the same diagnosis or in the same category of professionals (Delle Fave, 2010; Delle Fave & Massimini, 1982; Delle Fave & al. 2003; Bassi & al. 2012). This research demonstrates that there is a close link between Flow experience and health/illness perceptions and, consequently, that the capability of finding flow in everyday life is connected with the subjective positive view of life, quality of life and mental health. The authors use the Flow model, measured by ESM[2], as a monitoring tool of the daily experience of the research sample to define personality characteristics, but they do not offer a clinical application that has the purpose of changing the individuals' style of perception. More recently, other studies have suggested a close correlation between flow and psychotherapy, but again using it as a tool for monitoring the change of the patient's experience during the evolution of the therapeutic process and not with an applicative intent (Freire 2013; Freire, & Teixeira, in press: Freire & al. 2012, 2014).

2 Experience Sampling Method (see Bassi & al., 2007; Csikszentmihalyi, M. & Larson 1987; Delle Fave, & Massimini, 1992; Massimini & al. 1987).

5.3 Positive Psychology and Psychodynamic Psychotherapy: Common Grounds and Proposals for Contamination

To develop a clinical approach that uses Flow as an instrument in therapeutic processes, it is necessary to define a theoretical and methodological framework based on the connection of selected models from both positive psychology and psychodynamic psychotherapies.

The first of these models is the the concept of *Subjective Daily Experience* (see chap. 1). Most of the modern approaches in psychodynamic psychotherapies (eg Gislon, 2000; Stern, 2004, 2010; Winston & Winston, 2002) have a major focus on the patient's daily experience in order to accompany the latter in a gradual process of change which can give, right from the start, a contribution to the improvement of the client's quality of life. In this direction positive psychology provides a clear, comprehensive, exhaustive and dynamic definition of the psychological state of subjective daily experience (Inghilleri, 1999) that can be used as a frame for the psychotherapeutic setting. The author defines *SDE* as a subjective perception of the concrete events of everyday life, that produce feelings, emotions and a psychological state which orientates the individual towards a subjective selection (Csikszentmihalyi & Massimini, 1985; Massimini & Delle Fave, 2000; Massimini & Inghilleri, 1993) of the experiences and cultural objects (Inghilleri, 1999, 2009; Monod, 1971) that will be looked for or avoided in the future. *Subjective Psychological Selection* is strictly related to *Cultural Selection* and to the relation that people have with objects and their cultural meanings, or *"Artifact"*. While individuals perceive and select their own daily experience, they also select the cultural artifacts that the social context proposes inside the environment. In this way each person contributes to maintaining or changing the cultural system. As we can see in chapter 1, Flow is a driving force in these processes of subjective and cultural selection, and the opportunity to experience Flow in everyday life connects the subjective experience of people with social relations and cultural dynamics.

Some attempts to introduce a positive psychology approach in psychodynamic therapies, in addition to the already mentioned Linley and Joseph, were also made by clinicians outside the positive psychology field. In 2010 Summers and Barber published *"Psychodynamic Therapy. A Guide to Evidence-Based Practice"*, in which they propose an enrichment of classic therapeutic setting through both cognitive-behavioral psychotherapy and positive psychology. In this vision they consider Csikszentmihalyi's concept of Flow, Fredrickson's concept of Positive Emotions and Seligman and Peterson's approach to Happiness and character Strength and Virtues as a broad framework which guides the therapist in the interpretation of the behavior and emotions of the client and the selection of the therapeutic intervention. Grafanaki & colleagues (2007) directed their attention more specifically to the quality of the patient's subjective experience in the therapy sessions: they use the Flow model to detect *peak moments* in the interaction between therapist and patient, considering

these situations as the turning points of therapy towards psychological change. But the most interesting contamination comes from a clinician who, though not using the terminology from positive psychology, perfectly identifies the meaning and approach that may derive from it. In 2004 Daniel Stern introduced the concept of *"Present Moment"* both in psychotherapy and everyday life, as an experience of psychological fulfillment, that produces positive emotions, and is characterized as a temporary peak situation very similar to Csikszentmihalyi's Flow. In the author's conception the present moment is central to the introjections of everyday experience, and can also appear in the sessions of psychotherapy. It then becomes a fruitful opportunity for the therapist to enter into a deeper relationship with the client and with their inner world. Present moments lay the foundation on which patient and therapist can weave the *intersubjective matrix* that is the basis of the therapeutic process and of the patient's psychological development. In a later work Stern arises in a broader perspective and proposes the concept of *"Forms of Vitality"* (2010), which resembles the approach of Strengths and Virtues of Seligman and Peterson, but still maintains a strictly psychodynamic slant.

5.4 Flow of Consciousness in Psychodynamic Psychotherapies: the Basis for the Birth of a *Flow Therapy*

The context within which we introduce the Flow concept in psychotherapy consists of an interconnection between three concepts originating from positive psychology: ***Optimal Experience*** (Csikszentmihalyi 1982; 1990; Csikszentmihalyi, Rathunde, 1993), ***Creativity Theory***[3] (Gardner, 1993, 2007) and ***Subjective Experience*** (Inghilleri, 1999). These three models share two common focuses: the first regards the importance of the relation between concrete, situated, daily experiences and intrapsychic dynamics; the second refers to the centrality of the subjective capacity to select situations able to promote psychological well-being (i.e. autotelic personality). In Csikszentmihalyi's theory, Flow emerges from a situation or activity in which the psychological characteristics and skills of the individual are valued at the maximum; according to Gardner, creativity develops when a person encounters a specific activity or discipline of study that fuels their ability to interpret reality according to unconventional parameters; Inghilleri argues that the way in which daily experience is sub-

3 Gardner's Theory of Creativity is at the base, together with the concept of Flow, the ability to develop an autotelic personality. This theory proposes creative ability as an individual competence, closely linked to a domain of action. According to the author, creativity emerges from a fruitful asynchrony, an imbalance between or within three nodes of subjective experience: individual, social forces and cultural context. Gardner argues that, when a person perceives a conflict between different visions or options, he is driven to seek an alternative (and then creative) solution that allows the resolution or minimization of the perceived conflict.

jectively perceived, together with psychological states and emotions that derive from it, are the central point for the development of a complex and flexible Self, and are in close correlation with the transmission and the enrichment of the cultural system. The autotelic ability is considered as the capacity of a person to identify and select new activities that promote Flow experience, well-being states and Self-satisfaction. This competence can be considered a creative characteristic per se, but often autotelic persons develop several creative situations and solutions in order to multiply the opportunity to experience Flow. This process of continuous research of new opportunities for optimal experience, improves the everyday life of autotelic persons, which is richer in optimal experience as compared to the average person, and makes the individual more flexible when considering new and unexpected situations.

Following this vision in which Flow, Creativity and Subjective Experience are closely related in a ratio of reciprocal causality, here we summarize the characteristics of the experience of Flow that are most noteworthy for the purpose of its use in a psychotherapeutic setting, referring to the first chapter of this volume for a more detailed description of the theory of Csikszentmihalyi. Flow of Consciousness is to be considered as a dynamic psychological experience that is based on both affective and motivational positive states, and which is fundamental for the psychological development because it nourishes the Self making it gradually more complex and stronger. Its occurrence has a relatively short duration, and is closely related to an action or activity. Among the indicators and variables that are considered necessary and sufficient to say that one is faced with a situation of Flow[4], there are three which can be considered as the main factors from a psychodynamic perspective. Indeed, on their manifestation depends and follows the occurrence of all the others. These three characteristics are: intrinsic motivation, self-determination and balance between challenges and skills. *Self-determination* means that the individual chooses to perform a certain activity independently, as well as that the individual chooses to do that thing at that particular moment, and not at another. This is because at that moment they feel to be in a condition of focusing on the task without any interference coming from either their own physical or mental state or from outside. *Intrinsic motivation* means that the subject realizes that the main reason for carrying out a certain activity is that it produces a state of intense psychological well-being. This does not mean that there cannot be other incentives to action, such as in situations related to the working environment, but that other possible benefits, *at that precise moment*, are secondary to the objective of achieving a state of fulfillment. Rather than a *balance between challenges and skills,* it is to be considered as the balance *subjectively perceived* by

4 The characteristics that distinguish the Optimal Experience are: intrinsic motivation, self-determination, balance between challenges and skills, absence of boredom, absence of anxiety, clear goals, immediate feedback, concentration on the task, lack of conscious control, altered perception of time, and positive affective state.

the person between the demands of the environment and their own personal skills. If a person has a good self-awareness and a proper examination of reality, their perception of the balance between challenges and skills will be close to the objective situation. Conversely, if our patient suffered from low self-esteem and a negative self-consideration, their evaluation of the request of the task will always be superior to the skills they perceive to possess, and consequently will never reach the state of optimal experience, or will reach it with tasks that require minimal skills. Whereas if we are dealing with a mythomaniac or with a person with a hypertrophied ego, they will feel encouraged to face situations far superior to their own resources, sometimes putting themselves in danger or ridicule, because of the pathological overestimation of their own abilities. Nevertheless, it can occur, despite the negative feedback received from the context, that our patient retains carryovers of intense feelings of subjective well-being in the most paradoxical situations.

5.5 *Flow Therapy:* Model and Instruments

The Flow of Consciousness, as a universal experience of mankind (Csikszentmihalyi & Rathunde, 1993; Delle Fave & al., 2011), can be considered a feature of every individual psychodynamic. In order to consider Flow in therapeutic settings not only as an instrument to evaluate the quality of improvement, but also as a mental process on which to work, we have to answer to a tricky question first: *Should Flow be seen as a therapeutic experience or as an object of investigation?* The answer is both. The therapist may examine the occurrence of Flow in the present and previous daily life of the client, to quantify it and to identify its idiosyncratic characteristics, in order to promote new opportunities of Flow in present and future experience. At the same time the experience of psychotherapy per se can be a fruitful situation in which to examine Flow, both for the patient and for the therapist. This second option, while more challenging to obtain, promises to be a conceptual model rather than a methodological one, while the former opportunity to analyze and promote the Flow can be more easily confined within a methodological framework with its specific tools.

5.5.1 The Therapy Session as Experience of Flow

Psychotherapy is a continuous transition between the inner (the session) and the outer (the daily life). This constant movement is not only cognitive but also affective, and fosters the development of a close personal relation between client and therapist. The dance that the couple performs between therapeutic space and the world, present and past, emotion and cognition, pain and relief, loneliness and understanding, produces massive transference and countertransference investment on the part of both. This particular emotional and relational situation may be really generative of

Flow experiences. Recent research has established that the Flow experience can be a shared experience (see chap. 4 – Aubè & al., 2014; Delle Fave & Bassi, 2009; Gaggioli & al., 2011). In our proposal Flow can be considered a shared experience when it is developed thanks to the relational characteristics of an activity or a situation. In the case of psychotherapic setting, both the interacting persons are deeply involved in the therapeutic relationship. The communication with the counterpart and the development of mutual understanding and empathy focus the attention and the energy of both patient and therapist, in fact, the therapy is first of all a process of care through the relationship. Both therapist and client are involved in an activity of great interest and involvement, and the relational aspect is the one in which they share the intense emotions derived from the intimate contact with another human being, with their sensitivity and their richness. In some phases of the therapy, when this intimate feeling of empathy is stronger, the conditions may lead to experiment shared moments of Flow, which allow the therapeutic relationship to make a quantum leap and simultaneously enable the patient to feel both more accepted by the therapist and closer to the acquisition of their own autonomy. A simple indicator of these situations is to be traced in the perception of time, which is often slowed down, in contrast with the need to measure and define the times of the encounters that is characteristic of this profession.

An important consideration with respect to the possibility of experiencing and stimulating Flow in the session concerns the personal characteristics and skills of the therapist. In order to promote Flow experience in clients the first requirement is that the therapist be prone to experiencing Flow during their work. This ability will depend both on the characteristics of the psychotherapist's personality and on the kind of involvement they have in their work and with their patients. Their involvement may spring from gaining knowledge of the patient's private life, or the emergence of the healthy aspects of the inner child, the first motions of entrustment or the gradual therapeutic successes... In any of these cases, if the therapist works for the love of their profession, opportunities for Shared Flow will develop with different patients. From these situations, the therapist will learn how to research and promote Flow within their work, and how, through this, to activate time after time shared Flow with their patients. The therapeutic sessions will become, in this sense, a protected place in which clients can find Flow for the first time, or recover it after many years in which they have been depressed, emotionally deprived and unhappy. This may be the case of people with a dysthymic disorder, a severe form of depression, a nervous breakdown due to bereavement or an inability to adapt after a transfer or a migration process. These and other categories of clients can find benefit in a clinical approach oriented to shared Flow development. In a second step, reinforced by the experiences of well-being inside the therapy (inner), the patient can be supported in looking for new opportunities of Flow in daily life (outer), and in developing a form of autotelic ability that will, in turn reinforce them and prevent future relapses.

5.5.2 Flow as Object of the Therapy

The process of psychodynamic psychotherapy is a path of personal growth and change that can last from several months to several years, with the aim to leading the person to a more positive, strong and complex way of being. In this journey all the experiences of life that have contributed to the actual situation of illness, and the ways in which the patient perceives and reacts to the daily situation at the present status of things are taken into consideration. In the same way in which they examine the structuring and pathogenic experiences of the client's past and present life, the therapist can consider the occurrence of Flow in the present and previous daily life of the client, quantify it and identify its idiosyncratic characteristics, in order to promote new opportunities of Flow in present and future experience.

The first step is *to identify Flow experience*. The therapist can use different instruments to help the client in this detection and characterization process: the first place is in the clinical interview, which can be combined with the use of diaries (including virtual ones – e.g. Bassi & al. 2007; Caselli & al. 2011; de Cordova & al., 2010; Delle Fave & Massimini, 1992; Riva, 2011), questionnaires (eg Boffi & al. 2012; Jackson & al., 2008) or other similar instruments. The therapist can also ask the patient to bring cultural artifacts (Inghilleri, Riva, 2012) such as photographs, drawings or objects related to past experiences of Flow. The patient has to be given a clear and detailed definition of Optimal Experience, so that they can be able to identify any connected situation even in the distant past. First of all the patient has to describe the presence of Flow in their remote and recent past life, in order of quantity, quality and subjective perception. In a following step the patient has to be required to define, in a narrative way, the most recurrent situations or activities promoting Flow, the tasks proposed by the environment and the skills brought into play by the patient themselves.

Once the raw data is collected, the therapist must use the clinical interview, through the interpretation of the events shared by the patient, in order to obtain a *characterization of the experience of Flow* for that specific person. This means first of all, the description of the trend of Flow experience in the patient's history (in order of quantity and quality) and the identification of the moment in the patient's life which have marked an evolution or involution of this trend or a change in the activities promoting Flow. Then the therapist has to extrapolate the characteristics that define such situations promoting flow. These are to be intended both as general characteristics of the experiences connected to flow, and as the personality and psychological features elicited in the subject by the situation. A person may be more inclined to develop a state of Flow in individual situations rather than in social ones, in physical or in mental activities, in experiences with a high or low degree of risk. Many teenagers, for example, report Flow states experienced in team sports, like soccer, basketball or volleyball. But while for someone the driving force is connected with the social participation with peers, the consideration of being looked upon by the teammates, the satisfaction of a shared goal and victory; for another the same match can

promote Flow through the individual actions completed successfully, which exhibit their sporting talents and supremacy over the teammates.

Once a *Flow Profile* of the patient has been compiled, which defines them in a unique way by relating their characteristics of personality with their daily experience and with the cultural opportunities provided by the environment, the information provided by the profile can be used to stimulate an increase in the flow-promoting situation in the everyday life of the patient. The *promotion of Flow* can follow different strategies. Firstly, where possible, it has to recover or redefine a space for activities and situations already known as triggers of Flow, in order to increase the frequency and quality of well-being already present in the subject. It is just like recovering space for self-care, for sport and leisure activity, for social relations, for natural environment frequentation. At a second level, the therapist can use the Flow Profile to detect other kinds of situations or activities that possess similar characteristics or elicit the same area of skills in the client. This is a way of stimulating the development of some form of autotelic skills. It is the case of those sports personalities which, having reached the end of their career due to age or accident, decide to invest all their energies becoming coaches, or working to promote sports culture in young people, or applying for improving the sporting environment. Besides working on the Flow, the therapist can work on the enhancement and strengthening of other subjective strengths (Peterson, 2006; Peterson & Seligman, 2004; Ryff & Singer, 2008), to reinforce the psychological structure of the patient and increase their predisposition to perceive and detect Flow. A restoration of self-esteem, for example, can return a more accurate perception of the balance between challenges and skills and decrease the level of anxiety, making it easier to achieve the state of Flow. A recovery of a broader social network can facilitate the contact with richer and more varied activities within which it is possible for the person to identify new and unexpected sources of Flow. Finally, the transfer of the experience of *Flow in Therapy* to situations of life "outside the sessions" can support the regeneration of social relations and the chance to try empathic situations and positive emotions in relationships with other people, supporting the social reintegration of the patient and their perception of a better quality of relational experience.

5.6 Conclusions: Mr. X and His Flow

We conclude this chapter with a brief case study: the treatment of Mr. X, a 32 year-old man employed in the Air Force (Riva, 2007). He underwent psychotherapy due to the onset of an anxiety problem that had begun to manifest itself in the form of panic attacks during a six-month stay abroad for service. His therapy lasted two and a half years and during this period the therapist had the opportunity to delineate his Flow Profile and to let him experiment with Shared Flow. The life experience of Mr. X. has been characterized by negative and absent parental figures and, at the same time, by the participation in groups and social situations characterized by a great sense of

belonging but also a high level of danger and borderline situations. His Flow Profile showed as a main characteristic the need feel a sense of vitality and feelings of psychological well-being, to find himself in extreme, dangerous, adrenaline-charged situations with possible implications of violence. The Air Force had been proposed as a possible way in which Mr. X may invest his need for discipline but also for risk, danger and demonstration of courage. On his arrival in therapy Mr. X had been relieved from active duty because of his anxiety disorder, and had been assigned to administrative duties. This change had brought him into a state of deep dejection, dissatisfaction and low esteem. Unfortunately, at the time of taking charge of his case it was not possible to orient the patient towards activities similar or comparable to those that had revealed as states of Flow in his previous experience, because the access to risky assets had been prohibited to him. So part of the therapy has been devoted to deepen his history and his psychological strengths and weaknesses, in order to understand in which area of life he would be able to transfer his need of extreme and risky challenges. In the end an answer was found in his family experience: Mr. X had been happily married for several years, but had always felt scared by the idea to becoming a father, due to the bad experience with both his parents, who had proven unable to perform their duties of protection and education towards him and his brother. The focus had then been directed to the theme of paternity, considered as an extreme and risky challenge, in respect of which Mr. X, distancing himself from his family history, proved to have all the necessary characteristics to become a caring and responsible parent, but was not aware of this. During the therapy the dissimilarities that he had developed in contrast with his parents have been brought to light, and the personal features that characterize him as a conscious adult figure have been returned to Mr. X in a picture of himself that is more complex and detailed than the one which he had previously. During therapy, Mr. X, who was initially very reserved and defensive, has developed a relationship of trust and mutual respect with the psychotherapist. When he finally got to face his deepest concerns about his adequacy as a father and husband, the concentration on the topic, the involvement in the relationship and the level of empathy were so high as to repeatedly activate situations of Shared Flow. For the first time Mr. X experienced Flow inside a relational activity and not in an individual high-risk situation. From this first experience he would be able to develop well-being experiences in other relational contexts, first of all in regard to his approach toward his wife. The therapy ended when Mr. X declared he felt strong enough to stand on his own two feet. One year later he called back to announce he had become father of a beautiful daughter.

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