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Original Article

From the Deficit to Expert Paradigm: the Specificity and Coherence of Postulates

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Abstract

Objective of the study: This article seeks to illuminate the transformative changes in therapeutic techniques and theoretical advancements that have arisen from a pivotal shift in psychological perspective. We are moving away from a deficit-based paradigm that emphasizes symptom identification and elimination toward a more empowering approach that celebrates human potential, harnesses individual strengths, fosters personal agency, and nurtures overall well-being. **Method:** The research method used is a scoping literature review aimed at exploring the scope, impact, and substance of research activities concerning the evolution of two main paradigms: the deficit paradigm, encompassing psychoanalysis, dynamic, behavioral, and cognitive psychology, and the expert paradigm, encompassing humanistic psychology, positive psychology, and mindfulness psychology. **Results:** The observed consistency between the postulates of the deficit and expert paradigms suggests the need to refine the assumptions of both perspectives. In the first case, it is necessary to base one's postulates on the research that utilizes advanced neuroimaging tools and sophisticated analytical strategies. In the second case, it is necessary to transition from nomographic to idiographic methods. **Conclusions:** The knowledge gained from this research review can provide psychologists with a deeper understanding of the therapeutic techniques they offer and use. Furthermore, this work can provide a source of hypotheses based on the observed advances in research tools and analytical strategies.

Keywords: deficit paradigm, expert paradigm, specificity of postulates, coherence of postulates

It is currently estimated that there are over 500 types of psychotherapy (Norcross, 2019). This statistic can be depressing, as a single therapist cannot know them all. Moreover, it can leave a therapist with a nagging sense of doubt. If there are over 500 – most of them evidence-based – how can one be sure that any one approach is optimal? What if it is missing something crucial?

Typically, a therapist's orientation determines which dimension of the disorder they focus on. For example, a therapist working with cognitive-behavioral therapy (CBT) will focus on the patient's cognitive resources, a psychoanalytic therapist will focus on the sense of self, and a behavioral therapist might focus on the client's actions. If someone is trained in existential therapy, the therapist will likely consider that this may be related to issues with meaning in life and will therefore design the therapy accordingly.

Therapeutic orientation limits one's perspective on the person. One always perceives another person from one's own perspective, which may not be accurate, and this can limit one's ability to address the root cause of the problem and provide effective treatment. In this way, the therapist's prior training biases specific dimensions over other, equally important, dimensions, where the real problem may lie.

Therefore, the question arises: what strategy should a therapist adopt to select the appropriate therapeutic technique? What are the theoretical considerations and, consequently, the advantages of specific therapeutic approaches? Does the observed development in therapeutic strategies – from psychoanalysis to positive psychology – represent progress? Perhaps we are observing a coherent direction of change?

To address these questions, the author has decided to conduct a scoping review in two opposing scientific paradigms: the deficit and the expert paradigm. The first includes generally psychoanalysis, dynamic, behavioral, and cognitive psychology, and the second encompasses humanistic, positive, and mindfulness psychology.

The Deficit Paradigm

Compared to other sciences, psychology is a relatively young field of study (its origins date back to the late 19th century). Two events constitute turning points in the emergence of psychology as a scientific discipline: Franz Brentano's publication, "Psychologie vom empirischen Standpunkte," (1874) [Psychology from an Empirical Standpoint, 2009], and the establishment of the first scientific laboratory in Leipzig by Wilhelm Wundt. These initial experiments laid the foundation for the development of experimental psychology, whose assumptions were grounded in methodological empiricism (that human behavior can be assessed empirically).

A breakthrough occurred during the rise of psychoanalysis and the development of dynamic psychology. These psychological schools altered the understanding of psychological empiricism. The formulation of general laws essentially ceased to rely on repetitive, “hard” empirical data (e.g., error rates, cortisol levels). It began to recognize and appreciate the role of insight into the patient’s thinking, feelings, and experiences. From that point on, subjective perception and understanding became more important than objective reality for the individual. The predominant area of psychological research during this period was case study (idiographic method). In such studies, the patient’s individual life history, family circumstances, school years, career progression, and professional background were analyzed and described, and general conclusions were drawn from this.

The basic assumption of psychoanalysis was that the influence of external events on a subject’s life cannot be studied without taking into account the endogenous action of drives and the individual psychological positioning of each person in the face of lived experiences (meta-analysis: Marogna et al., 2025). Therefore, the goals of psychoanalytic therapy focus on resolving intrapsychic conflicts and exploring the truth about the self, including the extraction of unconscious material (such as ego functions, object relations, defense mechanisms, intrapsychic conflicts, transference and countertransference phenomena, and the meaning of past events) (Gabbard, 2024).

A new trend in psychology, called behavioral psychology, moved decisively in this direction, in which humans were no longer treated as unique individuals, but rather as “automatons” reacting in the same way – under similar conditions – to a specific stimulus (a reductive understanding of human behavior). At that time, nomographic studies (cross-sectional comparative studies) began to appear more frequently, to identify deviations from the norm, understood as a lack of disorders and, consequently, “averageness” (the deficit paradigm).

Since then, clinical trials have been considered the gold standard for evidence of therapeutic effectiveness in the scientific literature. Consequently, many psychoanalysts are now beginning to apply experimental psychology methods based on longitudinal studies (Ratnayake, 2025). It should be noted, however, that during the emergence of behavioral psychology, and later cognitive psychology and cognitive-behavioral CBT, there was not so much a change in the understanding of evidence for therapeutic effectiveness, but rather a narrowing of the evidence (Ratnayake, 2025). Many researchers have begun to point out that the term “evidence-based care” cannot refer solely to the results of clinical trials but must also be based on theoretical adequacy and clinical effectiveness (Barkam et al., 2021).

From the current perspective, it is worth noting that the dispute between representatives of psychoanalysis and CBT has yielded tangible results, enriching

the theoretical and methodological bases (Marogna et al., 2025). In the case of psychoanalysis, it has enabled the identification of two distinct research perspectives: clinical (case study) and non-clinical (empirical, conceptual, interdisciplinary, and historical). Distinguishing and identifying these perspectives enables the creation of a more coherent interpretive framework between research based on psychoanalytic concepts and research conducted within the psychoanalytic tradition (Marogna et al., 2025).

Currently, a significant challenge for researchers is to base their models on the findings of neuroscience, which have dominated the scientific sphere since the 1980s (Salas & Palmer-Cancel, 2019). The most recent breakthrough is the project of a group of researchers gathered around Mark Solms (1999), who has created an initiative aimed at incorporating neuroscientific knowledge into psychoanalysis. The turning point was the founding of the journal *Neuropsychoanalysis* in 1999, which formally introduced the term “neuropsychoanalysis” for the first time. Combining idiographic psychoanalytic clinical observation with nomothetic research based on neuroscience will enable the refinement and revision of psychoanalytic theory and, consequently, improve clinical treatment methodology (Salas & Palmer-Cancel, 2019).

It should also be stressed that by combining psychoanalytic thinking with neuroscience, psychoanalysts can also make valuable contributions to neuroscientific research (Johnson & Mosri, 2016). Therefore, it can be argued that there are currently consistent trends in the understanding and treatment of mental disorders that dominate these two theoretically distinct schools of psychotherapy.

In conclusion, in an era where scientific research is increasingly driven by evidence-based methods, conducting research within the psychoanalytic tradition and other schools that represent a deficit approach can shed light on the specificity and dynamics of the human subject (di Vincenzo et al., 2024). The conceptual and methodological developments of psychoanalysis and other schools can offer a way to balance currents that risk losing sight of the human subject (Marogna et al., 2025). The gradually evolving field of neuropsychoanalysis can serve this purpose, enabling a more accurate understanding of the assumptions of psychological models in the context of rapidly evolving neurosciences, without neglecting the first-person perspective.

The Expert Paradigm

It should be noted that the psychological version of empiricism represented by the Leipzig School, after a specific period of psychoanalytic-psychodynamic breakthrough, shifted back to the original version of empiricism (repeatable, “hard”

empirical data, rather than the researcher's intuition or insight, became the basis for research). The consequence of this relapse was a reductionist understanding of the human being (the deficit paradigm).

A critical response to the reductive treatment of the human subject was the emergence of cognitive psychology, humanistic psychology, and personalistic psychology ("a person-centered" perspective). However, even within these schools of psychology, nomographic research (cross-sectional comparative studies) dominated. Humanistic psychology, which emphasizes the individuality of the person, is a specific exception. Therefore, representatives of humanistic psychology emphasized the importance not only of insight into the patient's consciousness but also of the need to change the overall research strategy, focusing not only on the subject's deficits but also on their developmental potential.

The turning point for the development of the new paradigm (shift from deficit to expert) was 1998, when the then president of the American Psychological Association, Martin Seligman, delivered his famous speech, and then 2000, when Seligman, together with Mihaly Csikszentmihaly (2000), published their article, devoted to the concept of positive psychology. It is essential to note that from the outset (retrospectively referred to as the "first wave of positive psychology"), this field has garnered the attention of numerous researchers, practitioners, and consumers worldwide. It eventually developed into a thriving research domain, and this situation continues to this day.

One of the most widespread concepts in positive psychology is the concept of "well-being." The conceptualization of well-being itself can be traced back long before positive psychology was formally recognized as a scientific field (Wissing, 2022). Examples of such ideas include the concepts of Marie Jahoda (mental health), Abraham Maslow (self-actualization), Carl Rogers (an optimally functioning person), Gordon Allport (maturity), and Emmanuel Frankl (meaning). As early as 1987, Aaron Antonovsky clearly defined health not only in terms of the absence of disease but also in the context of the presence of positive (salutogenic) traits. Later, Robert A. Rutter introduced the concept of resilience in the face of adverse situations. Other important precursors included Diener (focusing on subjective well-being and life satisfaction), Edward L. Deci and Richard M. Ryan (formulating the self-determination theory), Carol D. Ryff (postulating their model of psychological well-being), and many other researchers and theorists. Findings on its aspects and dynamics can be found in many branches of psychology itself, e.g. in clinical, counseling, educational and organizational psychology, developmental psychology, social psychology, personality psychology, and health psychology (Alexandrova, 2017; Hill & Hall, 2018; Lomas & Ivtzan, 2016; Lomas et al., 2021; Wissing, 2018, 2021, 2022).

It should be emphasized that two research orientations emerge in well-being research, distinguished based on theoretical assumptions and philosophical

traditions: one focuses on human happiness (the hedonistic perspective), the other on human potential (the eudaimonistic perspective) (Czapiński, 2012; Ryan & Deci, 2001, 2003, 2017; Ryff, 1989, 2017). Well-being, in the first sense, is understood as the pursuit of pleasure and positive experiences, a low intensity of negative emotions, and high satisfaction with life. In the second sense, it is understood as a sense of meaning and self-fulfillment. The hedonistic tradition, on the other hand, treats well-being as global satisfaction with life. The eudaimonistic tradition is based on shaping human development in the context of the existential challenges life brings. Concepts developed within the eudaimonistic tradition are normative and moralistic in nature.

Other researchers emphasize that well-being is determined not only by the positive aspects of life, but also by its negative ones (Lomas & Ivtzan, 2016; Wong, 2012; Wong et al., 2018). This phenomenon stems from the fact that positive aspects are closely linked to negative ones (“the second wave of positive psychology”). Interpreting something as positive or negative depends on the cultural context (constructivist and interpretive approaches). In this phase of theoretical awareness, the multidimensional nature of well-being began to be recognized, and the concept of ideological or therapeutic neutrality (each person adopts certain axiological assumptions) began to be questioned.

Another shift in metatheoretical assumptions occurred around 2015 and was termed the “third wave of positive psychology” (Lomas et al., 2021; Wissing et al., 2018, 2021, 2022). The most distinctive feature of the third wave was the broadening of the perspective to look “beyond the individual.” In the third wave, well-being was conceptualized more broadly, encompassing, in addition to cultural context, sociopolitical, economic, and ethical conditions. By moving “beyond the individual” and focusing on “supra-individual processes and phenomena”, the authors referred to groups, organizations, and systems that influence human well-being (from politics to economics). In this approach, there is no clear distinction between focusing on individual psychological well-being and broader social systems. These authors point to the fact that we must decide whether to focus on how systems affect an individual or people as a collective, or on the well-being of the broader systems themselves, or on the interaction between systems.

The concept of interconnectedness is crucial and will constitute the basis for the emergence and development of a new postdisciplinary trajectory of well-being studies. The postdisciplinary trend – as argued by numerous authors (Alexandrova, 2017; Hill & Hall, 2018; Lomas & Ivtzan, 2016; Lomas et al., 2021; Wissing, 2018, 2021, 2022) – requires a clearer awareness of metatheoretical assumptions about reality (ontological, epistemological, axiological), which has been clearly neglected in previous approaches. This trend has begun to adopt an Aristotelian meta-perspective on virtue ethics and morality, in which the substantive foci are

the meaning of life (which includes interpersonal connections, with the whole society and also with transcendent powers), harmony (understood in terms of balance and peace) and relationality (related to many aspects of well-being at the individual and societal level) (Wissing, 2022).

A recent meta-analysis reveals a lack of scientific consensus regarding mental health from various perspectives and strands of positive psychology (Iasiello et al., 2024). This situation hinders academic precision and, consequently, the ongoing scientific evolution of this important field. The literature provides 155 measures of positive mental health (410 component dimensions), which can be consolidated into 21 themes. Given the lack of consensus on definitions or models of positive mental health, further research is necessary to clarify the concepts.

The results of the conducted meta-analysis (Iasiello et al., 2024) reveal that there are three “central” – distinct from each other – “umbrella concepts” of mental health, which are:

- general well-being, i.e., life satisfaction, optimism, happiness, autonomy, congruence, peace;
- quality of life, i.e., meaning, purpose, competences, physical health, vitality, development;
- resilience/coping, i.e., problem-focused coping, emotion-focused coping, avoidance coping.

These three core dimensions of mental health are uniquely related to peripheral dimensions, e.g., self-congruence and well-being, personal circumstances, and quality of life. Among the most central dimensions of the three umbrella terms are sense of community, optimism, meaning and purpose, happiness, and autonomy. This phenomenon illustrates the significant role that psychological need satisfaction plays in fostering positive states of mind (Deci & Ryan, 2011).

In summary, the concept of well-being, crucial to positive psychology, has a relatively well-codified theoretical framework; however, it also lacks sufficient conceptual rigor. It has numerous designations that overlap with other concepts, such as mental health, quality of life, self-fulfillment, optimal functioning, autonomy, maturity, psychological resilience in adverse situations, and resilience, among others. Furthermore, this concept is represented by multiple approaches and perspectives (hedonic and eudaimonistic, constructivist and interpretive, individual and global). This issue complicates the ability to draw meaningful conclusions.

The conclusions drawn from positive psychology research are also subject to criticism, due to the adopted scientific paradigm regarding the criteria for assessing therapeutic effectiveness, and a lack of theoretical adequacy (the goal of therapy is primarily to alleviate symptoms, and the assessment was based solely on empirical data). The main criticisms leveled against positive psychology include: a lack of

theoretical adequacy (the goal of therapy is primarily to alleviate symptoms), problematic measurement and research methodology (overreliance on self-assessment measures), isolation from mainstream psychology, and reliance on a neoliberal ideology that promotes individualism, can cause harm and is perceived as pseudoscience, lacking scientific evidence and having poor replication (meta-analysis: van Zyl et al., 2024). Therefore, one can agree with the assessment of some critics of positive psychology that it is more speculative and postulative than evidence-based (Radoń & Różycka, 2025).

It should be emphasized that the process of parallel development of positive psychology coincided with the independent launch of the Research Domain Criteria (RDoC) project in 2009 by the US National Institute of Mental Health (NIMH), the direct goal of which was to attempt to achieve significant shifts in the psychiatric paradigm (Auerbach, 2022; Morris et al., 2022; Sanislow et al., 2022). The essence of this project was to reject the focus on disease entities (deficit paradigm) and instead focus on creating therapeutic tools that would be effective in the broadest possible range of disorders, serving the development of positive developmental potentials (expert paradigm).

The aforementioned attempts to break the deficit paradigm and replace it with an expert paradigm coincided with the launch of a 10-year research program entitled “New Science of Mental Disorders”, initiated in the Netherlands in 2012 (Roefs et al., 2022). This research program departs – like the three previous ones – from the deficit paradigm-based, “one-size-fits-all” approach to the treatment of mental disorders. Its central premise is that a disorder is not created by a single, precisely defined, and time-invariant set of symptoms, but by dynamically interacting symptoms (Roefs et al., 2022; Vanes & Dolan, 2021). The NSMD research program is founded on a network approach to psychopathology.

Because treatments worldwide largely follow a “one-size-fits-all” approach within each specific ICD-10 or DSM-5 mental disorder category, NSMD representatives report very modest treatment outcomes. They demonstrate that even when mental disorders are treated within this medical lens, intervention success rates are moderate in both adults and adolescents (Clark, 2018; Holmes et al., 2014, 2018). Generally, only about 40% of patients achieve sustained recovery, and approximately 60% either fail to respond to treatment or relapse within a year, even if treated (Clark, 2018). These modest treatment outcomes suggest that a one-dimensional approach to mental illness is flawed and results in a lack of understanding of the mechanisms by which mental disorders are maintained and the mechanisms by which therapies work (Holmes et al., 2014, 2018). Therefore, representatives of the NSMD consortium are investigating transdiagnostic networks of mental disorders and assessing the effectiveness of individually tailored interventions that are based on network measures.

In summary, many researchers argue that more in-depth studies are needed, which would not only focus on assessing the severity of symptoms but also on identifying individual mechanisms that determine positive effectiveness (see meta-analysis by Breedvelt et al., 2021). The key to such research cannot be the mere identification of a norm (whether understood in terms of deficits or in an expert manner), but rather understanding the causes of specific changes in an individual (experimental causal studies, rather than comparative studies, which are usually based on statistical analysis of differences). Hence, the search is essential not only for appropriate tools for measuring therapeutic progress, but also adequate analytical strategies for assessing therapeutic effectiveness in a single person, i.e., case study, case series study, reliable change index RCI, simulation modeling analysis SMA, ecological momentary assessment EMA, application of artificial intelligence and machine learning (Beers et al., 2021; Chaudry et al., 2024; Cruz-Gonzalez et al., 2025; Hofmann et al., 2020; Kaiser & Laireiter, 2019; Wichers et al., 2019).

Mindfulness Case

The process of appreciating the positive aspects of human development, which emerged with the development of positive psychology, coincided almost perfectly with the mindfulness movement. Although the mindfulness movement began somewhat earlier, in the late 1970s, its initial development was minimal (Kabat-Zinn, 2005). The heyday of mindfulness research actually began in the early 21st century (2005–2010), when approximately 500 articles were published annually (Radoń, 2017). Since then, the number of publications has exploded, exceeding 1,000 per year in recent years.

Although positive psychology and mindfulness psychology functioned independently, their research areas shared many consistent aspects (Radoń & Różycka-Tran, 2025). This phenomenon is primarily because both fields are concerned with helping people develop their full potential. Instead of focusing on pathologies that favor mediocrity (“race to the bottom”), these approaches emphasize the importance of development, e.g., happiness, quality of life, life satisfaction, flow, engagement, and creativity.

The uniqueness of the mindfulness model’s approach to helping individuals develop lies in its development using a different strategy than that of positive psychology. In the latter case, researchers formulated their concepts primarily from theoretical assumptions. At the same time, mindfulness advocates began with empirical research on individuals distinguished in various fields, i.e., creative scientists, outstanding artists, and athletes (Radoń & Różycka-Tran, 2025). While the primary achievement of optimistic psychology advocates was the formulation

of compelling postulates, the primary contribution of mindfulness researchers lies in the practical implementation of these postulates and their empirical verification.

Researchers specializing in mindfulness have assumed that the most appropriate group for research on expert abilities will be individuals advanced in contemplative practices. These individuals appear to possess a relatively greater insight into their own internal experiences, allowing them to build the foundations for new scientific achievements (Radoń, 2017). The results of numerous studies have confirmed these assumptions, as training based on meditation strategies has been shown to induce more comprehensive neuroplastic changes than various specialized training programs, and the skills acquired during these programs can be successfully applied in new and untrained situations (Munzert et al., 2009; Slagter et al., 2011). Physical and simulation training develops skills in familiar and practiced situations (Slagter et al., 2011).

The primary advantage of the developed mindfulness model is that it is supported by a substantial body of studies, which utilized the most advanced neuroimaging research tools and techniques (Radoń, 2022). In their research, the authors use advanced analytical strategies (mathematics of networks and graphs), the leading indicators of which are: the transition from static analytical techniques (correlation and causality) to dynamic ones (Structural Equation Modeling, Multilayer network approach), from significance assessment to measurement of the clinical effect size (Reliable Change Index, Regression – Based Methods), from nomographic to idiographic methods (case study) to predict crisis or recovery (Clinical Cutoff Score). For this reason, the mindfulness model is characterized by high methodological maturity (Radoń, 2023).

The results of a recent bibliometric review (Baminiwatta & Solangaarachchi, 2021) reveal that the key areas of scientific penetration regarding the effectiveness of mindfulness-based therapeutic interventions are in four areas: health (anxiety, stress, well-being, resilience, satisfaction, burnout interventions, etc.), mental health (depression, anxiety, disorders, cognitive behavioral therapy, cognitive therapy, symptomatology, etc.), quality of life (therapy, risk, distress, interventions, pain, etc.), model (validation, validity, reliability, emotion regulation, attention, performance, self-regulation, brain, negative affectivity, etc.). This phenomenon indicates that, in many respects, the field of mindfulness research is aligned with the field of general well-being research.

Research has also identified key symptoms of various mental health problems, such as attentional biases, recurrent negative thinking, cognitive reframing, suppression, experiential avoidance, negative affectivity, and emotional reactivity (Radoń, 2017). Numerous studies demonstrate that mindfulness-based interventions induce positive changes that are not limited to reducing stress levels (learning to respond appropriately to everyday stressors) but manifest in the following

areas: functional (improved neural brain activity), topological (positive neuroplastic changes in the brain), neuroendocrine (increased immune resistance). The postulated psychological flexibility in mindfulness-based strategies relies on openness to experience and the ability to tolerate distress. A key characteristic of mindfulness-based interventions, relative to classic cognitive-behavioral therapy (CBT), is the assumption that the therapist's directive attempts to modify the patient's distorted thinking or behavior (classic CBT) can reinforce experiential avoidance processes. Instead, the emphasis is on developing an open and accepting approach to inner experiences and perceiving them for what they are (thoughts, emotions, and sensations) without trying to modify them.

Mindfulness-based strategies seem remarkably consistent with the assumptions and postulates of humanistic and positive psychology, as they focus not primarily on a person's deficits (the limitations of psychoanalysis, dynamic psychology, behaviorism, and, to some extent, cognitive psychology), but on their developmental potential. It should be emphasized, however, that while the main achievement of humanistic psychology is the formulation of compelling postulates, the primary contribution of mindfulness psychology lies in the practical implementation of these postulates and their empirical verification.

This phenomenon stems from the fact that mindfulness researchers base their research findings on groups of individuals who are experts in various fields, i.e., sports, management, artists, scientists, monks, etc. Currently, the most important task for researchers is to develop intervention strategies that are, on the one hand, optimal (quick, cheap, and effective) (Fox et al., 2016; Soler et al., 2014) and, on the other hand, accurate (Balconi et al., 2017; Kolovos et al., 2016). In this respect, the strategies offered in the third wave of CBT, specifically mindfulness-based, are worth recommending, particularly due to their short-term nature (1–2 months or even shorter) and group-based approach (inexpensive). Although their effectiveness in the case of some disorders is low and comparable to TAU, since these techniques generally do not cause adverse effects, they are worth using.

Conclusion

This article aimed to assess the progress made in psychological research, from psychoanalysis to mindfulness and positive psychology, within the context of two theoretically exclusive paradigms: the deficit and the expert paradigm. The ongoing dispute between the representatives of the deficit paradigm (psychoanalysis, dynamic psychology, behavioral psychology, and, to some extent, cognitive psychology) and the expert paradigm (humanistic psychology, positive psychology,

and mindfulness), on the other hand, has resulted in these approaches adjusting their theoretical assumptions.

It should be stressed that the progress made in psychological research, from psychoanalysis through mindfulness and positive psychology, suggests that psychology is moving away from the deficit paradigm to the expert paradigm. However, methodological developments of psychoanalysis and other schools that represent a deficit approach can offer a way to balance currents that risk losing sight of the human subject. The gradually evolving field of neuropsychanalysis and other schools that represent a deficit approach can serve this purpose, enabling a more accurate understanding of the assumptions of psychological models in the context of rapidly evolving neurosciences, without neglecting the first-person perspective. It should be stressed that the dispute between representatives of exclusive paradigms facilitated, among other things, the identification and clarification of two distinct methodological positions (Kernberg, 2006; Zhang & Xie, 2023).

One is qualitative methodology, which is closer to hermeneutics and refers to the idiographic approach. At the same time, the other is quantitative methodology, which originates from the positivist tradition and is associated with the nomothetic perspective. The differentiation and subsequent implementation of these two methodologies enabled the introduction of so-called “mixed methods” into research practice (Marogna et al., 2025).

This dispute also enabled the identification and distinction between two types of approaches: “experimental” and “empirical.” The former involves formulating hypotheses based on experimentation, while the latter is based on practical experience, i.e., clinical observation of a case. Although the terms “experimental method” and “empirical approach” are often used interchangeably in the literature (di Vincenzo et al., 2024), a closer examination of these approaches has revealed that this is a gross oversimplification (Marogna et al., 2025). Consequently, research is being conducted to clarify the theoretical assumptions of both approaches further.

This dispute consequently highlighted the need to correct the assumptions of the deficit paradigm on the one hand, and to clarify the expert paradigm on the other. In the case of the deficit paradigm, it is necessary to base its postulates on the results that are advanced. As is commonly used in the expert paradigm, neuroimaging tools and sophisticated analytical strategies will be used. In the case of the expert paradigm, there is a need to transition from nomographic to idiographic methods to predict crisis or recovery.

The adjustments made to the assumptions of both paradigms are particularly evident in the consistency of the observed changes (Radoń & Różycka-Tran, 2025):

- a) transdiagnostic, i.e., identifying core psychological indicators hindering development, such as attentional bias, recurrent negative thoughts,

- cognitive reformulation, suppression, experiential avoidance, negative affectivity, and emotional reactivity;
- b) transtherapeutic, i.e., covering a wide range of indicators for the development of positive developmental potentials, i.e., the ability to tolerate distress, the ability to postpone gratification, psychological flexibility, openness to experience, and its acceptance as opposed to avoidance of experience;
 - c) applying sophisticated analytical strategies to assess therapeutic effectiveness in one person, i.e., case study, case series study, Reliable Change Index, Simulation Modeling Analysis, Ecological Momentary Assessment, Artificial Intelligence and Machine Learning, etc.;
 - d) taking into account not only behavioral dimensions, but also biological, socio-political, economic, ethical, and other ones;
 - e) moving from a hedonistic to a eudaimonistic perspective, in which the key role is played by the sense of meaning (Aristotelian meta-perspective of virtue ethics and morality) and self-fulfilment (development of one's own potentials in the context of existential challenges that life brings);
 - f) postulating the need to become aware of metatheoretical assumptions about reality, ontological, epistemological, and axiological, which was clearly neglected in previous approaches;
 - g) basing psychotherapeutic strategies on achievements in the field of neuroscience (an indicator of psychological excellence is the optimal functioning of the brain system, assessed based on research using sophisticated neuroimaging tools).

The universality and coherence of proposals from representatives of neuropsychanalysis, CBT, positive psychology, and mindfulness demonstrate that we are at a turning point. We are heading not only for a shift in the psychiatric-psychological paradigm but also for a general transformation in the social sciences, with a standard indicator being multidisciplinary and a focus on the individuality of the subject, as well as the development of positive potential.

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