

CASE REPORT / OLGU SUNUMU

Substance Dependence in the Context of Positive Psychotherapy: A Case Presentation with Depressive Symptoms

Pozitif Psikoterapi Bağlamında Madde Bağımlılığı: Depresif Belirtilerle Giden Bir Olgu Sunumu

Deniz Erdoğan¹, Asra Babayıgit²

Abstract:

This study examines the psychological impact of substance addiction on the family and evaluates the effect of Positive Psychotherapy in a case showing depressive symptoms. The addiction process affects not only the individual but also the family, completely altering the family balance. Coping with this difficult process can sometimes lead to the development of negative feelings such as guilt, shame, social pressure, hopelessness, and pessimism in family members, often resulting in depression. Positive Psychotherapy has a positive outlook on people, believing that they have the capacity to love and know, and that these capacities develop in the physical, mental, social, and spiritual realms. With Positive Psychotherapy, whose effectiveness in treating depression has been proven, individuals are made aware of their strengths, thereby developing coping skills. This study is a case presentation, and no experimental procedures were performed. The information obtained from the patient has been anonymized and presented for scientific purposes. In the study, an interim evaluation was conducted with the client, who was the mother of the dependent individual, after nine sessions, addressing the depressive symptoms observed in the client and evaluating the Positive Psychotherapy process. During therapy, the client was helped to recognize her strengths, become aware of the need for balance in her life, and develop coping skills. The interim evaluation showed a certain degree of reduction in the client's depressive symptoms, an increase in her psychological resilience, and, in particular, a strengthening of her family communication. In conclusion, this case study is considered important in terms of understanding the difficulties experienced by families struggling with substance addiction and the positive effects of Positive Psychotherapy in the therapy process.

Keywords: Substance Addiction, Family, Impact on Family, Positive Psychotherapy, Depression.

¹Msc., Cyprus Health and Social Sciences University, Institute of Graduate Education, Teaching and Research, TRN Cyprus, Güzelyurt, E-mail: denizedgn@gmail.com, Orcid Id :0009-0007-8340-3428

²Assoc. Prof. Dr. Cyprus Health and Social Sciences University, Institute of Graduate Education, Teaching and Research, TRN Cyprus, Güzelyurt, E-mail: asrababayigit@gmail.com, Orcid Id: 0000-0002-8780-5295.

Address of Correspondence/Yazışma Adresi: Deniz Erdoğan, Cyprus Health and Social Sciences University, Institute of Graduate Education, Teaching and Research, TRN Cyprus, Güzelyurt, E-mail: denizedgn@gmail.com

Date of Received/Geliş Tarihi: 24.10.2025, **Date of Revision/Düzelme Tarihi:** 08.11.2025, **Date of Acceptance/Kabul Tarihi:** 24.12.2025, **Date of Online Publication/Cevirimiçi Yayın Tarihi:** 29.12.2025

Citing/Referans Gösterimi: Erdoğan, D. & Babayıgit, A. (2025). Substance Dependence in the Context of Positive Psychotherapy: A Case Presentation with Depressive Symptoms, *European Archives of Social Sciences*, 2(3), 210-216.

© 2025 The Author(s). Published by Cyprus Mental Health Institute / European Archives of Social Sciences (www.eassjournal.com). This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution 4.0 license which permits use, sharing, adaptation, distribution and reproduction in any medium or format, provided the original work is properly cited and is not used for commercial purposes. <http://creativecommons.org/licenses/by/4.0/>

Öz:

Bu çalışmada madde bağımlılığının aileye psikolojik etkisi incelenmiş olup, depresif belirtiler gösteren bir olguda Pozitif Psikoterapinin etkisi değerlendirilmiştir. Bağımlılık süreci sadece bireyin kendisini değil aileyi de etkileyen, aile dengesini tamamen değiştiren bir süreçtir. Bu zorlu süreç ile mücadele zaman zaman aile üyelerinde suçluluk, utanç duygusu, toplum baskısı, ümitsizlik ve karamsarlık gibi olumsuz duyguların gelişmesine ve çoğunlukla depresyon'a neden olabilmektedir. Pozitif Psikoterapinin insana bakış açısı pozitiftir, insanların sevme ve bilme kapasitesine sahip olduğunu ve bu kapasitelerin fiziksel, zihinsel, sosyal ve manevi alanda geliştiğine inanmaktadır. Depresyon tedavisindeki etkisi kanıtlanmış olan Pozitif Psikoterapi ile bireyin güclü yönlerinin farkına varması sağlanarak baş etme becerileri geliştirilmektedir. Bu çalışma bir olgu sunumudur ve çalışmada herhangi bir deneysel işlem yapılmamıştır. Hastadan alınan bilgiler anonimleştirilerek bilimsel amaçla sunulmuştur. Çalışmada bağımlı bireyin annesi olan danişan ile dokuz seans sonunda ara değerlendirme yapılarak, danişanda görülen depresif belirtiler ele alınmış ve Pozitif Psikoterapi süreci değerlendirilmiştir. Terapide danişanın güclü yönlerini fark etmesi sağlanmış yaşam alanlarının dengede olması gereği ile ilgili farkındalık kazanmış ve baş etme becerilerinin gelişmesi desteklenmiştir. Yapılan ara değerlendirme sonucunda danişanın depresif belirtilerinde belli düzeyde azalma, psikolojik dayanıklılığında artış ve özellikle aile içi iletişiminin kuvvetlendiği görülmüştür. Sonuç olarak çalışmada ele alınan bu olgu, madde bağımlılığı ile mücadele eden ailelerin yaşadığı zorluklar ve terapi süreçlerinde Pozitif Psikoterapinin olumlu etkisinin anlaşılması açısından önemli görülmektedir.

Anahtar Kelimeler: Madde Bağımlılığı, Aile, Aileye Etkisi, Pozitif Psikoterapi, Depresyon.

Introduction

Substance addiction has become a significant problem for individuals, their families, and society worldwide in recent years, with the onset age decreasing to earlier periods (Balci, 2021). Especially during adolescence, individuals undergo physiological changes, search for their identity, try to prove themselves, and strive to act independently of their families. Family communication, parental attitudes, and the social environment play a significant role in helping adolescents navigate this process healthily. Studies have shown that family communication and parental attitudes influence substance use during adolescence (Atar et al., 2016).

In this process, the adolescent's first encounter with substances usually begins with a sense of curiosity in a peer environment, accompanied by the thought, 'It won't happen to me just once.' When the curious young person tries the substance out of curiosity and fear and sees that nothing happens, they continue using it, thinking, 'This is the last time.' As they continue using, their thinking changes to 'I won't become addicted,' and addiction develops. The individual is aware that they are harming themselves and their surroundings, but continues to use (Ögel, 2018). Addiction, which is not a matter of willpower, is a disease that affects a person's entire life, is incurable but can be controlled with treatment, and can be reversed.

The addiction process not only affects the individual but also impacts the family, completely changing family dynamics (Ari and Eriki, 2017). When family members learn that their children are using substances, they may experience emotional devastation and disappointment, and the shame and guilt felt by the family can eventually turn into anger, leading to conflicts within the family. Addicts often blame their parents to avoid responsibility and shift blame onto them, and this attitude causes the parents to feel even more guilty (Tamar and Ögel, 1996).

The feelings of guilt, shame, social pressure, hopelessness, and pessimism experienced by the family often lead to depression (Şenormancı et al., 2019). Depression is a state

of not being able to enjoy life, characterized by a significant decrease in the quality of life and manifested through loss of interest and desire. The individual spends most of the day feeling sad, unhappy, unmotivated, pessimistic, hopeless, and guilty. This situation negatively affects the family's focus, functioning, and relationships, making an already complicated process even more challenging and unmanageable (Ekinci et al., 2016).

Family plays a vital role in the treatment of addicted individuals, and the support of the family has a facilitating effect on the recovery process of the addict. Hope is a coping method, and the family's despair can lead to depression. Professional help for the family can make this difficult process easier to overcome (Genç, 2018). Positive Psychotherapy, developed by Prof. Dr. Nossrat Peseschkian, is a conflict-centered, intercultural observation-based, resource-oriented psychotherapy method (Arvas, 2024). Its perspective on people is positive; it believes that humans have the capacity to love and know, and that these capacities develop in physical, mental, social, and spiritual areas. The main goal of Positive Psychotherapy is to enhance the individual's capacity and maintain balance across the four areas of life, representing three fundamental principles: hope, balance, and consultation (Demirbağ and Sarı, 2023).

In positive psychotherapy, symptoms serve a function and fulfill a purpose in a person's life. Therefore, the goal is not to eliminate the symptom but to address the conflict that causes it. There are many methods used in positive psychotherapy, and one—metaphors and stories—creates awareness through indirect expression. It encourages the individual while also preparing them for the future (Gelmez et al., 2024). Therapy sessions consist of five steps: observation, inventory, situational encouragement, verbalization, and expanding goals. During information collection, tools such as the Balance Model, Differentiation Analysis Inventory, and Quadrant Model are used. Positive psychotherapy suggests that over- or under-utilization of individuals' primary and secondary abilities can lead to psychological problems. It views

pathology as the area where the patient avoids conflict and considers this a positive aspect (Eryılmaz, 2016).

In the literature review conducted, it was determined that most studies focus on individuals with addiction, and limited studies emphasize the psychological impact of addiction on the family and the importance of family in the prevention and treatment process of addiction. It was also observed that the individual's internal resources, strengths, and values were neglected in the studies conducted. Positive Psychotherapy is a resource-oriented approach rather than a problem-focused one, aiming to help individuals recognize their own resources and strengths, develop coping skills, and become self-helpful. In the case examined in this study, the psychological impact of substance addiction on the family was investigated, and the effect of Positive Psychotherapy in strengthening family dynamics during the struggle with addiction was discussed. The goal was to offer a different perspective on the therapy process and to contribute to clinical practice. In line with this purpose, the study describes the therapy process and stages within the context of Positive Psychotherapy for a case showing depressive symptoms during the fight against substance addiction.

Method

This study is a case presentation, which is a type of qualitative research design. A case presentation is a qualitative research method that focuses on an individual's experiences, therapy process, and changes, aiming to relate them to a theoretical framework (Çaparlar and Dönmez, 2016). The information obtained from the patient has been anonymized and presented for scientific purposes (Çaparlar and Dönmez, 2016).

In our study, the case we addressed and the therapy process began on 11/15/2024. At the start of therapy, the client was administered the SCL-90-R (Symptom Checklist-90-Revised). The SCL-90-R is a psychological symptom screening test that indicates which area and level of psychological symptoms an individual has (Gomez et al., 2021). Based on the information provided by the client, the depression symptom level was found to be 2.2 (high), and the OCD symptom level was 2.3 (high). The sessions with the client continue weekly, with a total of 9 sessions conducted, and an interim assessment was conducted at the end of the 9th session.

In the therapy process, Positive Psychotherapy was used, and its effectiveness in treating depression has been proven. The nine sessions conducted included observation, inventory, situational encouragement, and metaphors, following the standard structure of Positive Psychotherapy. During the observation phase, the client was open to therapy and demonstrated strong communication skills. In this phase, the client understood the importance of seeing events as a whole through the metaphors used and became aware of unnecessary burdens in their life. In the inventory phase, the Balance Model and Differentiation Analysis Inventory were applied. The client became aware of conflicts and areas they avoided through the balance model and understood the importance of keeping these four areas in balance. Improvements were observed in the client's family communication, and hope for the future increased. Through the Differentiation Analysis Inventory, the client recognized their highly developed real talents and their effects on their lives, as well as the connection between these talents and their past

life. At the end of this phase, a significant decrease in the client's anxiety was observed. During the situational encouragement phase, the client's strengths were emphasized, helping them discover their internal resources, and their perspective on events shifted from solely negative to a more balanced view.

The study was submitted to the ethics committee and written consent was obtained from the advisor under project number KSTU//2025/066. After a detailed review by the ethics committee, it was decided that there were no objections, and the Cyprus Health and Social Sciences University Ethics Committee approved it.

Case Report

The therapy process with the client started on 11/15/2024, and a total of 9 sessions have been conducted, once a week.

The client is a 47-year-old married woman living in Mersin with her immediate family and working at a private institution. She has three children—two sons and a daughter—with her oldest son being 27, the middle son 24, and the daughter 14. Her husband is self-employed. The client presented with depressive symptoms, including over two weeks of restlessness, hopelessness, decreased interest and desire, inability to enjoy anything, constant fatigue, feelings of guilt, and feelings of worthlessness, meeting at least five of the DSM-5 depression criteria. Additionally, she experiences disruptions in her sleep, eating patterns, and relationships. Her 15-year-old eldest son started using drugs in social settings, and his drug use continued for nine years. The client found out by chance that her son was addicted when he turned 18. Since learning this, she has not felt well, blames herself, and her family relationships have deteriorated. She is in constant conflict with her son and husband, and has lost her feelings and love for them. She mentioned that her son was hospitalized for treatment, staying inpatient for six weeks, and that he is still receiving outpatient treatment. She expressed that she is not happy about her son quitting drugs or receiving treatment, does not believe in him, cannot feel sadness about anything anymore, cannot be happy, does not want to talk, and feels like doing nothing. The client has lost hope, faith, and trust in the future. Her arguments with her husband have increased and sometimes escalated into insults and physical violence. The household conflicts have weakened her communication with her other children, and normal family relationships have disappeared. During childhood, her mother was authoritarian and oppressive. When she was angry, her mother would not even allow her to cry or speak, which taught her to suppress her feelings and remain silent. Her mother's overly controlling attitude caused her to become withdrawn and unable to make friends during her childhood and youth. She continued this behavior into adulthood, isolating herself from her social environment.

Observation/ Distance Stage

The observation/distance phase lasted 3 sessions in total. It is a stage in which the therapeutic relationship is established, the story is taken, and the client primarily shares their experiences and engages in active listening. It was observed that the client was open to sharing during this process, communicated effectively, and was hopeful about therapy. During this stage, the client was told the Elephant and Traveler stories. The importance of

evaluating events as a whole, with the Elephant story, and seeing oneself as a whole was emphasized. In the Traveler story, the client discussed the burdens in their life and whether they truly had to carry them. The client identified the burdens in their life as being misunderstood, not valued, not cared for, and unable to express themselves, and mentioned that these had exhausted them.

Inventory Stage

The inventory phase was conducted across three sessions, and the client was administered the Balance Model and the Differentiation Analysis inventory.

Balance Model. According to the assessment within the scope of the Balance Model, the conflict area is the contact area, and the area where the person avoids conflict is the

fantasy area. The client was given information about the Balance Model, and it was explained that the four life areas should be equal for our psychological health. It was also identified that the client has problems in relationships with family members and social circles, and based on the information obtained from their past life story, it was found that there have been communication and relationship problems at almost every stage of their life. The client was then discussed regarding communication, and psycho-education about communication skills was provided. Specifically, to strengthen intra-family communication, a plan was made for the client to spend quality time with each of their children during the week and to gather with the family on one day.

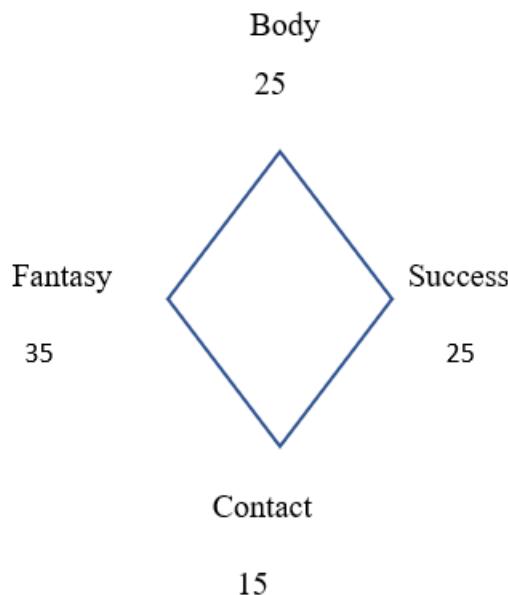


Figure 1. Balance Model

Body Area

The client mentioned that they love sleeping and eating, feel they are overweight, do not exercise except for walking, and occasionally go on diets and then stop. They prioritize self-care and do not see a doctor unless necessary. The client stated that they do not have any chronic illnesses and sometimes experience headaches.

Achievement Area

She does not consider herself successful in any field and does not believe she has any special talent. She mentioned that she receives praise from those around her for her cooking and cleaning skills. In her past life, she said her mother was very pleased when she cleaned the house and cooked while her mother was at work. The client stated that she places great importance on order and cleanliness, but recently feels she is not the same as before.

Contact Area

The client stated that family communication is poor; they can't get together, and whenever they do, a fight breaks out. They mentioned that they occasionally go out with

their spouse, and that their spouse always causes a fight after drinking alcohol, and they return home. They also said that they don't have many friends outside of work colleagues and that they only share everything with their sister.

Fantasy

The client stated that they have no plans, dreams, or hopes for the future. Instead of experiencing disappointment, they no longer make plans or dream. They mentioned that in the past, they used to dream about their children and family, but now they have given up on that. The client also said they have a religious belief and, although not regularly, pray and do not leave the house without praying. They used to love reading books and listening to music, but now they say they can't focus anymore and no longer listen to music. They enjoy social media and watching series, but since their spouse criticizes every series they watch, they no longer find it enjoyable.

Table1. Differentiation Analysis Inventory.

Actual Competencies	Client	Spouse	Explanation
Time	-+	+++	She thinks she does not use her time well and keeps postponing everything she wants to do. Time is very valuable to her spouse.
Patience	+++	--	She is very patient and constantly in a state of waiting. Her spouse is impatient and wants things to happen immediately.
Physical Affection	--	+++	She has disliked physical touch since childhood; her spouse is highly touch-oriented.
Love / Acceptance	--	++	Being thought of, being understood. She feels accepted when she does what her family wants. For her spouse, love is expressed through touch.
Sexuality	--	++	She sees it as a duty and believes her spouse does too. For her spouse, it is a way of showing love.
Trust	++	+++	She finds herself and her spouse trustworthy. It is important for her to know that someone has her back when needed.
Certainty	++	--	She can tolerate certain things. Her spouse has strict rules.
Doubt	++	---	She is not generally suspicious, but when she does doubt something, she ends up being right. Her spouse is very suspicious and distrustful, especially toward the client's family.
Hope	--	--	Waiting for things to get better on their own. She often feels helpless and loses hope.
Faith	++	++	She believes in God and prays. She prays for everything to get better.
Kindness	+++	+	She tries to meet others' expectations; otherwise, she feels hurt.
Punctuality	+	++	She is a bit more relaxed; her spouse wants everything to be on time.
Meticulousness	+++	+	She used to be more meticulous; recently, she does deep cleaning once a week.
Orderliness	++	+	She likes order and dislikes clutter.
Obedience / Compliance	/	+++	If there is compliance, there will be no arguments.
Openness / Candor	---	+++	She expects others to understand her.
Loyalty	+++	++	
Justice / Fairness	++	+	She feels upset when she sees injustice and generally thinks she has been mistreated.
Frugality	+	+++	She buys what she needs; her spouse does not like spending money and starts arguments during every shopping trip.
Diligence / Achievement	/	+	She works hard but feels she cannot achieve anything.

At this stage, the client was provided with information about the Differentiation Analysis Inventory. It was observed that in childhood, the client escaped from physical abuse by remaining silent, obeying, and doing whatever was asked, despite the authoritarian and oppressive attitude of the mother. In the current life, the client still shows obedience and compliance to gain love and acceptance, avoiding conflicts. The client does not express desires or resentments; remains silent; expects others to understand him; and tries to please everyone to avoid hurting anyone. These skills, which were functional in the past as tools for love and acceptance, are no longer functional in the present life and are burdensome for the client. The way the client learned to seek love and acceptance through past experiences creates conflicts in relationships with family, children, and a spouse, as well as at work. At this stage, work was especially focused on love/acceptance, obedience/compatibility, politeness, and frankness. The client was made aware through the story of 'Fifty Years of Politeness.'

Situational Encouragement

This phase lasted three sessions. The aim was to emphasize the client's strengths, help them see the positive aspects of their problems, and recognize their own resources. By highlighting the client's long-term marriage, it was emphasized that they have a compatible, strong family. Despite the difficulties faced, the client's efforts to maintain family unity and raise three children were praised, with motherhood highlighted. Although the client has been married for a long time, they were reminded that they tend to overprotect their spouse, and it was explained that their emotional bond with their partner is strong. The importance of their struggle to keep the family together was emphasized, especially considering their son's treatment. The story of 'Scenes' was shared to encourage the client not to lose hope and to keep fighting, emphasizing that patience, love, and talent are their strengths.

Discussion

In this study, the effect of substance addiction on the family was examined, and the impact of positive psychotherapy was illustrated through a case. The depressive symptoms experienced by a mother struggling with her son's addiction process were addressed using positive psychotherapy techniques. When the client first sought therapy, she presented with long-standing feelings of hopelessness, sadness, an inability to enjoy anything, restlessness, a lack of desire to do anything, energy loss, feelings of guilt, and worthlessness. Studies have shown that when families learn that their children are addicted, they experience emotional devastation, shame, loss of hope, guilt, and social withdrawal, which can lead to depression. The findings obtained from this study are consistent with these results (Genç, 2018; Koçanlı, 2020).

During the inventory phase with the client, the Balance Model was first applied, and it was observed that the client's conflict area is the contact area, while the area they tend to avoid conflict is the Fantasy area. According to Positive Psychotherapy, individuals cope with conflicts in their lives through the four areas of the Balance Model (Peseshkian, 2012). In the case studied, the client experienced problems in both family communication and social relationships across all stages of life. The client grew up with an authoritarian mother, and it is thought that the mother's oppressive attitude led the client to become

withdrawn and hindered the development of effective communication skills. A literature review revealed that a lack of communication skills pushes individuals into loneliness, and loneliness leads to emotional deprivation, isolation, and disconnection. The study's findings support this, aligning with the existing literature (Sarı, 2024).

In the second phase, the Differentiation Analysis Inventory was administered with the client, and it was observed that the client's genuine abilities, such as love/acceptance, obedience/accordance, and politeness, are excessively developed. It is learned from the client's childhood life story that they escaped maternal pressure and physical punishment by remaining silent and obedient, and were appreciated for doing everything they were told. The client continues this behavior in their current life to seek love and acceptance. It is thought that this behavior, which was functional in the past, now causes increased conflicts and communication breakdowns within the family. Additionally, for the client, who is a mother of three children, motherhood is the only aspect they are proud of and consider successful. Upon learning that their son is dependent, they feel that their proud motherhood has been damaged, leading to feelings of guilt, failure, and the loss of all hope for the future. A literature review indicates that studies have discussed four conflict areas in Positive Psychotherapy, with the primary conflict involving concepts acquired in childhood that are no longer functional. It is also noted that individuals develop secondary skills to compensate for their repressed and undeveloped primary abilities, supporting the findings of this study (Lytvynenko and Tereshchenko, 2024).

Conclusion

In this study, the interim assessment conducted after nine sessions with the case revealed that the client's four life areas were unbalanced, with issues in the contact area. The stories and psychoeducation were used to improve communication skills. A plan was made with the client to ensure that the four life areas are balanced.

Additionally, the client has identified their true talents, become aware of how these talents develop and their impact on current life, and recognized the need to balance among them. The client has learned to express their emotions appropriately instead of suppressing them.

During therapy, the client's strengths were highlighted to help them recognize their capacity, which increased their self-confidence and, especially, strengthened family communication. As sessions progressed, the client stopped blaming themselves and ceased viewing their son's substance use as a personal failure. Coping skills were developed to enhance the client's psychological resilience in the face of life's difficulties, and the client's sense of hope and purpose was strengthened.

In conclusion, the phenomenon addressed in this study is considered important for understanding the difficulties faced by families struggling with substance addiction and the positive effects of Positive Psychotherapy in their therapy processes. However, since this study is a case presentation, generalization cannot be made. This study is limited to the interim assessment conducted after nine sessions and the information obtained from the client. Additionally, the study's failure to comprehensively evaluate family members is a limitation. It is believed that future studies comprehensively involving all family

members will provide a better understanding of the impact of addiction on the family and yield stronger evidence from research conducted with larger samples).

Declarations

Ethics Approval and Consent to Participate

Ethics Approval and Consent to Participate Approval was received from the Cyprus Healt and Social Sciences University Ethical Committee, Morphou, North Cyprus (Decision No: KSTU//2025/066).

Consent for Publicaiton

Not applicable.

Availability of Data and Materials

Not applicable.

Conflict of interest

The author declares that no competing interests in this manuscript.

Funding

Not applicable.

Authors' Contributions

DE formulated the main idea of the article and collected the data. DE and AB analyzed and interpreted the data. AB performed the final checks on the article and contributed to its revision. All authors have read and approved the final article.

References

Ari, E., Eriki, Z. (2018). Alkol kullanımının evlilikte çatışma, çatışma çözüm stilleri ve uyum üzerindeki etkisi. *İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi*.33: 37- 48. Retrieved June2, 2025, from:
<https://search.trdizin.gov.tr/tr/yayin/detay/302086/alkol-kullaniminin-evlilikte-catisma-catzisma-cozum-stilleri-ve-uyum-uzerindeki-etkisi>

Arvas, BF. (2024). Peseschkian'ın psikoterapi modelinin manevi danışmanlık ve rehberliğe uyarlanması. *Diyabet İlmî Dergi* 60/3 1145-1174.<https://doi.org/10.61304/did.1518903>

Atar, Ö.A. (2016). Madde kullanım bozukluğu olan ergenlerde aile işlevlerinin, çift uyumunun ve anne baba tutumunun değerlendirilmesi. *Nöro Psikiyatri Arşivi*,53: 35- 41. DOI: 10.5152/npa.2015.8750

Balci, M. (2021). *Bağımlılıkla mücadelede aile rehberi*. Bağımlılıkla Mücadele Derneği. Retrieved July, 8, 2025, from: www.bagder.org

Caparlar, C., Dönmez, A. (2016). Bilimsel araştırma nedir, Nasıl yapılır? *Turk J Anaesthesia Reanim.* 44: 212-218. doi: 10.5152/TJAR.2016.34711. Epub 2016 Aug 1. PMID: 27909596; PMCID: PMC5019873.

Çavuş, B., Karaaziz, M. (2023). Alkol bağımlılığı olgu makalesi. *ISPEC International Journal of Social Sciences & Humanities*. DOI: <http://doi.org/10.5281/zenodo.7995612>

Açıkgoz, F., Sarı, T. (2024). Kendine zarar verme davranışının pozitif psikoterapi: Bir vaka raporu. Küresel psikoterapist. *Journal Of Positive and Transcultural Psychotherapy*. 4 (2):167-173. <https://doi.org/10.52982/lkj245>

Ekinci, S., Yalçınay, M., Uğur Kural, H., & Kandemir, H. (2016). Madde bağımlılığı olan hastaların ebeveynlerinde öfke düzeyi: öfkenin, depresyon ve anksiyete düzeyi ile ilişkisi. *Turkish J Clin Psy*, 19(3), 125-129. <https://doi.org/10.5505/kpd.2016.20592>

Eryılmaz, E. (2016). Depresyon tanısı alan ve almayan genç yetişkin erkeklerin pozitif psikoterapi yapıları açısından karşılaştırımları. *Akademik Bakış Dergisi*, S.53. ISSN:1694-528X İktisat ve Girişimcilik Üniversitesi. Retrieved June 2, 2025 from:https://www.positum.org/wpcontent/uploads/2022/03/Eryilmaz_2016_Depression.pdf

Genç, Y. (2018). *Madde bağımlılığı ve aile*. Ankara: Akademisyen Kitabevi A.Ş. ISBN 978-605-258-026-4

Gelmez, O., Karaaziz, M., Buran, A.(2024). Pozitif psikoterapinin depresyon duygudurum bozukluğu üzerine etkisinin sistematik olarak gözden geçirilmesi. *ISPEC International Journal of Social Sciences & Humanities*. .8 (1). <https://doi.org/10.5281/zenodo.10803347>

Gomez, R., Stavropoulos, V., Zarate, D., & Palikara, O. (2021). Symptom checklist-90- revised: A structural examination in relation to family functioning. *PloS one*, 16(3), <https://doi.org/10.1371/journal.pone.0247902>

Lytvynenko, O., Tereshchenko, O.(2024). Pozitif ve transkültürel psikoterapide transgenetional travma ile çalışmak. Küresel psikoterapist. *Journal Of Positive and Transcultural Psychotherapy*; 4(2), 62- 67. <http://doi.org/10.52982/lkj234>

Ögel, K. (2018). *Bağımlı aileler için rehber kitap*. İstanbul: Türkiye İş Bankası Kültür Yayınları. ISBN: 9786053321316

Peseschkian, N. (2012). Positive family therapy. The family as therapist (çev. Martha Rohlfing). Springer Bilim ve İş Medyası, ISBN: 3642706800, 9783642706806

Şenormancı, G., Turan, Ç., Şenormancı, Ö., Aşkın, R. (2019). Madde bağımlılığı olan hastaların yakınlarında duygusal travma ve depresyonun değerlendirilmesi. *Bilişsel Davranışçı Psikoterapi ve Araştırma Dergisi*.8(1) 33- 42. <https://doi.org/10.5455/JCBPR.296453>

Koçanlı, M. (2020). Uyuşturucu madde bağımlılığında ailenin etkisi ve bağımlı sayısının azaltılmasında jandarmanın etkinliği: İstanbul'da bir uygulama. *USBAD Uluslararası Sosyal Bilimler Akademi Dergisi* 2(4), 576-619. <https://doi.org/10.47994/usbad.785932>