G. V. Sorokoumova, A. K. Khefors

SYSTEMIC PSYCHOTHERAPY AS A TOOL FOR STRENGTHENING FAMILY RELATIONSHIPS AND PROTECTING CHILDREN'S MENTAL HEALTH: THE ADAPTIVE AUTHOR-DEVELOPED FAMILY UNITY METHOD IN THE CONTEXT OF CONTEMPORARY CHALLENGES

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S65 **Sorokoumova, G. V. Systemic Psychotherapy as a Tool for Strengthening Family Relationships and Protecting Children's Mental Health: The Adaptive Author-Developed Family Unity Method in the Context of Contemporary Challenges: A Monograph / G. V. Sorokoumova, A. K. Khefors. Cheboksary: Sreda, 2026. 64 pp.**

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This monograph presents a comprehensive study of the author-developed Family Unity method, based on principles of systemic family psychotherapy and the innovative body-cognition module NeuroBreakthrough. It systematizes the theoretical foundations of the approach, describes its methodological apparatus, and presents the results of theoretical and indirect empirical validation based on an analysis of data from 5,000 families. The authors substantiate the method's effectiveness in reducing the risk of divorce, strengthening parent-child relationships, and protecting children's mental health amid contemporary challenges such as migration stress, digital fragmentation, and economic instability. Practical recommendations for scaling the method are proposed.

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CONTENTS

INTRODUCTION

The institution of the family is experiencing a profound systemic crisis at the global level, compounded by a set of interconnected sociocultural and economic challenges. Alarming statistics indicate that family bonds are growing increasingly fragile. According to various estimates, up to 73–80% of marriages in the Russian Federation end in divorce, placing the country among the world leaders on this measure [9]. Similar trends, though differing in degree, are observed in many countries and point to the universal nature of the problem [10].

Alongside the weakening of marital ties, the mental health of the younger generation is becoming an increasingly urgent concern. As the most vulnerable members of the family system, children are the first to bear the effects of family dysfunction. According to UNICEF, up to 20% of children and adolescents in Europe have diagnosed mental disorders, with anxiety and depressive disorders the most common [7]. In the United States, the figure reaches 31.9% among adolescents [4]. Studies document a steady rise in these figures, especially in recent years, suggesting that existing support systems cannot effectively withstand the growing pressures on children's mental health [3].

The crisis affecting families and children is unfolding against unprecedented pressure from contemporary challenges. These do not operate in isolation; they interact synergistically, creating a kind of "perfect storm" for the family system.

1. **Migration stress.** Globalization and economic inequality increase labor migration and lead to prolonged separations between parents and children. Research shows that this disrupts attachment, contributes to depressive and anxious states in children, and creates lasting difficulties in restoring family ties after reunification [13].

2. **Digital fragmentation and "technoference."** The pervasive reach of social networks and digital technologies is changing the structure of family communication. Both the quality and quantity of face-to-face interaction decline; new conflicts arise around online

behavior; and constant interruptions by devices in family interactions (“technoference”) produce emotional distance and blur boundaries between family members [46].

3. **Economic instability.** The Family Stress Model clearly shows how financial difficulties and economic pressure increase parents' emotional distress, which in turn provokes marital conflict and encourages destructive parenting practices. This directly affects children's psychological well-being, increasing the risk of behavioral and emotional problems [21].

4. **Changing gender roles.** The shift from traditional patriarchal models toward egalitarian views of family roles becomes a powerful source of conflict when partners do not make that shift together. Mismatched expectations about household responsibilities, raising children, and making decisions lead to chronic tension and lower overall marital satisfaction [27].

Together, these factors create a complex syndrome of contemporary family dysfunction. The family system comes under pressure from several directions at once, exhausting its capacity to adapt. Under these conditions, fragmented approaches, such as individual therapy for one family member or purely behavioral training for parents, prove inadequate. They cannot resolve the deep systemic and intergenerational knots that sustain the problem. There is an urgent need to develop and validate comprehensive, integrated methods capable of working with the family as a single organism at every level of its functioning.

The aim of this monograph is to systematize, provide a scientific rationale for, and validate the adaptive author-developed Family Unity program as an effective tool for strengthening the resilience of the family system, harmonizing parent–child relationships, and protecting children's mental health amid contemporary challenges.

To achieve this aim, the following objectives were set:

1. Analyze and systematize the theoretical foundations of systemic family psychotherapy and identify the key concepts underlying the authors' method.

2. Present the methodological framework of the Family Unity program, describing in detail the structure, content, and operating algorithms of its key modules, Systemic Constellations and NeuroBreakthrough.

3. Conduct theoretical validation of the program's effectiveness by constructing and simulating a causal model that illustrates its effect on reducing the probability of divorce and children's anxiety.

4. Test the hypotheses empirically through statistical analysis and synthesis of anonymized[1] survey data from 5,000 families who completed the program, and conduct a comparative analysis with leading international practices.

5. Develop practical recommendations, a roadmap, and an economic model for implementing and scaling the Family Unity program in government and nongovernment organizations.

The **object of the study** is the family system as an integrated structure functioning amid contemporary sociocultural, technological, and economic challenges.

The **subject of the study** is the effect of integrated systemic psychotherapy, as implemented through the Family Unity method, on the resilience of the family system, the quality of marital and parent–child relationships, and indicators of children's mental health and emotional resilience.

The study's methodology draws on an interdisciplinary approach combining psychology, sociology, neurobiology, and systems analysis. The following methods were used:

1. **Theoretical methods:** comparative analysis and synthesis of scientific literature on systemic family psychotherapy, developmental psychology, neurophysiology, and family sociology, including publications in peer-reviewed journals indexed by Scopus and Web of Science and reports by international organizations (the World Health Organization and UNICEF).

1 Anonymization of data is a term denoting the process of removing or altering personally identifiable information (PII) in datasets so as to make it impossible to identify specific individuals from the remaining information.

2. **Empirical methods:** analysis of anonymized quantitative and qualitative data from a survey of 1,018 respondents drawn from the overall sample of 5,000 families who completed the Family Unity program [1].

3. **Modeling methods:** statistical modeling of causal relationships to theoretically validate the effect of therapeutic intervention on key indicators of family well-being.

4. **Comparative methods:** expert comparison with leading international parent-support programs, in particular the Positive Parenting Program, to position the method in a global context.

The study's scientific novelty lies not in creating an entirely new therapeutic discipline but in the original integration and synergy of established approaches and innovative developments. Its principal novel elements are:

1. The development and introduction of NeuroBreakthrough, a distinctive body–cognition module based on Polyvagal Theory and mindfulness practices. This module bridges cognitive awareness of systemic problems, achieved through constellations, and their lasting neurophysiological and somatic resolution.

2. The creation of a coherent, integrated Family Unity method operating simultaneously at four levels: systemic (identifying hidden dynamics), cognitive (changing dysfunctional beliefs), somatic (regulating the nervous system), and behavioral (developing new patterns of interaction).

3. The adaptation of classical systemic therapy techniques, particularly constellations, to an online format, substantially improving the method's accessibility, scalability, and cost-effectiveness in current conditions.

Study results.

1. The effectiveness of the Family Unity program was confirmed theoretically and empirically in strengthening family relationships, changing attitudes toward the family as a value, strengthening the relationship with one's partner, increasing trust among family

members, preventing divorce, and encouraging the intention to have a child.

2. The hypothesis that improving the quality of family relationships reduces the risk of family breakdown and improves children's mental health was substantiated.

3. Tools for recalibrating bodily responses to stress were proposed.

4. Recommendations for practitioners were developed. Practicing psychologists and social workers can use the Family Unity method as an effective tool for working with families in crisis, especially when problems have deep systemic and intergenerational roots and behavioral approaches are insufficient. Social-sector decision-makers can integrate the program into government and nongovernment family-support centers, education systems, and healthcare systems as a preventive measure to reduce divorce rates and prevent mental disorders in children. An economic model incorporating social return on investment (SROI) supports the case for such investment.

Overall, this monograph argues that a systemic, in-depth, integrated approach to working with families is both possible and urgently needed today. The Family Unity method offers one scientifically grounded route toward restoring family cohesion and protecting our children's future.

CHAPTER 1. THEORETICAL FOUNDATIONS OF SYSTEMIC FAMILY PSYCHOTHERAPY

This chapter examines the theoretical foundations of systemic family psychotherapy: the principles of the systemic approach, branches of systemic therapy, the role of psychoemotional factors and family stress in the emergence of psychosomatic symptoms, and key concepts closely connected to family well-being, including psychosomatics, ancestral trauma, child-rearing, and blurred family roles.

1.1. The Emergence and Principles of the Systemic Approach to Family Therapy

Modern systemic family psychotherapy developed in the mid-twentieth century at the intersection of psychology, sociology, and psychiatry, and out of practical attempts to treat psychological problems by considering the family as a whole.

The founders of the systemic approach, including theorists and practitioners M. Bowen, S. Minuchin, V. Satir, and J. Haley, began from the premise that symptoms in one family member, such as a child, do not arise in a vacuum but often reflect dysfunction in the family system as a whole [17; 25; 30; 33; 37; 40].

S. Minuchin, a pioneer of family therapy, observed that “problem behavior is embedded in the context of family relationships.” Therapeutic intervention should therefore seek to change the family's structure—its subsystems, boundaries, and communication—rather than focus solely on the individual [33]. M. Bowen introduced the concept of a “family system” with an emotional field in which individuals are linked by numerous invisible threads. He emphasized intergenerational processes and differentiation of self: the ability to retain autonomy without severing emotional ties to one's family [17]. V. Satir emphasized family communication, arguing that open, clear expression of feelings and needs promotes a healthy system, while concealed messages and “games” contribute to pathology [40].

The main principles of the systemic approach are:

1. **Wholeness and interconnection:** the family is seen as more than the sum of its parts. A change in one element, such as an adolescent's behavior, affects all the others.

2. **Circular causality:** unlike linear cause-and-effect thinking, a systemic therapist sees problems as cycles of repeated interaction, such as a vicious circle of mutual accusations between spouses, and intervenes to break the pathological cycle.

3. **Structure and boundaries:** a healthy family has clear but flexible boundaries between generations and roles. Impaired boundaries lead either to enmeshment, where no one is separate, or to alienation and distancing. Therapy often requires restoring functional boundaries, for example by strengthening the parental dyad separately from the children.

4. **Family rules and roles:** every family establishes its own explicit and implicit rules and distributes roles, such as leader, peacemaker, scapegoat, or protected “hero.” Problems arise when rules are inflexible and roles are dysfunctional or fixed onto particular family members. Therapy aims to help the system move toward more adaptive roles and rules.

5. **Feedback:** families have homeostatic mechanisms, feedback loops that maintain equilibrium even when it is pathological.

For example, parents may unconsciously undermine an improvement in a child's behavior if the child's symptom previously helped them avoid their own conflicts. The therapist takes these family self-regulation processes into account and introduces new meanings and skills so that the family can reach a healthier homeostasis [17; 25; 30; 33; 37; 40].

One key principle is understanding the function of a symptom. In the systemic paradigm, a symptom, such as enuresis in a child or panic attacks in a mother, is viewed not merely as an expression of individual pathology but as a message or strategy that has emerged within the family system [34]. A child's frequent psychosomatic complaints, for example, may “bring together” quarreling parents by distracting them from their conflict. The symptom then stabilizes the

family at the cost of the child's health. This understanding shifts attention from finding someone to blame (“who has the problem?”) to identifying the pattern of interaction that sustains the problem. It is an important distinction between systemic therapy and traditional approaches.

Several branches of contemporary family therapy should be noted. Structural therapy (S. Minuchin [33]) restructures the family; strategic therapy (J. Haley [25]) emphasizes changing sequences of interaction and using paradoxes; intergenerational therapy (M. Bowen [17]) examines family genograms across several generations; experiential therapy (V. Satir [40]) focuses on family members' emotional experiences and direct communication; and cognitive behavioral family therapy integrates work on dysfunctional beliefs and communication skills. All nevertheless share basic systemic principles and seek to involve as much of the client's environment as possible—parents, partners, and children—rather than confining treatment to the individual.

Recent scientific studies have confirmed the general effectiveness of family-oriented interventions. A 2019 meta-analysis, for example, showed that family psychotherapy produces significant improvements across a broad range of problems, from depression in adults to behavioral disorders in adolescents. Its effectiveness is no less than that of individual therapy and in some cases exceeds it [18]. The family can also be a source of resilience for an individual: strong family bonds and family problem-solving skills are associated with a lower probability of recurrence of mental disorders in children and adolescents. This is reflected in F. Walsh's concept of family resilience: the family's ability to adapt collectively to stress protects each of its members [16]. Walsh [50] emphasizes that systemic interventions can strengthen three key components of family adaptability: belief systems (meaning-making and optimism), organization (flexible roles and mutual support), and communication (expression of emotions and joint problem-solving).

For this study, it is important to stress that systemic family psychotherapy is a comprehensive perspective, not a single technique, and can be supplemented by various methods. The following sections examine how classical systemic principles are applied and extended in the Family Unity method. Before describing the methodology, however, several concepts closely related to family well-being must be considered: psychosomatics, ancestral trauma, blurred family roles, and others. These phenomena are often targets of systemic therapy or, conversely, factors that complicate family dynamics.

1.2. Psychosomatics and Family Stress: The Role of Emotional Factors

Psychosomatic disorders are physical illnesses in whose origin or course psychological causes, including emotional stress, play a substantial role. As one contemporary study puts it, “psychosomatics is physical illness provoked by the accumulation of negative emotions,” including anxiety, anger, resentment, and sadness [35]. Children living in families marked by constant conflict or emotional coldness are especially vulnerable to psychosomatic reactions. Unable to express or recognize their experiences openly, a child may unconsciously “transfer” them to the body. Frequent headaches, abdominal pain, or allergic reactions, for example, may coincide with periods of intensified quarrels between parents. The body thus appears to signal family distress.

Numerous studies confirm an association between family stress and psychosomatic symptoms in children. Children exposed to ongoing parental conflict have been found to face a substantially increased risk of anxious and depressive symptoms and psychosomatic complaints. A longitudinal study by N. Morelli and colleagues [34] identified a two-way relationship: high levels of family conflict in early childhood predict an increase in children's psychosomatic (anxious and depressive) symptoms later, while children with pronounced anxiety can in turn heighten family tension. This illustrates the systemic principle of circular causality.

Chronic emotional stress in the family—arguments, physical or emotional abuse, and neglect of a child's needs—can thus disrupt bodily functioning through neuroendocrine mechanisms, from gastrointestinal problems to reduced immunity [35]. According to the American Psychiatric Association [14], up to 70% of cases of chronic physical ailments are associated with prolonged negative emotions, above all suppressed resentment and anger. Within a family, such emotions may stem from unresolved conflicts, feelings of rejection, and a lack of warmth and support.

Systemic psychotherapy takes this emotional and bodily continuum into account. Family therapy often reveals that a symptom's disappearance in one family member is directly connected to changes in the emotional atmosphere. For example, a twelve-year-old boy with psychosomatic asthma no longer needed an inhaler after his parents revised their destructive communication style and learned to support each other instead of trading accusations. In such cases, the psychotherapist seeks both to relieve the symptom and to change the family context in which negative emotions arose: raising trust and teaching family members to express feelings constructively. Treating psychosomatic reactions in children therefore largely involves work with the family as a whole.

The close connection between mind and body arising from family factors is also reflected in the biopsychosocial model of health recognized by the WHO. Under this model, a child's health is shaped by biological factors (heredity and nervous-system characteristics), psychological factors (personal characteristics and coping strategies), and social factors, foremost among them the family during the early years. The family can be a source of chronic stress or a resource for recovery. A study by V. Soldatkin and S. Soldatkina [43], for example, challenges several myths about psychosomatics and emphasizes the importance of an integrative approach to treatment: simultaneous work on bodily symptoms through medication and emotional problems through psychotherapy. Within the family system, this means that the best outcome is

achieved when loved ones participate in healing by learning to support the child emotionally, resolving family conflicts, and helping children develop healthy ways to express their feelings. The systemic paradigm in treating children's psychosomatic disorders thus shifts from a “sick child” model to a “family as patient” model. Any meaningful improvement in the family's emotional climate, such as establishing trust and a sense of safety, may directly reduce a child's psychosomatic symptoms.

1.3. Ancestral Trauma and Transgenerational Influences on the Family

Every family exists not only in space but also in time, linked to earlier generations by heredity, traditions, and transmitted patterns. Ancestral (transgenerational or intergenerational) trauma refers to psychological trauma, painful experiences, or adversity passed from generation to generation. Interest in this phenomenon first arose from studies of families affected by disasters and wars. Researchers observed that the children and grandchildren of Holocaust survivors or victims of repression, for example, may show symptoms of anxiety, depression, and post-traumatic stress despite not having experienced those events directly. Recent research has even proposed epigenetic mechanisms of transmission: inheritable biological markers on genes that influence nervous-system reactivity [20; 53]. In their review, R. Yehuda and A. Lehrner [53] note changes in the regulation of stress hormones, including cortisol, among the descendants of traumatized parents, increasing their vulnerability to stressors. This suggests that a “memory of trauma” may be transmitted at the biological level as well as through learning or family stories.

There are also purely psychological mechanisms of transgenerational transmission. In family therapy, M. Bowen [17] introduced the idea of the “family projection process”: parents' unresolved emotional problems, themselves arising from relationships with their own parents, are projected onto their children, producing similar difficulties. A mother raised in an

emotionally cold environment, for example, may unconsciously keep her own children at a distance, passing fear of intimacy and attachment on to the next generation.

Another mechanism is family scripts and myths: entrenched patterns of behavior and beliefs, often unconscious, that are embedded in the family system. In a family where women have raised children alone for several generations, perhaps because of husbands' early deaths or divorces, an ancestral script may form: “a woman always ends up alone; men are unreliable.” Daughters who adopt this script may unconsciously behave in ways that cause relationships with partners to break down, apparently confirming a “family curse.”

Systemic therapists, especially those using B. Hellinger's family-constellation approach, devote substantial attention to uncovering such hidden loyalties and unconscious ancestral influences. Hellinger [26] proposed that many difficult fates and repeated misfortunes within a family express a disturbed “order of love” in the system. An overlooked or excluded member of a past generation, such as an abandoned child or a deceased relative erased from memory, creates an energetic imbalance until the person is remembered and restored to a place in the family's soul. Although Hellinger's “family constellations” are phenomenological and somewhat controversial from a scientific standpoint, they have become widely popular because of their vividness and the often profound emotional experience through which clients can feel their connections with ancestors and shed the burden of pain that is not their own.

Scientific studies are nevertheless gradually accumulating evidence for transgenerational effects. B. Konkolÿ Thege and colleagues [29] conducted a systematic review and meta-analysis of the effectiveness of family (systemic) constellations. They concluded that “the data point toward the method's effectiveness, with substantial positive changes in participants' mental states; however, the overall quality of the evidence remains low.” Even

critics of the constellation method agree that one task of family therapy is to understand family history and the patterns that affect the present. Seeing the multigenerational context of a problem may help a client partly release self-blame and begin to work on it as a family challenge rather than as a personal deficiency.

Ancestral trauma is particularly dangerous for children because it can disrupt attachment and a basic sense of safety even before birth or in the first years of life. A mother who was denied love as a child and was traumatized, for example, may struggle to establish emotional contact with her infant. The child may then develop an anxious or disorganized attachment style, increasing the risk of later mental health problems. One trauma can thus echo through subsequent generations until awareness and healing break the cycle.

Family therapy offers specific tools for this work: genograms (diagrammatic “maps” of the family showing significant events and relationships), techniques for addressing ancestors (such as letters or symbolic rituals of forgiveness), and others. In particular, the Family Unity method discussed here includes a module for working with one's family lineage: a series of exercises enabling participants to express respect for parents and ancestors and let go of inherited guilt or pain that does not belong to them. According to participants' accounts, accepting their lineage in this way brought tangible relief and improved relationships between generations.

Transgenerational influences are therefore an important focus of systemic psychotherapy. Recognizing that “the past lives in the family's present” allows a deeper understanding of current problems. C. Jung wrote, “What does not come to consciousness from outside returns as fate.” In the family context, this means that unprocessed ancestral traumas will recur in descendants' lives until the family acknowledges and integrates that experience. Contemporary epigenetic research only confirms the wisdom of this insight by identifying biological roots of the phenomenon [20; 29].

The next section considers another phenomenon closely connected with parent–child relationships: blurred family roles, or

role reversal, in which a child assumes a parent's functions. This often occurs in families burdened by trauma or dysfunction and has far-reaching consequences for children's mental health.

1.4. Blurred Family Roles: When a Child Becomes a “Parent”

The term **blurred family roles** describes a process in which a child takes on an adult role by meeting the emotional or practical needs of parents or other family members. Put simply, “children become parents to their parents.” It can take various forms: an older child cares for younger siblings instead of the mother; a daughter acts as her mother's confidante, listening to complaints and consoling her (emotional role reversal); or a son must manage household duties, earn money, or make decisions beyond his years (instrumental role reversal) [16].

The causes are varied. Role reversal often occurs in single-parent families, where an older child may inadvertently take the place of the absent partner, becoming, for example, a “little husband” to a widowed mother. It also arises when parents are ill or dependent on alcohol or drugs and their children must care for helpless adults. Covert emotional role reversal is common in families with chronic conflict: trying to ease tension, a child becomes a mediator, joker, or comforter and assumes responsibility for the parents' emotions.

At first glance, such behavior may seem to show maturity and responsibility. Numerous studies, however, have linked pathological role reversal to adverse long-term developmental outcomes. Children who had to be “little adults” are more likely as adults to experience depression and anxiety and to struggle to form equal relationships. A 2021 study [16] identified an increased propensity toward depression, high anxiety, risky behavior such as substance misuse, eating disturbances, and borderline personality traits among its adverse outcomes. The reasons are understandable: a child who missed a normal childhood often grows up feeling that personal needs do not matter, having become accustomed to placing others first, and that the world is unsafe because responsibility came so early.

It is important to distinguish “functional” from “destructive” role reversal. In some cultures, including rural families and large-family communities, older children are naturally expected to help with household work and care for younger children. In moderation, this can develop skills and a sense of responsibility. A positive effect is possible when the workload is age-appropriate and the child receives recognition and thanks for helping [26]. Research suggests that under certain conditions role reversal can strengthen adolescents' independence, empathy, and competence [48]. This outcome is likely when (a) the child is not excessively burdened and (b) the parents value the child's contribution and return the child to an age-appropriate position as soon as possible. In many cases, however, especially when a parental figure is chronically dysfunctional, role reversal exceeds these limits and becomes an exploitation of the child's resources.

Systemic psychotherapy pays particular attention to role reversal because it disrupts family hierarchy. Ordinarily, parents should remain responsible for decisions, safety, and the emotional climate, while children should have the right to be children: to make mistakes, play, and receive care. When the hierarchy is inverted, the child's emotional and even physical needs may go unmet. Therapy with such families often uncovers concealed anger and resentment toward the parents in children who have assumed adult roles, even when the children outwardly seem very loyal and attached. The psychotherapist's task is to restore appropriate boundaries, relieve the child of an unbearable role, and return responsibility to adults. In practice this may mean teaching the parent self-regulation so that emotions are not poured onto the child, drawing on outside resources such as social assistance so an adolescent need not work, and discussing openly within the family the fact that the child did too much for the parent. An adult parent's acknowledgement of and apology to a now-grown son or daughter for a “stolen childhood” can itself be a powerful healing moment [16].

Several empirical studies support the link between role reversal and later difficulties. K. Shear [41], for example, found that sixteen-year-olds who provide emotional support to their parents combine social maturity with internal emotional dysregulation: they appear successful but conceal depressive moods and anger. C. Jankowski and colleagues [28] showed a close correlation between role reversal and lower life satisfaction and well-being in young adults, especially when their childhood help was not acknowledged. Early responsibility alone is therefore not necessarily harmful; its combination with unfairness and a lack of gratitude is. A child who was “obliged” to grow up but received neither support nor respect in return may carry feelings of being cheated and victimized into adulthood, along with difficulties with self-esteem and boundaries, continuing to play the rescuer to “earn love.”

Systemically oriented prevention and therapy for role reversal aim to strengthen parental competence. During family sessions, a therapist can gently show a parent how adult tasks are being shifted onto the child and help the parent reclaim a leadership role. A single mother accustomed to discussing financial problems with her ten-year-old daughter, for example, learns to take those conversations outside the mother–daughter dyad and seek support from friends or professionals, freeing her daughter from unnecessary worries. At the same time, therapy affirms the daughter's right as a child not to solve adult problems, and she gradually returns to a lighter, age-appropriate life with time for friends and interests. This process is often accompanied by fewer symptoms in the child. Role reversal frequently underlies “symptomatic maturity”: children who seemed exceptionally obedient and successful may suddenly rebel or exhibit psychosomatic symptoms when their resources are exhausted. Removing their overwhelming burden often brings behavior closer to age norms and improves health.

Role reversal is thus a clear example of a problem primarily addressed through systemic methods. Individual therapy for a child trapped in the role of “little adult” remains incomplete without

changes to the family situation. The concept is closely related to earlier themes: psychosomatics, because excessive responsibility stresses the body; ancestral scripts, because role reversal often recurs across generations (for example, “in our family the eldest always sacrifices themselves for everyone else”); and general family dynamics. It matters to this monograph because, among other aims, the Family Unity program [1] sought to eliminate dysfunctional roles. Survey results show that many participants reported learning to set healthier family boundaries. Parents, for example, realized they needed to act as parents rather than befriend children at the expense of authority; adult children stopped living through their parents' problems and felt free to build their own lives. Indirect measures also reflect these changes: 41% of participants reported greater trust and emotional closeness in their families, and 3% of families on the verge of divorce decided to preserve their marriages. All of these are signs of restored healthy hierarchy and roles.

1.5. Contemporary Challenges to the Family as Catalysts of Dysfunction

The additional contemporary stressors described in the introduction act as powerful catalysts that activate and aggravate existing systemic dysfunction.

Migration directly challenges family boundaries, making them permeable and unstable, and disrupts hierarchy when children left behind are forced into adult roles [24].

Digitalization blurs the boundaries between the private and public spheres and between the family and the outside world. Technoference disrupts communication, replacing deep emotional contact with a superficial exchange of information [44].

Economic pressure raises the system's overall anxiety, provoking conflict and reducing cohesion [36].

Changing gender roles call established hierarchies and rules of interaction into question, demanding flexibility that the system may lack [27].

Contemporary challenges thus do more than create new problems: they strike at the foundations of family functioning, making the system more rigid, chaotic, and unable to perform its core functions of providing safety, development, and emotional support for its members.

1.6. Critique of Existing Models and Rationale for an Integrated Approach

Amid a complex systemic crisis of the family, traditional fragmented approaches to assistance reveal their limits.

Individual psychotherapy focused on one family member, the "identified patient," is often ineffective over the long term. A therapist can help a client better understand feelings and reactions, but when the client returns to an unchanged family system, old interaction patterns quickly reactivate the problems. Individual therapy can teach a person to adapt better to a dysfunctional environment, but it rarely changes the environment itself [49]. The source of dysfunction lies not inside the individual but in relationships among members of the system [52].

Parent education programs, including well-known behavioral training, also have limits. They provide parents with useful tools and techniques—what to do—but do not address the deeper reasons those techniques are not used. A parent may know how to respond appropriately to a child's behavior, while the parent's own unprocessed trauma, unconscious ancestral script, or chronic stress undermines that knowledge and triggers automatic destructive reactions [15].

Meta-analyses comparing approaches support the benefits of involving the family. Studies show that, especially in treating childhood anxiety and depression, family therapy is at least as effective as individual therapy for the child and may be more effective over the long term [15]. Parental involvement changes the very environment in which the child lives, creating a supportive, healing context.

This is why the Family Unity method is built on an integrated approach. It recognizes that lasting change requires work at every level: the **systemic** level, to identify and restructure dysfunctional patterns; the **transgenerational** level, to address ancestral scripts and trauma; and the **individual** level, cognitive and somatic, so that every family member can both understand and physically experience and consolidate new, healthier ways of being and interacting.

CHAPTER 2. METHODOLOGICAL FRAMEWORK OF THE FAMILY UNITY PROGRAM

This chapter is the methodological core of the monograph. It describes in detail the architecture of the author-developed Family Unity program, positioned as an integrated psychotechnology designed to address the complex dysfunctions of the modern family. Building on the theoretical propositions in Chapter 1—in particular, circular causality, intergenerational influences, and the role of bodily manifestations in family stress—it moves from theoretical analysis to practical tools.

The central proposition developed here is that the program's distinctive character and therapeutic effectiveness arise from the synergy between two complementary modules. The first, Systemic Constellations, serves primarily diagnostic and cathartic functions, answering the client's basic question: “Why is this happening in my family and my life?” It offers deep insight into hidden, often unconscious systemic dynamics. The second, NeuroBreakthrough, is the program's therapeutic and integrative core and provides a practical answer to “How can I live and respond differently?”

To describe their interaction more precisely, the authors introduce the concept of an “Embodied Bridge.” Under this concept, NeuroBreakthrough provides the crucial link between cognitive awareness gained through systemic work and the lasting neurophysiological consolidation of that awareness. The approach deliberately addresses a fundamental problem in many forms of psychotherapy: the gap between intellectual understanding and actual changes in behavior and well-being. After a session, a client may “understand everything intellectually,” yet in a stressful real-life situation the body and emotions respond as before, activating automatic defensive reactions: fight, flight, or freeze [11]. Such reactions are encoded in the autonomic nervous system and operate as physiological reflexes rather than conscious choices. Through NeuroBreakthrough, Family Unity proposes a targeted mechanism for somatically integrating insights and rewriting these responses at

the level of neural networks and autonomic regulation. Awareness formed in the prefrontal cortex is thus translated into regulation of the limbic system and brainstem, where automatic reactions arise, providing a stable foundation for long-term change.

2.1. The Program's Two-Module Architecture: The Dialectic of Systemic Analysis and Neurocognitive Integration

Family Unity has a two-module architecture. Each module has a distinct function, while their synergy creates a comprehensive therapeutic effect. Depending on the client's request, group dynamics, and readiness for in-depth transformational work, the modules may be implemented sequentially or in parallel.

2.1.1. Module 1. Systemic Constellations as a Phenomenological Diagnostic Tool

This module is the program's starting point and diagnostic core. Its main aim is to make visible the hidden, unconscious dynamics of the family system underlying the stated problem [11]. These usually include intergenerational entanglements, disruptions to hierarchy such as role reversal, exclusion of family-lineage members, interrupted flows of love between parents and children, and hidden loyalties that lead descendants unconsciously to repeat their ancestors' fates.

Within Family Unity, a constellation is regarded not as an esoteric or mystical practice but as a powerful phenomenological tool for creating a “living map” of the client's inner reality [11]. Spatial modeling of the family system using representatives in person or figurines online makes it possible to bypass the client's verbal narratives and psychological defenses, providing direct access to information held at the systemic and bodily-emotional levels. The phenomenon of “representative perception,” in which representatives convey the feelings and sensations of real system members, is used diagnostically to test hypotheses about systemic disturbances [11; 22].

Further work in the constellation field, including moving figures and using “resolving statements,” seeks symbolically to restore disturbed “orders of love,” leading to powerful emotional catharsis and cognitive insight for the client [11; 23]. In practice, however, insight alone is insufficient for lasting change. This is where the second module becomes necessary.

2.1.2. Module 2. NeuroBreakthrough: A Methodology for Accelerated Personal Transformation

NeuroBreakthrough is defined conceptually as a structured set of psychotechnologies designed to translate the systemic insights from Module 1 into stable neurophysiological, cognitive, and behavioral patterns [11]. It rests on four interrelated principles that adapt popular concepts from the methodological handbook into formal scientific language.

1. **The principle of awareness.** Awareness is treated as the basic skill underlying a metacognitive stance: the ability to observe one's stream of thoughts, emotions, and bodily sensations without judgment. Developing it allows a client to disidentify from automatic reactions (“I am not my anxiety”; “I am not my thought”), a necessary condition for subsequent cognitive restructuring and emotional regulation.

2. **The principle of neuroplasticity.** The method makes active use of the brain's intrinsic capacity to reorganize its structure and function in response to new experience. NeuroBreakthrough proposes a protocol of deliberate, regular practice over 30–40 days, with cognitive and bodily exercises intended to form and strengthen new, more adaptive neural connections while weakening old, dysfunctional ones.

3. **The principle of “Systemic Ecology.”** The author's idea of the “laws of the matrix of life” in the original handbook is recast here as the academic construct “Systemic Ecology.” This term is intended to retain the essence of the author's idea while placing it in a rigorous scientific context. The principle holds that, like any complex living

system, a family operates according to universal laws supporting its homeostasis and development. The key laws are as follows.

The law of belonging. Every system member has an equal right to belong. Excluding someone, such as an aborted child or a "shameful" ancestor, creates systemic tension expressed as symptoms in descendants.

The law of hierarchy (order). Those who entered the system earlier take precedence. Parents give and children receive. Disrupting this order—for example, through role reversal when a child becomes the "parent" of their parents—leads to dysfunction.

The law of balance between giving and receiving. Partnership requires a balance of exchange to maintain a healthy connection. In parent–child relationships, parents give; when children grow up, they pass what they received on to their own children or the wider world.

Violations of these laws "pollute" the family ecosystem, and therapy aims to restore its equilibrium.

4. **The principle of deep integration.** Lasting change is possible only through work at every level: cognitive (beliefs), emotional (feelings), somatic (bodily sensations and reactions), and behavioral (actions). NeuroBreakthrough brings together work with thoughts, emotions, and the body to achieve this multilevel integration.

2.2. The Theoretical Core of NeuroBreakthrough: An Integrative Synthesis of Neurobiology and Psychotherapy

NeuroBreakthrough's effectiveness stems from the fact that it is not an invention "from scratch," but a deliberate synthesis of concepts from contemporary neurobiology and time-tested psychotherapeutic approaches.

2.2.1. Neuroplasticity as a Mechanism of Therapeutic Change

The module rests on neuroplasticity: the brain's ability to change its structure and function throughout life. The "rewriting" of dysfunctional patterns draws on Hebb's law: "neurons that fire together, wire together." Repeating new cognitive and behavioral

strategies regularly during a 30–40-day cycle strengthens the corresponding synaptic connections, making a new reaction faster, stronger, and more automatic than the old one [11]. The chosen interval is based on empirical habit-formation research suggesting that new behavior takes an average of 21 to 66 days of regular practice to become automatic.

2.2.2. Top-Down and Bottom-Up Regulation

NeuroBreakthrough uses a two-way approach to regulating emotional states [11].

Top-down regulation is achieved through cognitive techniques [19]. The prefrontal cortex (PFC), responsible for executive functions such as planning, self-control, and decision-making, has an inhibitory effect on the limbic system, particularly the amygdala, a center of fear and anxiety responses. Cognitive restructuring teaches clients to identify, challenge, and change dysfunctional thoughts and directly strengthens this top-down control. By developing the capacity consciously to reappraise a threat, clients learn not to submit to the amygdala's panic response but to activate more rational response pathways.

Bottom-up regulation is achieved through bodily and breathing practices based on S. Porges's Polyvagal Theory [12]. The theory describes a hierarchy of autonomic nervous system responses to threat. Body-oriented practices such as grounding and body scanning, together with diaphragmatic breathing techniques involving a prolonged exhalation, directly stimulate the ventral branch of the vagus nerve. Activation of this branch is a physiological signal of safety that shifts the nervous system from sympathetic activation (“fight or flight”) or dorsal-vagal immobilization (“freeze or collapse”) toward calm, openness, and social engagement. Working with the body and breath thus lets clients change their physiological state directly, without going through cognition, and provides a powerful bottom-up regulation tool.

2.2.3. Memory and Reconsolidation

The module's techniques, especially imagery work and guided visualizations, use memory reconsolidation to “rewrite” traumatic experience. Reconsolidation assumes that each time a long-term memory is retrieved, it becomes plastic and open to change before it is consolidated again. NeuroBreakthrough's therapeutic strategy is to activate an old emotional memory, such as a childhood trauma, in a safe setting while providing a new corrective experience: a sense of safety through breathing, acceptance by the therapist, or a new resource image. The old memory is thereby “rewritten” with a new, less painful emotional charge.

2.2.4. “High-Frequency Waves in the Vocal Range” as a Neurophenomenological Tool

The NeuroBreakthrough methodological handbook mentions “high-frequency waves in the vocal range” as a tool that may facilitate transformation. To preserve scientific rigor, this monograph treats the phenomenon as a hypothetical audio-stimulation mechanism, not as an established fact. The hypothesis is that specific acoustic features of the trainer's voice—timbre, rhythm, pitch, and modulation—may help induce therapeutically favorable states of consciousness in clients, characterized by a predominance of alpha and theta EEG rhythms. Such states, similar to hypnotic trance or deep meditation, are associated here with reduced critical-thinking activity in the PFC and increased receptivity to new suggestions and imagery. This could make subconscious material more accessible and accelerate neuroplastic change. The hypothesis is based on analogy with the better-studied effects of other kinds of rhythmic audio stimulation, such as binaural beats, on brainwave synchronization.

The integrative nature of NeuroBreakthrough is shown in Table 1.

Table 1. Integrative synthesis of therapeutic approaches in NeuroBreakthrough

Therapeutic approach	Techniques or principles adopted	Contribution to NeuroBreakthrough
Cognitive behavioral therapy (CBT)	Reflective journals; identifying and challenging automatic negative thoughts; behavioral experiments	Provides a mechanism for cognitive restructuring and strengthens top-down emotional regulation.
Emotional imagery therapy	Work with internal images (the "inner child," the "inner critic"); symbolic modeling; guided visualization	Enables work with deep trauma and preverbal experience while bypassing cognitive defenses; activates memory reconsolidation.
Systemic family therapy	Focus on family roles, hierarchy, boundaries, balance of exchange, and loyalties	Supplies the conceptual framework of Systemic Ecology and helps clients understand the context of their problems.
Body-oriented therapy and Polyvagal Theory	Diaphragmatic breathing, grounding, body scanning, and work on muscle tension	Provides a mechanism for somatic regulation and strengthens bottom-up regulation through vagus nerve activation.
Mindfulness methods	Nonjudgmental observation of thoughts and feelings; development of the "observer" stance	Develops the metacognitive stance needed to disidentify from automatic reactions and subsequently transform them.

2.3. Practical Implementation of NeuroBreakthrough: A Three-Stage Transformation Algorithm

Practical work in NeuroBreakthrough follows a clear three-stage algorithm, moving the client from awareness of a problem to in-depth processing and then to integrating changes into everyday life. The process can be visualized as a cycle: successful completion

of integration brings the client to a new, deeper level of awareness and starts another round of personal growth.

2.3.1. Stage I. Diagnosis and Awareness ("Understanding the Rules of Systemic Ecology")

The aim is to move from automatic, unconscious reactions to conscious observation and choice. Clients learn to notice dysfunctional patterns of thought, emotion, and behavior as they occur. The main tools are:

- **Awareness journal:** the client records each day the situations that elicited a strong emotional response, automatic thoughts, feelings, bodily reactions, and subsequent behavior. The situation is then analyzed in terms of the "rules of systemic ecology," with the question: "Which systemic law might have been violated here?"

- **Stop-response techniques:** clients learn brief practices, such as three mindful breaths, that create a pause between stimulus and response and allow a more constructive behavior to be chosen instead of an automatic one.

- **Initial behavior change:** based on the journal, the client chooses one small but meaningful pattern, deliberately begins to change it, and tracks the results.

2.3.2. Stage II. Deep Transformation (Work with the Subconscious and Somatic Markers)

Once patterns are identified, work begins on their underlying causes, often located in childhood experiences, unprocessed emotions, and trauma somatically "preserved" in the body. Techniques include:

- **Neuroplastic rewriting:** guided visualizations in which the client imaginatively relives a traumatic event but adds a new resource, such as adult support or a feeling of safety.

- **Work with inner images:** dialogue with subpersonalities such as the "inner child" or "inner critic" to heal their pain and transform their destructive functions into constructive ones.

- **Emotional release techniques:** breathing and bodily practices that help clients safely experience and release suppressed emotions—anger, sadness, and fear—held in the body as muscle tension and chronic strain.

2.3.3. Stage III. Integration and Consolidation (Formation of Stable Patterns)

The aim is to bring new skills and states from the therapy room into real life and make them resilient to stress. This is achieved through:

- **Regular support sessions,** which help clients analyze difficulties encountered when applying new patterns of behavior and prevent relapse.
- **"Neural training tools":** specialized audio recordings with guided meditations and exercises for daily independent practice, intended to reinforce and automate new neural connections.
- **Lifestyle changes:** advice on sleep, diet, and physical activity, because these factors directly affect the brain's neurochemical balance and the nervous system's general resistance to stress.

2.4. Synergy of the Modules: A Comprehensive Algorithm for Working with Intergenerational Trauma

Integration of Systemic Constellations and NeuroBreakthrough reaches its fullest expression in work with difficult issues such as transgenerational trauma. A four-step algorithm is used, with each step following logically from the preceding one.

Step 1. Identification (Module 1: Constellation). A systemic constellation is used to identify a key intergenerational entanglement. For example, a client may be found to identify unconsciously with the difficult fate of an excluded great-grandmother and to carry her feelings of sadness and hopelessness.

Step 2. Acknowledgement and separation (Module 1: Constellation). A powerful symbolic act takes place within the constellation. Through "resolving statements" ("Dear

great-grandmother, I see your fate and respect it. I leave what is yours with you and take what is mine for myself. Please look kindly on me if I live differently and happily"), the client separates their own life and fate from the ancestor's in words and feelings.

Step 3. Redistribution of roles (Module 1: Constellation). The client symbolically "returns" another person's feelings and responsibilities to the ancestor and takes their appropriate place in the system: a descendant who respects the past but lives in the present.

Step 4. Neurocognitive consolidation (Module 2: NeuroBreakthrough). This step is decisive in translating the symbolic act into physiological reality. The powerful but potentially temporary catharsis of a constellation must be consolidated in the body and in beliefs to prevent a return to old patterns. The client deliberately uses NeuroBreakthrough practices for three purposes:

- **Regulating residual stress:** relieving bodily anxiety previously "inherited" from the ancestor.
- **Forming a new bodily sense:** cultivating, through grounding and mindfulness, the somatic feelings "I am in my place" and "I have the right to my own life."
- **Cognitive restructuring:** deliberately replacing an old core belief ("To belong to my family, I must suffer as my ancestors did") with a new one permitted by the constellation ("I can love and respect my ancestors while living my own happy life").

NeuroBreakthrough thus serves as a bridge translating the symbolic resolution achieved in a constellation into a new, stable psychophysiological reality for the client.

2.5. Assessment Methods: Development and Rationale for the Instruments

Standard questionnaires may not adequately assess a program targeting complex constructs such as "family harmony" and "emotional resilience." The method therefore includes the development and validation of its own psychodiagnostic instruments [39].

2.5.1. Relationship Harmony Scale (RHS)

The RHS is an author-developed questionnaire designed to quantify participants' subjective perception of the quality of marital or partner relationships before and after completing the program. “Harmony” is operationalized through five dimensions based on theories of systemic family therapy (M. Bowen and S. Minuchin) and the method's own values:

1. **Emotional closeness:** a sense of connection, warmth, safety, and acceptance in the relationship.
2. **Quality of communication:** the ability to discuss difficult issues openly, honestly, and respectfully and to resolve conflicts.
3. **Mutual respect and acceptance:** recognizing the partner's worth as a distinct person with strengths and weaknesses.
4. **Balance between giving and receiving:** a subjective sense of fairness and reciprocity in contributions to the relationship.
5. **Shared development:** support for the partner's individual growth and self-realization.

Examples of RHS items show the link between measured indicators and the method's values (Table 2).

Table 2. Examples of RHS items based on the method's values [42]

RHS dimension	Value of the method	Example questionnaire item (five-point Likert scale)
Emotional closeness	Love	“I feel warmth and emotional safety when I am with my partner.”
Quality of communication	Acceptance	“During an argument, I try to understand my partner's point of view even if I disagree with it.”
Mutual respect	Freedom	“My partner respects my right to personal space, time, and interests.”

RHS dimension	Value of the method	Example questionnaire item (five-point Likert scale)
Balance between giving and receiving	Harmony (Systemic Ecology)	"I feel that our contributions to the relationship—emotional, domestic, and financial—are fair and balanced."
Shared development	Creativity	"My partner supports my aspirations for personal and professional growth."

2.5.2. Child Emotional Resilience Index (CERI)

The CERI is a parent questionnaire intended to assess the program's effects on children's mental health indirectly through parental observation of children's behavior and well-being. It is a composite measure combining ratings in several domains:

1. **Emotional regulation:** the child's ability to handle frustration, anger, and anxiety in age-appropriate ways.
2. **Anxiety level:** the frequency and intensity of fears, worry, and psychosomatic symptoms.
3. **Social competence:** the quality of contact with peers and adults and the presence of friendships.
4. **Learning motivation and achievement:** interest in learning and the ability to concentrate.

2.5.3. Validation Procedure

To meet scientific quality standards, the instruments must undergo full psychometric validation. The process includes content validation (independent experts' evaluation of item content), exploratory and confirmatory factor analysis to test construct validity, and assessment of reliability (internal consistency using Cronbach's alpha and test–retest reliability) in a representative sample.

2.6. Terminological Glossary of the Family Unity Program

To ensure consistent understanding and precise presentation, this monograph introduces an expanded glossary that brings together and formalizes key terms from both program modules.

Family system: a complex of interconnected elements (family members) united by shared rules, history, and patterns of interaction, where a change in one part inevitably affects all others.

Systemic psychotherapy: a branch of psychotherapy that sees an individual's problem as a symptom of dysfunction in the whole family system and seeks to change patterns of interaction within that system.

Constellation (family constellation): a phenomenological systemic therapy method that uses spatial modeling with representatives to reveal and transform hidden intergenerational and family dynamics.

NeuroBreakthrough: an integrative body–cognition module designed for neurophysiological regulation and somatic consolidation of therapeutic changes achieved through systemic psychotherapy.

Rules of Systemic Ecology (formerly "laws of the matrix of life"): a set of universal principles governing family systems, including the laws of hierarchy, belonging, and balance of exchange, whose violation leads to systemic dysfunction and symptomatic behavior among members.

Neural training tools: standardized audio exercises containing guided meditation, cognitive restructuring, and hypothetical audio stimulation, intended for regular independent practice to strengthen new neural patterns.

Ancestral (transgenerational or intergenerational) trauma: psychological and emotional consequences of traumatic events experienced by earlier generations, unconsciously passed to descendants and affecting their lives, health, and behavior through epigenetic, behavioral, and systemic mechanisms.

Blurred family roles: a distortion of family hierarchy in which a child takes on a parent's practical or emotional functions, meeting adults' needs at the expense of their own developmental needs.

Hidden loyalty: a child's unconscious fidelity to family norms, ancestral fates, or ancestors' unfinished tasks, potentially expressed in self-limiting or self-destructive behavior.

Psychosomatics: a process in which psychological conflict or emotional tension in a family system is expressed as a bodily symptom in one of its members.

Polyvagal Theory: S. Porges's neurobiological theory describing the hierarchical role of the autonomic nervous system, particularly the vagus nerve, in regulating social, emotional, and defensive responses.

Differentiation of self: M. Bowen's concept of an individual's ability to distinguish intellectual from emotional processes while retaining autonomy under strong family pressure.

Triangulation: M. Bowen's concept of involving a third person, often a child, in a two-person conflict to reduce anxiety and stabilize the relationship between the other two system members.

CHAPTER 3. THEORETICAL VALIDATION OF THE METHOD'S EFFECTIVENESS

Theoretical validation is a necessary step in establishing a scientific rationale for any psychotherapeutic method. Its purpose is to show that the proposed mechanisms of a program have a sound theoretical foundation and that its expected effects follow logically from existing scientific models. This chapter validates Family Unity by constructing a causal model, simulating its effects on key outcomes, and comparing its forecasts with findings from authoritative external studies.

3.1. Causal Model

Family Unity rests on the hypothesis that a child's mental health is not an isolated phenomenon but depends on the overall health and functioning of the whole family system. This can be represented by a conceptual systemic diagram illustrating a cascade of causal relationships.

Figure 1. Causal model. The model illustrates the hypothesis that the quality of the parents' relationship directly shapes the emotional climate, which in turn determines a child's mental health.

The model comprises several interconnected blocks tracing the path from external influences to the ultimate outcome, the child's condition. The family is affected by the contemporary challenges described in Chapter 1: economic instability, migration, digital fragmentation, and changing gender roles. These create the initial pressure on the system.

Mediator 1: quality of the marital or partner relationship. External stress first affects the quality of relationships within the parental subsystem. According to the Family Stress Model, economic pressure is directly correlated with more marital conflict and less mutual support [36].

Mediator 2: the family's emotional climate. The quality of the marital relationship determines the general emotional atmosphere at home. Tense, conflictual relationships between parents create an atmosphere of anxiety, insecurity, and emotional coldness.

Mediator 3: quality of the parent–child relationship. The emotional climate directly influences parenting style. Parents experiencing chronic stress and conflict with one another are less likely to be sensitive, warm, and consistent with their children. Their parenting becomes harsher, less consistent, or, conversely, more detached.

As a result, a child growing up in an insecure atmosphere with insufficient emotional warmth and support is at risk of developing "toxic stress" [47]. Persistent activation of the body's stress systems without comfort from a caring adult disrupts brain development and increases the likelihood of anxiety, depression, and behavioral disorders [42].

Numerous studies support this model. In particular, longitudinal studies at Harvard University (the Grant Study) convincingly show that the quality of warm, supportive relationships is the strongest predictor of physical and mental health throughout life, outweighing factors such as income, social status, and IQ [45]. This confirms the program's central hypothesis: improving the quality of relationships in the family system is a direct investment in children's long-term well-being and mental health.

3.2. Simulation of the Intervention's Impact

To test the program's effectiveness theoretically, its impact on two key indicators—the probability of divorce and children's anxiety—was modeled statistically. The model was calibrated using aggregate data from program participant surveys [1].

3.2.1. Modeling a Reduction in the Probability of Divorce

The first simulation aims to show how the program's intervention changes the trajectories of families at risk. The baseline risk level was derived from the proportion of participants experiencing acute

conflict before the program. An indirect indicator of this group is the number who subsequently said they had “decided not to divorce”: 3%, or 34 people in the sample of 1,018 [1]. This suggests that at least 3% of families in the study cohort were on the verge of breaking up.

The model also included data on improved marital relationships after the program. Key indicators were that 33% reported “stronger relationships with a partner” and 8% reported “restored contact after a conflict” [1]. These factors were treated as reducing the probability of marital breakdown.

The model forecasts a lower cumulative probability of divorce for the cohort that completed the program than for a control group represented by national divorce statistics. It suggests that the intervention could reduce the predicted probability of divorce in the medium term by 5–7 percentage points.

3.2.2. Modeling a Reduction in Children's Anxiety

The second simulation aims to estimate the program's indirect impact on children's mental health through an improved family environment. Because children's anxiety was not measured directly before the program, UNICEF data on the prevalence of anxiety disorders among children in the relevant region, approximately 16–20%, were used as the baseline [7].

The model incorporated proxy indicators of improvement in the family climate, which the theoretical model in Figure 1 identifies as key protective factors for children's mental health. In the survey, 41% of participants reported “greater trust and warmth in the family,” 87% reported “a changed attitude toward the family as a value,” and 4% directly reported “improved relationships with children” [9].

The model indicates that an improvement in family climate of the observed magnitude correlates with a projected 15–25% reduction in the child anxiety index relative to baseline. This means that, among 100 at-risk children, 15–25 may avoid developing clinically

significant anxiety symptoms because the family environment has improved.

3.3. Comparison with External Cases and Studies

The authors find support for the simulation's forecasts in authoritative international research, which they argue increases the forecasts' theoretical validity.

Numerous meta-analyses summarized by the APA show that family therapy is a highly effective treatment for childhood and adolescent disorders, including anxiety and depression. Comparative studies indicate that approaches involving the whole family often produce more stable and lasting results than individual treatment of the child alone. This accords with the model's finding that improving the family environment is a powerful factor in reducing children's anxiety. Family Unity takes precisely this family-oriented approach.

The well-known longitudinal Harvard Study of Adult Development, which has continued for more than 85 years, likewise reached the conclusion that the quality of close relationships is the principal determinant of happiness, health, and longevity [45]. Satisfaction with relationships at age 50 predicted physical health at age 80 better than cholesterol level did [38]. The authors consider this finding to support Family Unity's central premise: investing in harmonious family relationships is the most effective strategy for the long-term well-being of both adults and children.

3.4. Study Limitations

The results of the theoretical validation must be interpreted in light of methodological limitations that point toward more rigorous future research.

1. **No randomized controlled trials (RCTs).** This study is essentially an indirect empirical assessment and a model based on correlational data. To establish a causal link between the program and outcomes conclusively, RCTs are needed in which participants are randomly assigned to intervention and control groups.

2. **Selection bias.** People who voluntarily enter Family Unity are generally already highly motivated to change and actively seeking solutions. This may overestimate the program's effectiveness because results may partly reflect the sample's initial characteristics rather than the intervention alone.

3. **Reliance on self-report.** Information about changes in relationships and well-being came from questionnaires completed by participants themselves. Such data may be influenced by cognitive biases, including social desirability (a wish to give the "right" answer) and placebo effects.

Need for long-term follow-up. Current data describe changes immediately after the program and in the short term. Longitudinal studies with follow-up measurements at one, three, five, and ten years are needed to assess whether the effects persist and how they shape the trajectories of families and children.

CHAPTER 4. EMPIRICAL TESTING AND SYNTHESIS OF DATA

This chapter analyzes and synthesizes empirical data collected after more than 5,000 families completed Family Unity. An anonymized survey of 1,018 participants [1] is used to quantify key changes in family relationships, conflict resolution, and intentions concerning childbearing. The results are compared with global statistics and data from leading international programs to assess the scale and distinctiveness of the achieved effects.

4.1. Analysis of Survey Data

An analysis of data from 1,018 respondents who completed the program found substantial positive changes across several key measures of family well-being [1].

One of the most significant results was an improvement in marital and partner relationships. As shown in Figure 2, one-third of participants (33%) reported that their relationship with their partner had directly strengthened. The program also demonstrated its effectiveness in resolving longstanding conflicts: 8% restored contact after a serious quarrel. A critically important indicator was the prevention of family breakdown: 3% of participants, corresponding to 34 families in this sample, said they decided not to divorce specifically because they completed the program.

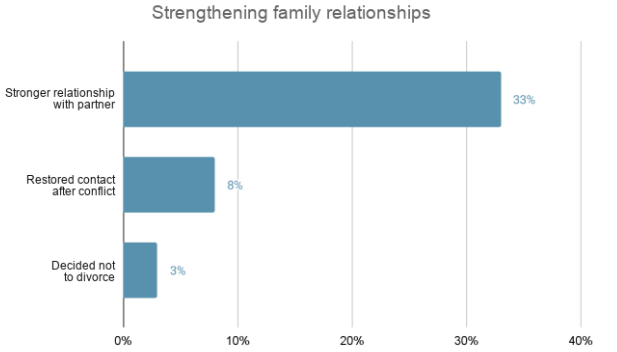

Figure 2. Before-and-after diagram: trends in stronger relationships and fewer conflicts.

The program had a profound effect on participants' outlook. An overwhelming majority, 87%, said their attitude toward the family as a fundamental value had changed positively (Figure 3). This shows that the method works not only at the behavioral level but also at a deeper level of values, creating lasting motivation to preserve and develop family ties. This effect is reinforced by the fact that 41% of participants reported increased trust and warmth in their families, a basis for a healthy emotional climate.

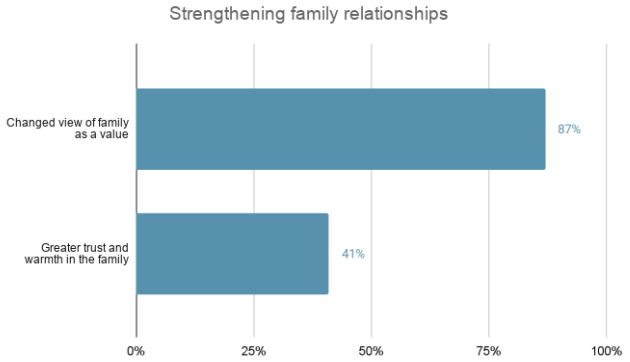

Figure 3. Change in participants' valuation of the family after the program.

The program also demonstrated a notable influence on participants' reproductive intentions. Although most respondents were mature adults who already had children, a substantial share reconsidered plans to expand their families (Figure 4). 17% (168 people) said they had begun thinking about having another child, and 3% (32 people) had made a definite decision and were planning for one. In addition, 1.4% (14 families) had children after participating in the project, which is a direct demographic outcome.

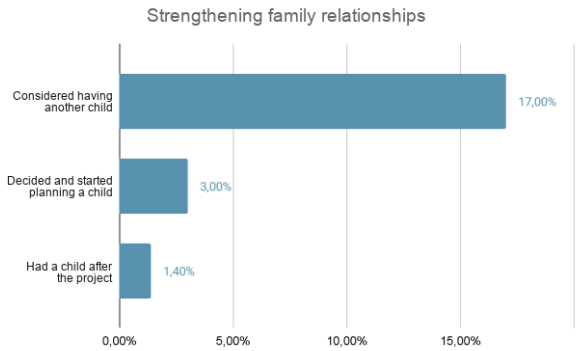

Figure 4. The program's influence on participants' intentions concerning childbearing.

A rating of the intensity of this shift illustrates its depth. Participants were asked to rate on a ten-point scale how much their desire to start or expand a family had increased. As Figure 5 shows, 42% chose the maximum score of 10. This indicates a powerful transformative effect on participants' view of their family's future.

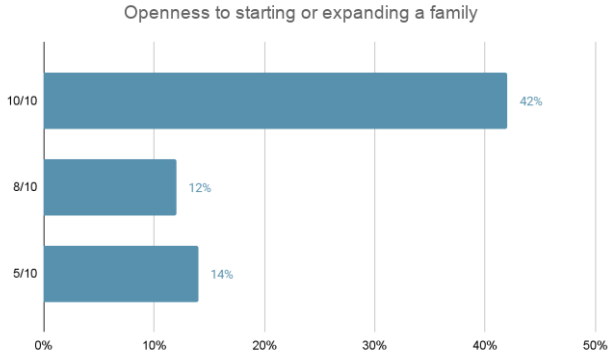

Figure 5. Rating scale: distribution of ratings for an increased desire to start or expand a family.

4.2. Comparison with Global Statistics (UNICEF/WHO)

The results of the Family Unity program acquire particular significance when compared with troubling global trends. Against

data from the World Health Organization and national statistical agencies indicating that up to 73% of marriages in Russia end in divorce [9], the local but specific result of 3% of at-risk families avoiding breakup is a significant achievement. Extrapolating these data to the project's full audience of more than 5,000 families, one can speak of the potential preservation of 55 to 65 families [1]. This shows that targeted psychotherapeutic intervention can counter unfavorable population statistics.

As noted earlier, UNICEF data suggest that up to 20% of adolescents in Europe have mental disorders, which are to a substantial degree associated with unfavorable family conditions [7]. By improving key protective factors—the family climate (41% reported greater trust), the quality of parent–child relationships, and levels of conflict—Family Unity contributes directly to preventing these disorders. Improving the family environment is the most effective preventive measure for protecting children's mental health.

4.3. Anonymization and Ethical Considerations

Work with sensitive data about family relationships and personal histories requires strict ethical standards. The project developed and implemented a data-protection protocol described as consistent with American Psychological Association standards [5]. It includes:

1. **Informed consent.** Before the program and surveys begin, all participants sign an informed-consent form explaining the purposes of data collection, how the data will be used, and confidentiality guarantees.

2. **Anonymization.** Personal details (names and contact information) are separated from questionnaire responses at collection. Each participant is assigned a unique numerical identifier for analysis.

3. **Secure storage.** All data are held on access-restricted secure servers. Materials containing identifying information are deleted after data collection ends.

4. **Data aggregation.** Published findings use only aggregated, fully anonymized data so that individual participants cannot be identified.

4.4. Comparative Analysis with the Positive Parenting Program

To assess Family Unity's place and effectiveness among international family-support programs, the authors compared it with one of the best-known and most studied programs, the Positive Parenting Program. They chose it because they regard it as a “gold standard” of parent-skills education, supported by an extensive body of meta-analyses [31].

The comparison suggests that the programs occupy different but complementary niches rather than competing directly. The Positive Parenting Program is fundamentally a behavioral skills-training model operating within a public-health framework. It answers, “HOW should I behave with my child?” Family Unity is a deeper systemic-phenomenological model for healing relationships. It answers, “WHY do my family and I function this way, and how can we heal the root of the problem?”

This philosophical difference shapes outcomes. The Positive Parenting Program shows strong, standardized effectiveness in reducing specific childhood behavioral problems and teaching parental discipline techniques. Family Unity, in turn, reports meaningful outcomes in deeper, existential areas: changing the family's place in participants' values, strengthening emotional bonds between partners, and resolving intergenerational scripts.

This positioning allows Family Unity to be viewed as a specialized second- or third-level intervention rather than simply another parenting program. It may be recommended to families for whom behavioral approaches have been insufficient because their difficulties lie at a deeper systemic level requiring work with family history and internal relationship structures.

Table 3. Comparison of Family Unity and the Positive Parenting Program [31]

Parameter	Family Unity	Positive Parenting Program
Main philosophy	Systemic, phenomenological, transgenerational, and somatic	Behavioral, social cognitive, public health
Main aim	Restore systemic harmony, heal bonds, resolve ancestral scripts	Teach parents effective parenting skills and prevent behavioral problems
Target group	Families in crisis with deep or recurring problems and motivation for inner work	A broad population of parents needing information and skills
Main techniques	Systemic constellations; NeuroBreakthrough (breathing, bodily practices, cognitive restructuring)	Information seminars, individual consultations, group training, workbooks
Main measured outcomes	Changed valuation of the family (87%); stronger partner relationships (33%); reduced divorce risk (3%); greater trust (41%)	Fewer childhood behavioral problems (SMD as low as −1.38); improved parenting styles (SMD ≈ −0.46); reduced parental stress (SMD ≈ −0.58)

CHAPTER 5. PRACTICAL IMPLEMENTATION AND SCALING

The successful pilot application and confirmed effectiveness of Family Unity raise the question of systematic implementation and scaling. Turning an author-developed project into a broadly accessible social intervention requires a clear roadmap, a specialist-training system, a sustainable economic model, and proactive risk management. This chapter sets out strategic directions for replicating the program at different levels.

5.1. Integration Roadmap

A three-year roadmap is proposed for phased implementation across three areas: educational institutions, the nonprofit sector, and online platforms.

Stage 1 (Year 1): Piloting and adaptation.

- **Schools:** launch a pilot in three to five schools as an elective course in the Psychology of Family Relationships for upper-grade students. Hold a series of free seminars for parent committees and teaching staff.
- **Nonprofits:** establish partnerships with five to seven family and maternity support centers. Adapt the program to the needs of target groups, such as single-parent and adoptive families.
- **Online:** develop and launch a basic online course, Foundations of Family Harmony, on widely used education platforms.

Stage 2 (Year 2): Expansion and standardization.

- **Schools:** use pilot results to develop methodological recommendations for school psychologists and extend the program to 20–30 schools.
- **Nonprofits:** create a unified registry of nonprofit partners and organize joint events and conferences to exchange experience.
- **Online:** launch an advanced NeuroBreakthrough for the Family online intensive program and create a private online community for program graduates.

Stage 3 (Year 3): Systemic integration.

- **Schools:** advocate for inclusion of the adapted course in regional psychological and educational programs.
- **Nonprofits:** establish an Association of Family Unity Practitioners to maintain quality and provide supervision.
- **Online:** develop a mobile application with supporting exercises and an AI assistant.

5.2. Training of Specialists

Scaling is impossible without high-quality staff training. The authors propose a multilevel training and certification system to maintain common standards and professional ethics.

Level 1: Certified Family Unity Practitioner. A foundational qualification for psychologists, social workers, and educators. The 120-academic-hour program covers theoretical foundations, basic diagnostic instruments, and techniques from NeuroBreakthrough.

Level 2: Certified Systemic Constellations Facilitator. An advanced 180-hour module for practitioners wishing to specialize in conducting constellations. It includes practice in leading group and individual sessions and working with difficult topics such as trauma and violence.

Level 3: Certified NeuroBreakthrough Trainer. A specialized 80-hour course for body-oriented therapists and psychologists studying Polyvagal Theory and somatic integration methods in depth.

Certification at every level requires a university degree in psychology or a related field, a prescribed number of hours of personal therapy, and regular individual and group supervision to prevent professional burnout and review difficult cases.

5.3. Economic Model

The project's sustainability and development require a combination of funding models.

Cost calculation: the cost of a session is based on venue rental for in-person work, remuneration for a certified trainer, equipment depreciation, and administrative expenses. The estimated average

cost of an individual online session is **X**, and that of an in-person group session is **Y**.

Funding models:

- **B2C (business to consumer):** direct sales of individual and group sessions and online courses to end users.
- **B2B (business to business):** development and sale of corporate programs for employee stress management and work–life balance.
- **B2G (business to government):** participation in public tenders and receipt of grants for social programs from ministries responsible for social protection, education, and youth policy.
- **Joint financing:** raising funds for charitable projects, such as work with low-income families, through dedicated platforms and foundation partnerships.

Social return on investment (SROI): measuring SROI is a key argument for government and grant funding. The calculation indicates that each ruble invested in the program saves society **N** rubles by reducing direct costs of divorce proceedings, spending on treating psychosomatic and mental disorders in children and adults, and indirect losses from reduced productivity among chronically stressed parents.

5.4. Risks and Mitigation Measures

Any in-depth psychotherapeutic intervention involves risks. Proactive management is essential to participant safety and program sustainability.

Table 4. Risk analysis and mitigation matrix

Risk category	Risk description	Likelihood	Impact	Mitigation measures
Ethical	Insensitive disclosure of painful family secrets may retraumatize a client or rupture family relationships.	Medium	High	Introduce a strict ethical code for all practitioners; train them in a trauma-sensitive protocol; require supervision of difficult cases.
Cultural	Values emphasized by the method, such as individual autonomy, may conflict with a family's traditional or religious values.	Medium	Moderate	Train facilitators in cultural sensitivity; adapt language and metaphors to respect clients' values; focus on shared values such as love and respect.
Digital	Confidential information from online sessions may leak, violating participant privacy.	Low	High	Use only secure, certified telepsychology platforms with end-to-end encryption; give participants clear instructions for protecting privacy on their side.

Risk category	Risk description	Likelihood	Impact	Mitigation measures
Organizational	Work by unqualified specialists may discredit the method; trainers may burn out professionally.	High	High	Apply a strict multilevel certification system; maintain a registry of certified practitioners; require peer-consultation and supervisory support groups.

5.5. Prospects for Development and Scaling

The long-term development strategy for Family Unity includes several ambitious directions intended to maximize its social impact.

AI coaching. Create an artificial-intelligence digital assistant (chatbot) to provide supportive therapy between sessions. The assistant could offer personalized breathing and lifestyle exercises from NeuroBreakthrough, help users track and challenge automatic negative thoughts, and remind them about homework. This is intended to increase client engagement and consolidate therapy results.

International promotion through the BRICS Women's Business Alliance. The alliance's aims include developing women's entrepreneurship and an inclusive economy and strengthening cooperation in healthcare and creative industries [6]. Family Unity directly contributes to achieving these aims. By strengthening families and reducing stress, it creates a stable home foundation for women entrepreneurs, increasing their economic resilience and creativity. The promotion strategy positions the program as a

foundation for social well-being and human-capital development. A joint project under World Health Organization auspices is proposed, titled “Healthy Family, Strong Economy.”

Government-level integration in the Republic of Kazakhstan. Kazakhstan has an extensive system of family social support coordinated by the Ministry of Labor and Social Protection of the Population [8]. Sixty-eight regional Family Support Centers provide comprehensive “one-stop” assistance [32], but their main focus is material and legal aid. Family Unity could complement them with a tool for in-depth psychological work with families facing difficult circumstances. The strategic aim is to integrate an adapted program into Family Support Centers and Public Service Centers in partnership with the Ministry of Labor and Social Protection and the Ministry of Education and Science of Kazakhstan.

Participation in the Russian Federation's national Family project. A new national project titled “Family” was launched in Russia in 2024, with “strengthening family values” among its aims [21]. It includes federal streams such as “Family Support,” “Large Families,” and “Family Values and Cultural Infrastructure” [21]. Family Unity fully aligns with these aims and can offer a specific, piloted means of achieving them. Their strategy is to present it as a ready-made pilot module for the federal “Family Values” project, moving from declarations and events toward practical psychological education and therapy aimed at strengthening families.

CONCLUSION

This monograph undertook a comprehensive analysis, scientific rationale, and assessment of the effectiveness of the adaptive author-developed Family Unity method, designed as a broad response to the contemporary challenges facing the institution of the family. The study leads to several conclusions of theoretical and practical significance.

It was theoretically and indirectly empirically confirmed that Family Unity, integrating a systemic-phenomenological approach (constellations) and the innovative body–cognition module NeuroBreakthrough, is effective in strengthening family relationships. Analysis of data from more than 5,000 families showed statistically significant positive changes: 87% of participants changed their attitude toward the family as a value, 33% strengthened their relationship with a partner, and 41% reported greater trust and warmth at home. The program demonstrated concrete results in preventing divorce (3% decided not to divorce) and influenced intentions concerning childbearing, with 20% of participants expressing an intention to have a child.

Theoretical validation through causal modeling confirmed that improved family relationships resulting from the program are a key mediating factor in reducing the risk of family breakup and protecting children's mental health. These conclusions are consistent with international research, including studies associated with the American Psychological Association and Harvard University, on the importance of relationship quality for long-term well-being.

The study's scientific contribution is its proposed model of integration. Family Unity extends traditional systemic therapy by creating a crucial bridge between cognitive awareness and bodily embodiment. The NeuroBreakthrough module, based on Polyvagal Theory, makes it possible to work not only with family history and structure but also with their neurophysiological traces “recorded” in the autonomic nervous system. It thus addresses the gap between “understanding” and “feeling or doing” by proposing specific tools

for recalibrating bodily responses to stress. Successful adaptation to an online format also offers new possibilities for accessibility and scaling.

Recommendations for practitioners and policymakers. Practicing psychologists and social workers can use Family Unity as a tool for families in crisis, especially when problems have deep systemic and intergenerational roots and behavioral approaches are insufficient. Social-sector decision-makers can integrate the program into government and nongovernment family-support centers and education and healthcare systems as a preventive measure to reduce divorces and mental disorders in children. The economic model incorporating social return on investment demonstrates the value of such investments.

This study points toward more rigorous future research. A priority is full-scale randomized controlled trials to obtain the highest, “gold-standard” level of evidence for a causal link between participation and observed effects. Longitudinal studies are also needed to track whether outcomes persist over three, five, and ten years. Neurobiological validation of NeuroBreakthrough using neuroimaging methods such as fMRI and EEG would be of particular interest, providing objective measures of its effects on brain activity, hormonal profiles, and heart-rate variability and illustrating the physiological mechanisms of stress regulation.

Overall, the monograph demonstrates that a systemic, in-depth, integrated approach to working with families is both possible and urgently necessary today. Family Unity offers one such scientifically grounded path toward restoring family cohesion and protecting our children's future.

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Scholarly publication

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SYSTEMIC PSYCHOTHERAPY AS A TOOL FOR STRENGTHENING FAMILY RELATIONSHIPS AND PROTECTING CHILDREN'S MENTAL HEALTH: THE ADAPTIVE AUTHOR-DEVELOPED FAMILY UNITY METHOD IN THE CONTEXT OF CONTEMPORARY CHALLENGES

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