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PAVA METHOD 2025 – A SYSTEM OF MEANS FOR FACILITATING THE DEVELOPMENT OF THE ABILITY FOR INNER DIALOGUE WITH THE BODILY SELF: STRUCTURE AND EFFECTIVENESS

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The article provides a theoretical substantiation and empirical verification of the updated version of the PAVA-2025 method as an integrated system of tools designed to foster the development of the ability for inner dialogue with the bodily self within the framework of the salutogenic and cultural-historical approaches. The aim of the study is to refine the structural and functional organization of the PAVA-2025 method and to assess its effectiveness in terms of bodily locus of control internality and the intensity of subjective bodily complaints. PAVA-2025 is conceptualized as a four-stage methodological system ("personification", "association", "visualization", "analogization"), each stage performing a specific function in the trajectory of transition from an objectifying, symptom-centered attitude toward the body to a dialogical, subject-to-subject format of psychosomatic partnership.

In a sample of 75 respondents with a high intensity of subjective bodily complaints, a statistically significant increase in bodily locus of control internality and a concurrent decrease in complaint intensity were demonstrated, which confirms the effectiveness of the method as a psychocorrective tool.

The findings are interpreted in line with A. Antonovsky's salutogenic model and contemporary conceptions of the phenomenology of the bodily self, indicating that strengthening the sense of manageability of bodily functioning and cultivating an inner dialogue with the bodily self are associated with reduced bodily anxiety, a decrease in subjective distress, and an enhancement of psychological well-being.

Keywords: *salutogenic approach, phenomenology of the bodily self, bodily locus of control, self-regulation of the bodily self, psychological well-being, bodily metaphor, verbalization of the bodily, psychocorrective method.*

Методика ПАВА 2025 - система засобів сприяння розвитку здатності до внутрішнього діалогу з Тілесним Я: структура та ефективність

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Актуальність дослідження. У статті теоретично обґрунтовується та емпірично перевіряється оновлена версія методики ПАВА-2025 як цілісної системи засобів сприяння розвитку здатності до внутрішнього діалогу з тілесним Я у межах салютогенного та культурно-історичного підходів.

Мета дослідження полягає в уточненні структурно-функціональної організації методики ПАВА-2025 та оцінці її ефективності за показниками інтернальності тілесного локусу контролю й інтенсивності суб'єктивних нездужань. ПАВА-2025 розглядається як методична система з чотирьох етапів («персоніфікація», «асоціація», «візуалізація», «аналогізація»), кожен з

яких виконує специфічну функцію у траєкторії переходу від об'єктного, симптомоцентричного ставлення до тіла до діалогічного, суб'єкт-суб'єктного формату.

На вибірці з 75 респондентів з високою інтенсивністю суб'єктивних нездужань продемонстровано статистично значуще зростання інтернальності тілесного локусу контролю та одночасне зниження інтенсивності нездужань, що підтверджує ефективність методики як психокорекційного інструменту.

Результати. Отримані результати інтерпретуються в руслі салютогенної моделі А. Антоновського, засвідчуючи, що посилення відчуття керованості тілесного функціонування і розвиток внутрішнього діалогу з тілесним Я пов'язані зі зниженням тілесної тривоги, редукцією суб'єктивного дистресу та підвищенням психологічного благополуччя.

Ключові слова: *салютогенний підхід, феноменологія тілесного Я, тілесний локус контролю, саморегуляція тілесного Я, психологічне благополуччя, тілесна метафора, вербалізація тілесного, психокорекційна методика.*

Introduction. The current state of research on the inner dialogue with the bodily Self is characterized by a pronounced discrepancy between the conceptual recognition of its significance and the degree of methodological elaboration of instruments for its purposeful development. In theoretical models, the bodily Self is increasingly conceptualized as a structured, meaning-generating, and reflexively accessible subsystem of the Self, capable of functioning as an active participant in inner dialogue; yet in applied practice, fragmented, situationally assembled body-oriented techniques predominate, which do not constitute integrated programs for the development of dialogicity. Consequently, the inner dialogue with the bodily Self remains largely a by-product of various interventions rather than a deliberate objective for which a consistent and reproducible system of methodological steps has been designed.

The complexity of the situation is compounded by the fact that the bodily Self is increasingly conceptualized as a meta-level psychosomatic phenomenon that integrates basic-level psychosomatic constructs — bodily knowledge, body image, attitudes toward corporeality, interoceptive sensations, and somatic symbols — into a unified structure capable of facilitating self-

regulation through inner dialogue. Within this framework, the "I-in-the-body" and the "I-as-body" are construed not as rigidly polarized opposites of the "conscious" and "unconscious," but as two dialogic subjects engaged in a process of negotiating meanings, significations, and decisions. Nevertheless, at the level of applied programs this dialogic model largely lacks developed methodological instantiation: the body continues to be treated either as an object of control that must be "recalibrated," or as a "site of symptoms" to be eliminated, rather than as a legitimate inner interlocutor.

Existing body-oriented approaches offer a broad spectrum of exercises - ranging from relaxation and breathing techniques to associative, visualization, and metaphorical procedures - yet most are devoid of a coherent internal logic of construction: criteria for readiness to transition between different modes of work are not articulated, indicators of the formation of key inner-dialogue competencies with the bodily Self are not defined, and mechanisms for integrating discrete techniques into a holistic process remain unspecified. Under such conditions, both researchers and practitioners face considerable difficulty in: tracing the dynamics of change in the structure of the bodily Self; linking these changes to particular stages and types of tasks; and comparing the effectiveness of different protocols. The absence of systemic coherence results in a substantial portion of the potential of body-oriented work remaining unarticulated and, accordingly, inaccessible to methodological and empirical refinement (Khomulenko & Krynychko, 2025a; 2025b; 2025c).

A distinct dimension of the problem concerns the operationalization of the inner dialogue with the bodily Self as a psychological phenomenon. Despite the existence of conceptual frameworks that distinguish cognitive and emotional-axiological components of the bodily Self, and that introduce such constructs as psychosomatic competence, somatic reflexivity, and symbolic mediation of bodily signals, the available instrumental base for registering corresponding changes remains limited. Existing scales, questionnaires, projective techniques, and qualitative narrative analysis procedures are typically applied in a piecemeal fashion, without being embedded within a unified research-and-practice

framework. This precludes the systematic tracking of how the following capacities develop: the ability to differentiate somatic sensations; the skill of identifying and verbalizing the associated emotional and semantic context; competencies in formulating addressed utterances directed toward the bodily Self; and the disposition to perceive somatic symptoms as symbolic communications rather than merely as "dysfunctions" in organismic functioning.

1. In light of this, the question of transitioning from fragmented techniques to integrated systems - in which bodily experience is not merely activated but also structured, reflected upon, and verbalized through a thoughtfully designed sequence of steps - becomes of particular urgency. What is called for is the development of methodologies in which each stage fulfills a clearly delineated function in the formation of inner dialogue with the bodily Self, and in which the overall trajectory of work ensures a safe and gradual increase in the complexity of internal processes: from initial attunement to somatic contact through to the symbolic interpretation of bodily signals as expressions of internal conflicts and resources. Within this context, a demand arises not only for practical instruments but also for methodological frameworks capable of bridging the cultural-historical understanding of bodily Self development with the requirements of contemporary empirical research (Cobb-Clark, Kassenboehmer & Schurer, 2014; Benson & Klipper, 1975: Mehling et al, 2011; Jacobson, 1938).

The PAVA methodology, developed on the basis of cultural-historical methodology, represents an attempt to meet this demand: it proposes a four-stage structure - "personification," "association," "visualization," "analogization" - each stage targeting a specific level of processing of bodily experience and inner dialogue. However, the initial versions of the methodology did not fully address the requirements of its standardization as a research instrument, its adaptation to diverse populations and contexts (clinical, preventive, developmental), or its integration with an expanded set of diagnostic procedures (Khomulenko et al, 2020). At present, there is a compelling need to modernize this methodology - to develop a PAVA 2025 version in which the following would be refined: the

structure of stages and sub-stages; the logic of transitions from basic dialogue forms ("I-Other," "I-part of I") to the symbolic level; indicators of change at the cognitive, emotional-axiological, and regulatory levels; and provisions for flexible adaptation while preserving the reproducible "scaffold" of the program.

Thus, the problem motivating the relevance of the development and empirical verification of the PAVA-2025 methodology is as follows: on the one hand, inner dialogue with the bodily Self is recognized as a key mechanism of psychosomatic self-regulation, subjective engagement with one's own somatic functioning, and the resolution of internal conflicts; on the other hand, to date there remains a lack of an integrated, structured, culturally-historically grounded, and operationalized system of means that would ensure the consistent development of this capacity and enable the reliable registration of its dynamics. The creation of precisely such a system - in the format of the PAVA-2025 methodology - constitutes the central objective of the present study (Khomulenko et al, 2019; 2020; 2021).

An analysis of recent studies devoted to the development of the capacity for inner dialogue with the bodily Self reveals a gradual transition from fragmented body-oriented techniques toward the construction of integrated systems in which bodily experience is regarded as structured, meaning-generating, and amenable to reflection and verbalization. Within this context, the PAVA-2025 methodology emerges as an attempt to systematize accumulated empirical and theoretical developments and to translate them into the format of a sequential program for cultivating the capacity for inner dialogue with the bodily Self - one in which each step is connected to the preceding one and opens possibilities for the progressive deepening of internal work.

Recent investigations by T. Khomulenko, and V. Krynychko (2025a; 2025b; 2025c) in the domain of the bodily Self demonstrate a departure from the conception of the body as a "background" given toward an understanding of it as an active co-creator of subjective experience and identity. The bodily Self is conceptualized not merely as an aggregate of sensations or images, but as a dynamic

"interlocutor" with whom the subject may enter into inner dialogue, clarifying, testing, and expanding their self-conception.

Research by Hubert J. M. Hermans (2001), focused on inner dialogue, emphasizes that the polyphony of the Self - the presence of multiple positions, sub-voices, and internal interlocutors - constitutes not a pathological condition but a normative mechanism of experience organization, provided that the subject is capable of regulating this dialogue, adopting a meta-position, and maintaining coherence among its participants. Within this framework, the inner dialogue with the bodily Self is conceptualized as a particular instance of dialogicity, in which the body is construed not as an object of control or "correction" but as a partner possessing its own logic, temporality, and signal language.

A number of studies by T. Khomulenko, V. Kramchenkova, D. Turkova (2021), and T. Khomulenko and V. Krynychko (2025a; 2025b; 2025c) indicate that the very capacity to address the bodily Self in dialogic form - to pose questions, to await responses, and to differentiate the nuances of sensations and their associated emotional states - constitutes a significant factor in the development of self-support, conscious self-regulation, and the restoration of connection with one's own subjectivity. Against this backdrop, a demand arises for methodologies that not only stimulate contact with corporeality but also construct a structured, gradual, and reproducible trajectory for the formation of inner dialogue with the bodily Self.

An analysis of existing approaches reveals that a substantial proportion of body-oriented practices is characterized by fragmentation: they offer discrete exercises - relaxation, breathing, movement, visualization - which, while potentially yielding pronounced effects, are not always integrated into a sequential program of inner-dialogue development. Consequently, researchers encounter difficulty in tracing the dynamics of change, isolating key mechanisms of action, and comparing the effectiveness of different protocols.

2. Contemporary research programs by T. Brinthaupt (2009), T. Khomulenko, and V. Krynychko (2025a; 2025b; 2025c) emphasize the necessity of transitioning to systemic solutions - ones in which exercises are interconnected by an internal logic, in which

clearly articulated stages of work are defined along with criteria for transition between stages, and in which indicators are available for assessing the development of inner-dialogue capacity at various levels. The PAVA-2025 methodology is aligned with this trend, proposing a holistic format of experience organization in which each module is connected to the preceding one while simultaneously preparing the ground for the next (Antonovsky, 1996; Cobb-Clark, Kassenboehmer, Schurer, 2014).

Particular attention in recent research by N. Piran, T. Asai, B. Khoury (2012), as well as in the work of T. Khomulenko and V. Krynychko (2025), has been directed toward the question of operationalization: specifically, how to describe the somatic, emotional, and semantic changes occurring throughout the intervention process in a manner that allows for their registration, quantification, and correlation with specific interventions. It is for this reason that within emerging approaches, considerable emphasis is placed on the importance of developing structured scales, questionnaires, and qualitative narrative analysis procedures that can be combined with somatic protocols.

The **aim** of the present article is the theoretical-methodological substantiation and empirical refinement of the structure of the PAVA-2025 methodology as an integrated system of means for facilitating the development of the capacity for inner dialogue with the bodily Self, as well as the analysis of its effectiveness in ensuring the transition from an objectifying, symptom-centred orientation toward the body to a dialogic, subject-to-subject format of engagement with the bodily Self - and the associated changes occurring across the cognitive, emotional-axiological, and regulatory dimensions of bodily experience.

Results.

The inner dialogue with the bodily Self constitutes a meta-level psychosomatic phenomenon: by virtue of its integration of basic-level psychosomatic phenomena that comprise the cognitive and emotional-axiological components of the bodily Self - an integration that enables reflexive regulation of the somatic - and by virtue of its transcendence of the bodily Self itself, given that the bodily Self represents only one of the subjects of the dialogue.

The inner dialogue with the bodily Self presupposes two subjects: the "I-in-the-body" and the "I-as-body." The "I-in-the-body" constitutes the integral unity of the organism - possessing both psyche and body - in which the psychological construct of the Self is dominant. Within the construct of the "I-in-the-body," the activity of the conscious dimension of the human psyche is discernible. The "I-as-body" refers to the body that has undergone the stage of psychologization in the course of its development. In the well-grounded view of psychoanalytically oriented psychosomatic specialists, the construct of the "I-as-body" embodies the unconscious. Nevertheless, the majority of psychosomatically oriented practitioners working within the psychoanalytic tradition - those engaging with the deeper strata of the psyche - hold that the body is the language through which the unconscious conducts a dialogue with the conscious. Accordingly, the dialogue between the conscious and the unconscious may assume the character of psychosomatic partnership when it: is achieved through the means of body language; promotes internal integration; and conditions full-spectrum functioning.

Drawing on the conceptualizations of the structural-functional features of the bodily Self advanced by T. Khomulenko, V. Kramchenkova, D. Turkova, and V. Krynychko, as well as on the notion of psychosomatic competence, it is possible to delineate a cultural-historical methodology for the development of the bodily Self, which should encompass the following: the development of basic-level psychosomatic phenomena constituting the content of the cognitive component of the bodily Self; the actualization of qualities comprising the positive content of the axiological component of the bodily Self; the incorporation of the self-regulation mechanism in the somatic domain, as reflected in the following sequential processes: knowledge, attitude, attention, interoceptive sensation, and inner dialogue; the interiorization of dialogue with the bodily Self ("I–Other" → "I–part of I" → "I-in-the-body" → "I-as-body"); the internalization of the bodily locus of control; development from the regulation of consequence toward the regulation of internal cause; and development from feedback mediated by sensations and experiences toward feedback mediated by symbols.

The system of techniques for the development of the bodily Self is reflected in the PAVA methodology, which was created on the basis of cultural-historical methodology. PAVA is an acronym composed of the following concepts: "personification," "association," "visualization," and "analogization," which designate the stages of the methodology. The PAVA methodology is directed toward facilitating the development of the capacity for inner dialogue with the bodily Self. Its application may lead to an awareness of the symbolic content of somatic signals as a source of information concerning the nature of internal conflicts that have conditioned the effect of somatization.

In the first stage of the PAVA methodology - the "personification" stage - two transformations are effected: interiorization and internalization. The first stage of the interiorization of inner dialogue with the bodily Self proceeds as a dialogue of the "I-Other" type, in which the second subject of the dialogue is represented by a personified problematic body part. The second stage of interiorization proceeds as a dialogue of the "I-part of I" type, in which the second subject of the dialogue is represented by the problematic body part with which the individual has identified. Alongside the interiorization of inner dialogue with the bodily Self and the internalization of the bodily locus of control, the following processes are activated: heightened attention to one's own body and its problems; actualization of attention to interoceptive signals, their differentiated perception, and the capacity for their verbalization; and the refinement of body image.

In the second stage of the PAVA methodology - the "association" stage - a dialogue with oneself about the body is conducted, as a result of which the individual receives feedback in support of the advantages of an internal locus of control with respect to somatic events. In the course of this dialogue, associative thinking is activated, providing the basis for determining the symbolic content of somatic symptoms or signals. The identification of associations between the onset of a symptom and its spatiotemporal characteristics, between the symptom and what preceded and followed it (cause-effect), enables the correlation of life events, thoughts, actions, subjective experiences, and the symptom itself.

This process yields the grounds for determining the psychological meaning of somatic signals manifesting in the form of symptoms or other bodily signs.

In the third stage of the PAVA methodology - the "visualization" stage - mastery of Level I regulation techniques is achieved, that is, regulation of consequence. Such regulation involves the application of visual thinking techniques and the activation of the capacity to mentally manipulate the body image in imagination. Self-regulation of the symptom and psychocorrection of the somatic problem are effected through manipulation of the body image, its organs, or subsystems. Positive dynamics in experiences and sensations - specifically, the individual's cessation of registering negative sensations associated with the symptom - serve as feedback indicating a positive outcome of imaginal manipulation.

In the second and third stages of the PAVA methodology, the activation of associative and visual thinking is directed toward the transition to the third level of inner dialogue with the bodily Self - the symbolic dialogue. At the first and second levels of inner dialogue, feedback is verbal or sensory in nature (cf. the "personification," "association," and "visualization" stages). At the third level of dialogue, feedback is symbolic in form, that is, mediated by symbols (cf. the "analogization" stage).

In the fourth stage of the PAVA methodology - the "analogization" stage - analogy is employed to perceive the symptom (somatic signal) as a symbolic communication from the unconscious through the body. At this level, Level II regulation predominates - that is, regulation of internal cause (rather than consequence) - and feedback is symbolically mediated (rather than verbal or sensory). Since the internal cause of a somatic symptom is a psychological problem that may be represented in the form of a metaphor, feedback concerning its correction - as well as information about its presence - is symbolically mediated. The somatic metaphor rests, on the one hand, upon the apprehension of psychological phenomena through the lens of somatic phenomena, and on the other, upon the drawing of parallels between somatic functioning and the events of psychological life. Imaginal associations provide the basis for identifying commonalities between what occurs in an affected organ

- in both its organic and functional manifestations - and what takes place in psychological processes. The result of such a correlation may be inferences concerning the content and symbolic meaning of the psychological communication contained in the manifestations of a somatic illness or in other bodily signals unrelated to a diagnosis. The comprehension of such a communication is grounded in analogy - the inferential assumption that a given phenomenon possesses certain features characteristic of other phenomena, on the basis of identified shared properties - and in metaphor - the transference of the qualities of one object onto another on the basis of their resemblance in some respect.

STAGE I OF THE PAVA METHODOLOGY: "PERSONIFICATION"

The first stage of the interiorization of inner dialogue with the bodily Self proceeds as a dialogue of the "I-Other" type, in which the second subject of the dialogue is represented by a personified problematic body part. This is operationalized through tasks of the following kind:

1. Imagine your problematic organ as a living being. Engage it in conversation. What does it feel (inspiration, fatigue, vitality, doubt, etc.)? What does it want (to avoid, to obtain, to achieve, to be rid of, etc.)? What does it experience (fear, joy, anger, elation, etc.)? Describe its behavior and character. Reflect on what qualities may also be characteristic of you.

2. Imagine, for example, a "person of the heart," or a "person of the stomach," or a "person of the liver," and so forth - in the same way that one might imagine and characterize, for instance, a person of honor. Engage this figure in conversation. What does it feel (inspiration, fatigue, vitality, doubt, etc.)? What does it want (to avoid, to obtain, to achieve, to be rid of, etc.)? What does it experience (fear, joy, anger, elation, etc.)? Describe its behavior and character. Reflect on what qualities may also be characteristic of you.

The second stage of the interiorization of inner dialogue with the bodily Self proceeds as a dialogue of the "I-part of I" type, in which the second subject of the dialogue is represented by the problematic body part with which the individual has identified. This is operationalized through tasks of the following kind:

3. Identify with the problematic organ; ask yourself what feelings and thoughts arise at the moment of identification; consider wherein lies the difference between your state prior to and during the identification; and reflect on whether this difference may itself constitute the source of your somatic problem.

4. Identify with various organs of your own body. Is this possible? With which organs? - (yes / no); - (easily / with difficulty). What thoughts and experiences arise at the moment of identification?

The internalization of the bodily locus of control is operationalized through tasks of the following kind:

5. Reformulate a statement such as "I have hypertension" as "I am hypertensing." Articulate this aloud. How do your feelings and thoughts change? Apply this reformulation to your own diagnosis. Identify the difference between the first and second versions of the statement.

6. Draw yourself as ill. Then draw yourself in the act of drawing yourself as ill. Compare your sensations, experiences, and thoughts before and after the drawing. Wherein lies the difference? This exercise facilitates the consolidation of a conviction regarding personal responsibility for what is occurring in the body and one's sense of agency over it.

7. Task: "The Body as a Stage of Conflict"

The client explores which internal conflicts are being "staged" by the body.

Objective: to bring into awareness the somatic symptom as an expression of internal conflict.

- Normalization: "The body frequently assumes what the psyche finds difficult to bear directly."

- Focus on localization: "Where precisely in your body do you feel this most intensely?"

- Conflict polarization: "If one part of you wants this symptom, what is it protecting?" "And which part of you wants it to disappear?"

- Interpretation: "It is possible that the body is holding the tension between these two forces."

- Internal shift: "What will change if you begin to become aware of this conflict before it reaches the body?" Responsibility is thereby transferred from "the body has betrayed me" to "the body is speaking through my conflict."

8. Task: "Behavioral Experiment with the Body." The client selects a small somatic action (movement, eating, rest) and observes its effect on well-being.

Objective: to experience the direct connection "my action - bodily state."

- Choice of action: "Let us select a very small, safe somatic action."
- Prediction: "What do you think will happen to the body?"
- Analysis of outcome: "What did you actually observe?"
- Internal shift: the experience of "my actions → changes in the body."
- Internal conclusion: "What does this tell you about your capacity to influence the body?"

9. Task: "Reformulation of Somatic Beliefs." Work with core attitudes of the type: "My body is weak" → "My body responds and learns."

Objective: to modify fatalistic attitudes toward the body.

- Identification of the belief: "What phrase about the body do you frequently repeat?
- Examination: "What facts support it? And what facts do not?"
- New formulation: "Let us formulate a thought that preserves your sense of agency."
- Internal shift: the formation of a cognitive model of somatic responsibility.

10. Task: "The Body as a Container of Memory." Focus: the processing of somatically encoded experience and the restoration of the sense of agency. During bilateral stimulation, the client tracks where in the body the memory is stored and how the somatic sensation changes.

Objective: to process somatically encoded memory.

- Activation of the memory: "Focus on this memory."
- Localization in the body: "Where does it reside in the body?"

- Bilateral stimulation: "Simply observe what is happening."

- Internal shift: "What is the body doing right now to help you?" The body is construed not as a victim of trauma but as an active participant in its processing.

11. Task: "The Image of the Body's Guardian." The creation of a symbolic figure that embodies care and responsibility for the body. Internal shift: the formation of an internal instance of somatic regulation.

12. Task: "The Body Map of Responsibility." A drawing of the body with designated zones: "where I exert influence" and "where I avoid influence."

Focus: the externalization and re-appropriation of somatic experience.

Objective: to visualize zones of somatic functioning in which the client is aware of their own agency and those in which they avoid it.

- Introduction and framing: "I propose that we now refrain from evaluating or correcting the body, and instead look at where within it you sense your own participation."

- Drawing instruction: "Draw the silhouette of the body in whatever way feels comfortable."

- Zone differentiation: "Mark with a color or symbol those body parts for which you feel responsibility." "And separately - those where responsibility seems to 'drop away'."

- Verbalization: "What did you feel as you marked these zones?" "Where does responsibility come more easily, and where with greater difficulty?"

- Closure: "Choose one zone from which you are ready to begin." Internal shift: "What will change if you gradually begin to reclaim your agency in this zone?" - visualization of one's own participation in somatic functioning.

13. Task: "Micro-Choice." The client consciously selects the intensity of movement, breathing, and muscular tension. Focus: direct experience of somatic agency.

Objective: to consolidate the experience of "I can choose and regulate somatic response."

- Contact: "Direct your attention to your breathing and bodily posture."

- Offering of choice: "Try slightly modifying the intensity of your breathing - and then returning it." "Choose how to do this."

- Observation: "What changed in your sensations?" "How did the body respond to your choice?"

- Internal shift: "What does this tell you about your capacity to influence the state of the body?" - the experience of "I govern my somatic response."

STAGE II OF THE PAVA METHODOLOGY: "ASSOCIATION"

I. Spatiotemporal Associations

Regarding temporal associations:

1. a) What events coincide in time with the onset of the symptom? b) Correlate the deeper content and meaning of the event with the particular features of the symptom's manifestation (for example: inflammation of the throat resulting from unexpressed indignation).

2. In the case of a recurring symptom - what coinciding events also recur?

3. a) At what age did the symptom first appear? b) Correlate the characteristics of that developmental period with the characteristics of the symptom. c) At what age did the symptom cease or did its dynamics and intensity change? What life situations might this be associated with?

4. As a result of its prolonged duration, the symptom's manifestations have become:

- stronger/weaker;

- more frequent/less frequent;

- attributable to the same causes/attributable to different causes;

- associated with analogous events/associated with different events.

Regarding spatial associations:

1. Did the symptom bring about a change in space (environment, location), and if so, how?

a) stability versus mobility in the composition of one's social environment (whether the same individuals constitute one's circle, or whether its composition changes frequently);

b) a qualitative change in the social environment (persons from a different social milieu, of different intellectual background, different professions, or different age groups) or a quantitative change (more or fewer people);

c) a change in location (place of residence, place of work, etc.);

d) the change of space brought about: comfort/discomfort/something else.

2. Did a change in space precipitate the onset of the symptom?

3. The space now required is: open/closed, familiar/foreign, dynamic/stable, or something else.

4. a) Under what spatial characteristics was the symptom registered (where did this occur)? b) Imagine that you have recovered. In what way has your space changed? (Where do you see yourself? Who do you see yourself as? What would you do to achieve this?)

II. Causal-Consequential Associations

1. What preceded the onset of the symptom, illness, or disruption in the functioning of the organ (organ system)? - events; - actions; - thoughts; - experiences.

2. a) Propose completions for the following unfinished sentences: - "My symptom is the cause of…" - "My symptom is the consequence of…"

Consider each variant as one that may potentially pertain to you. Pay particular attention to those of your reactions that are accompanied by either complete agreement or categorical disagreement.

b) Provide a response to the question: "Why is this happening specifically to me?"

3. What changed in the individual's actions as a result of the symptom's manifestation?

Physical capacities, for example:

– sits / cannot sit;

– stands / cannot stand;

– lies down / cannot lie down;

– moves more / less;

– perceives (sees, hears, tastes, feels touch, smells) / does not perceive;

– speaks / does not speak.

Actions. Thoughts and experiences. Visceral manifestations (perspires, blushes, sneezes, hiccups, blinks, etc.). Reflect on whether there may have been a necessity or appropriateness - prior to the onset of illness or the appearance of the symptom - to modify your level of activity in precisely this way.

4. a) Reflect on what opportunity your illness affords you. b) Enumerate the benefits you have derived as a result of the onset of the symptom or illness.

5. Reflect on the realization of which of your intentions has been embodied in the illness.

STAGE III OF THE PAVA METHODOLOGY: "VISUALIZATION"

1. Visualize the organ in whose functioning a disruption is observed. Restructure the created visual image such that the functional problem or organic lesion is corrected. Render it brighter, more dynamic, more positive, and more luminous.

2. Imagine yourself as a viewer in a cinema. Watch a film about yourself during the period of illness in black-and-white, at an accelerated pace - from beginning to end, and then from end to beginning. Then watch a film about yourself from the present moment forward to the near and more distant future, in which you are healthy, the subsystems of the organism are functioning normally as in healthy individuals known to you, and you feel vigorous and joyful. This film is in color. Subsequently, imagine yourself not as a viewer but as the protagonist of this film.

3. Direct your attention to the problematic organ. Send everything negative within it, through an imagined stream, into the left hand. Identify in which fingers you sense this. Feel how the negativity flows out through the fingers of the left hand. Through sensation, locate within the body zones of concentrated positive energy - these may be found in the thighs, the calves, or elsewhere.

Send this energy, through an imagined stream, into the right hand. Then direct the portion of energy that is needed to the problematic organ, and return the remainder to its original location. Feel the positive changes occurring in the problematic organ. This effect will persist for several hours.

4. Imagine visually that you are moving into the future. This may take the form of movement from one day to the next, or from one event to another. The movement should cease when a sensation of an object within the body arises. Such a sensation corresponds to a particular unconscious experience that emerged in the past and is to be rendered concrete in the present. Regarding the "object in the body," one should inquire: what is its weight, what is its volume, is it light or dark, and so forth. The sensations may vary: according to the visualized image (for example: a ball of yarn, a plate, a weight, a plant with roots, a jellyfish, an octopus, a hedgehog, a machine, etc.); according to duration and the period of onset; according to size (ranging from the sensation of a point to an object of greater volume); according to consistency (ranging from gaseous to stone-like); and according to color. As a result of rendering the sensation concrete, one may observe liberation from an experience that had been exerting a destructive influence on the individual's condition and may have been conditioning the emergence of somatic symptoms. The sensation of tension or emptiness that may appear in the vacated site can be filled with an imagined stream of energy.

5. a) Visualize the movement of an imaginary pearl (a symbol of energy in the Daoist tradition) along one of the 12 trajectories ("meridians," as they are referred to in traditional Chinese medicine) on which your problematic organ is located. Register with attention how this proceeds for you. Compare your sensations before and after completing the task. Note the positive dynamics. b) Attempt to visualize the sequence of movements employed in the exercises used in such Daoist health-cultivation practices as qigong - specifically, the Five Animals sequence of the Wudang system of Taijiquan: the tortoise (whose symbolism is associated with the functions of the kidneys and all that pertains to

their role in the organism), the crane (the heart), the snake (the lungs), the dragon (the liver), and the tiger (the spleen).

Visual materials should be used for the completion of Task 5. In the second and third stages of the PAVA methodology, the activation of associative and visual thinking is directed toward the transition to the third level of inner dialogue with the bodily Self - the symbolic dialogue. At the first and second levels of inner dialogue, feedback is verbal or sensory in nature (cf. the "personification," "association," and "visualization" stages). At the third level of dialogue, feedback is symbolic in form, that is, mediated by symbols (cf. the "analogization" stage).

STAGE IV OF THE PAVA METHODOLOGY: "ANALOGIZATION"

1. a) Identify the characteristics of the functions of the organ or organ system under analysis: the function is diminished; the function is elevated; the function is unstable.

Reflect on which psychological functions or behavioral manifestations exhibit an analogous dynamic. Is this perhaps also characteristic of you?

b) Determine whether all or only some of the organ's functions are disrupted. Among these, the affected function may be: the function of release, of cleavage, of integration, of movement; a function that is required to permit (or to prevent) the passage of something; a function requiring flexibility or elasticity, and so forth. Which psychological functions or behavioral manifestations possess analogous characteristics?

2. Attempt to visualize a metaphor that corresponds to the illness under analysis. Describe the behavior of a person for whom such a metaphor is fitting. For example, the metaphor for hypertension might be "to hit the ceiling." Try to imagine the image in dynamic terms, the situation in its development.

3. What images (metaphors) does the affected organ, or a person suffering from this illness, evoke by association?

4. Identify the opposites of the illness metaphors. For example: warm-hearted / heartless; to breathe deeply and freely / to hold one's breath, and so forth. Compare individuals for whom these qualities are characteristic. Identify what is constructive and what is

destructive. Recall the principle of the "golden mean." How might it be applied to your opposing metaphors?

5. Correlate what is occurring within you in the external or internal world, on the one hand, with what is occurring in the organ or subsystem of the organism, on the other.

For example:

A person	Organ (system)
Work inconsistent with one's abilities, inclinations, and interests	Functioning contrary to its designated purpose
Self-dissolution, self-consumption	The organ "consumes" itself (the destructive effect of the organ upon its own tissues through hyperfunctioning or blockage of the movement of secretory products)

6. a) Which example from your own life is reflected in the ritual of illness? For example, the sequence of actions involved in caring for an infant resembles the sequence of actions involved in caring for a sick person (a ritual being an aggregate of role behaviors and actions established by custom, united by traditional life situations, and inducing a change in the state of consciousness). b) Which well-known ritual does what is happening to you during illness bring to mind? For example, the morning levée ritual of Louis XIV, the Sun King, resembles the care of a sick person who must evacuate the bowels in the presence of others and dress with their assistance.

7. Attempt to find a resemblance between your affected organ or bodily subsystem and objects or phenomena of reality with respect to the particular features of their functions or form. For example, a prolapsing cardiac valve and a door that closes poorly. Identify an analogy in the individual's inner world. In our example, this refers to the psychological processes that ensure the division of the world into "Self" and "non-Self," into internal and external space. Apply the identified analogy as a target for psychocorrection.

8. Employ "meta-organ constructions": for example, if the problematic organ is the heart, imagine "the stomach of your heart" - what thoughts come to mind (for example, "we are what we eat"). Transpose the initial thought into the behavioral domain ("we

are those with whom we associate"). Then transpose the thought into the cognitive domain ("we are what we think about"). Attempt to apply other "meta-organ constructions" by combining various organs with your own problematic organ within a single phrase. Reflect on how the identified analogies may assist in comprehending the symbolic content of the somatic communication.

9. When employing the content of a metaphor to analyze the psychological causes of somatization, the following questions should be addressed and the following tasks completed.

– When does a person behave in this way?

– Lets off steam. — Stirs up tension in the atmosphere.

– Swallows an insult.

– With what kind of person does this frequently occur?

– Under what circumstances does this take place?

– Takes one's breath away.

– The heart stands still.

– Do your circumstances resemble these?

– What is easier - to change these circumstances or your attitude toward them?

– What type of person is this characteristic of?

– Which features of this type are characteristic of you?

– Describe the opposing type. Identify its resourceful qualities. Determine pathways for their development. Find the "golden mean."

– Attempt to visualize a metaphor that corresponds to the organ under analysis in relation to somatization. Describe the behavior of a person for whom this metaphor is fitting.

– Identify the opposite of the organ metaphor. For example: warm-hearted / heartless; to breathe deeply and freely / to hold one's breath. Compare individuals for whom these qualities are characteristic. Identify what is constructive and what is destructive. Recall the principle of the "golden mean." How might it be applied to your opposing metaphors?

– What associations does the metaphor of your affected organ evoke in you? Which of these associations might offer a pathway toward understanding the internal cause of your illness?

In connection with our development of a diagnostic methodology for bodily locus of control, the question arose of

validating the updated version of the PAVA methodology against indicators of the internalization of bodily locus of control. The study involved 75 respondents, including 48 women and 27 men, all of whom exhibited a high level of intensity of subjective somatic complaints. Following the application of the PAVA methodology, positive dynamics were observed in indicators of internality of bodily locus of control, alongside negative dynamics in the intensity of subjective somatic complaints, as reflected in Figure 1.

Figure 1 presents the comparative dynamics of two key psychological parameters - the level of internality of bodily locus of control (BLC) and the intensity of subjective somatic complaints - recorded before and after the application of the updated version of the PAVA methodology.

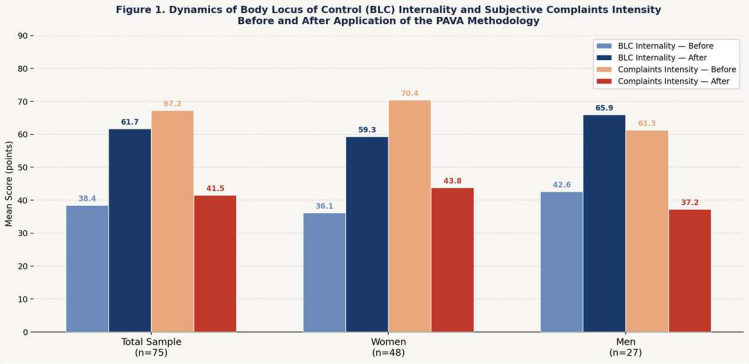


Fig. 1 *Dynamics of indicators of internality of bodily locus of control and intensity of subjective somatic complaints before and after application of the PAVA methodology*

Analysis of the results for the total sample (n=75) demonstrates statistically significant positive dynamics in indicators of BLC internality. The results of Student's t-test across all three subgroups (total sample, women, men) and for both parameters under investigation (BLC internality and intensity of subjective somatic complaints) unequivocally indicate statistically significant changes at the level of $p<0.001$ following the application of the updated PAVA-2025 methodology.

Effect sizes as measured by Cohen's d range from 1.710 to 2.121 - all values correspond to the category of large effect. The identified congruent bidirectional dynamics - the simultaneous increase in BLC internality and reduction in the intensity of somatic complaints - confirm the construct and criterion validity of the updated version of the PAVA methodology as a psychocorrective instrument consistent with the theoretical tenets of A. Antonovsky's salutogenic model and the concept of somatic self-awareness.

The obtained data are consistent with A. Antonovsky's (1979) salutogenic model, according to which the enhancement of the sense of manageability as a component of the sense of coherence correlates with a reduction in the level of subjective distress. The identified congruent dynamics of both indicators - an increase in BLC internality in conjunction with a parallel reduction in subjective somatic complaints - confirm the construct validity of the updated version of the PAVA methodology and its differential sensitivity to changes in the domain of somatic self-awareness.

Conclusions.

1. The cultural-historical methodology for the development of the bodily Self has been substantiated, within which the inner dialogue with the bodily Self is structured according to the sequential process of "knowledge - attitude - attention - interoceptive sensation - inner dialogue" and is linked to the interiorization and internalization of bodily experience. It has been demonstrated that this methodology enables a description of the trajectory of transition from the "I–Other" dialogue to the "I-as-body" dialogue as a process of gradual appropriation of corporeality, transformation of locus of control, and reorientation from the regulation of consequence toward the regulation of internal cause.

2. The structural-functional organization of the PAVA-2025 methodology has been refined as a system of means for facilitating the development of the capacity for inner dialogue with the bodily Self, comprising four stages: "personification," "association," "visualization," and "analogization." It has been demonstrated that each stage fulfills a specific function: from the actualization of the subjectivity of the bodily Self and the internalization of locus of control - through to the formation of a

symbolic level of apprehension of somatic signals as communications from the unconscious associated with psychological conflicts and life meanings.

3. The task complexes described for each stage of PAVA-2025 demonstrate the feasibility of a progressive deepening of internal work: from the personification of problematic organs, identification with them, and modification of discourse about the body - through to the construction of spatiotemporal and causal-consequential associations, imaginal manipulation of somatic representations, and the metaphorization and analogization of somatic symptoms. This sequence ensures the transition from verbal and sensory feedback to symbolic feedback, thereby opening possibilities for a deeper awareness of the psychological content of somatic manifestations and their psychocorrective elaboration.

4. It has been established that the systematic application of the PAVA-2025 methodology promotes: an increase in the differentiation of somatic sensations; a transformation in the attitude toward the body - from its perception as a "problem" or "mechanism" to its experience as a resource and partner; and an enhancement of the reflexivity of inner dialogue with the bodily Self. It has been delineated that such changes are associated with a reduction in somatic anxiety, a diminution of the sense of alienation from the body, a strengthening of the experience of internal security, and the restoration of the sense of agency in the somatic domain.

Ethics, funding, conflict of interest

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