EFFECTIVENESS OF TARGETED PSYCHOTHERAPEUTIC INTERVENTION MODELING FOR FUNCTIONAL ANXIETY PATTERNS

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Summary

The development of technology is grounded in the premise that anxiety is a dynamic, highly plastic functional system for the anticipation of threat and the mobilization of psychosomatic resources to respond to the threat. Based on the determination of the client's initial functional pattern of anxiety, a targeted modeling of the therapeutic route takes place, differentiating four main trajectories of intervention: the ascending trajectory for the disintegrative, alexithymic, and demonstrative patterns; the descending trajectory for the reduction and creative patterns; the lateral trajectory for the reactive personality pattern; and the homeostatic trajectory for the productive pattern.

Technology implements a guided inter-paradigmatic integration of methods from cognitive-behavioral, Gestalt, art, and logotherapy, among others. Each method is utilized as an autonomous intervention block to address a specific dysfunctional target of the anxiety functional pattern at the corresponding stage of psychotherapeutic interventions across four consecutive phases with a dynamic feedback loop. Empirical verification of the technology using Ward's method (N=39) demonstrates its high efficacy. A significant increase in clients exhibiting the productive pattern was recorded, rising from 12.82% pre-intervention to 69.23% post-intervention. It was revealed that only clients with the initial alexithymic pattern demonstrated a transition to the reactive pattern, potentially serving as an intermediate stage in overcoming the dysfunctional aspects of their baseline anxiety pattern. Resistance to psychotherapeutic interventions was observed in a third of the sample, which may be attributed to the chronic depletion of psychophysiological resources and the pronounced rigidity of psychological defense mechanisms.

Key words: targeted psychotherapeutic modeling, functional pattern of anxiety, inter-paradigmatic integration, plasticity.

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1. Introduction[1]

The full-scale war in Ukraine acts as a prolonged existential macrostressor of extreme intensity, exerting an unprecedented destructive impact on the mental and somatic health of every individual. Under conditions of permanent threats to life and health, combined with the chronic deprivation of the basic need for safety, the population's adaptive resources are subjected to an excessive load.

[1] *Linguistic Note*. As the author is a non-native English speaker, the Gemini (Google) large language model was utilized as an AI-assisted translation and language editing tool to ensure academic phrasing, structural clarity, and adherence to international publication standards, while the author maintained full control over conceptual and scientific accuracy.

Against the backdrop of a prolonged absence of opportunities for a full recovery of resources, the adaptive psychophysiological mechanism of anxiety, functioning as a system of proactive threat anticipation, undergoes deep and maladaptive functional changes. This is specifically corroborated by WHO data, which indicate that symptoms of anxiety are currently the leading complaint and the most frequent mental health request, consistently recorded in over 70% of the surveyed population of Ukraine *(World Health Organization, 2025)*. However, the critical scaling of such symptomatology across the entire country stands in sharp contradiction to the crisis state of the modern psychological assistance network, which proves unprepared for mass and target-specific responses.

Today, the traditional field of psychological counseling and psychotherapy practitioners is characterized by significant conceptual fragmentation and artificial methodological segregation among representatives of different schools *(Nesterenko, 2026)*. Specialists of classical paradigms often demonstrate a rigid adherence to monoparadigmatic dogmas, viewing psychic functioning exclusively through the lens of their own conceptual filters. In practice, this approach leads to the application of linear, standardized methods based on the one size fits all principle with minimal intra-systemic adjustments. This completely deprives practitioners of clinical flexibility in selecting interventions and makes the formation of a target-specific psychotherapy for dysfunctional anxiety impossible.

This methodological limitation and standardization of protocols is most prominently observed within the cognitive-behavioral paradigm, which traditionally occupies a leading position in global clinical research on psychotherapeutic interventions for anxiety. Numerous controlled trials confirm the high efficacy of this approach in curbing acute anxiety states and a wide spectrum of emotional disorganization *(Hofmann et al., 2012).* However, a critical analysis of this model under conditions of wartime macrostress reveals its therapeutic insufficiency due to an exaggerated focus strictly on daytime, rational verbalization and thoughts. Remaining confined solely to the daytime restructuring of cognitive automatisms, this approach leaves aside the oneiric space, where repressed experiences continue to affect the somatic and mental contours of the client.

The limitations of confinement within a purely cognitive template are illustrated by the high percentage of patients who exhibit rapid relapses after treatment or fail to respond to standardized protocols altogether. It has been mathematically proven that the real long-term effect size of cognitive-behavioral therapy for anxiety states is significantly overestimated. This inflation is driven by publication bias, manifested in the selective publication of predominantly positive findings, and the methodological averaging of total samples where passive waiting lists, rather than alternative active therapies, were utilized as comparison groups *(Cuijpers et al., 2016).* The persistent therapeutic resistance observed in certain clients arises from ignoring their latent, unconscious mechanisms and somatized blocks that condition the overall psychophysiological rigidity of the individual's anxiety system. Overcoming these latent contours necessitates the mandatory integration of tools from Gestalt and body-oriented approaches, which can unlock suppressed emotional potential in synergy with the traditional processing of rational material.

To transcend the artificial barriers between different nosological categories of anxiety disorders, global science has moved toward developing unified protocols, which, however, have once again remained isolated within purely cognitive-behavioral boundaries. The implementation of such universal psychotherapeutic instruments for anxiety disorders is accompanied by an attempt to reduce all their heterogeneity to a single average template of pathological anxiety functioning *(Barlow et al., 2017).* Under conditions of wartime macrostress, such

artificial standardization proves ineffective, as it completely disregards the fundamental psychophysiological and oneiric discrepancies among clients. This demonstrates an urgent need to transition from standardized schemes to the flexible modeling of the initial psychotherapeutic vector, which is constructed not around averaged emotional templates, but strictly around the specificities of the individual's functional pattern of anxiety.

The opposite pole of monoparadigmatic limitations is the psychodynamic school, which is focused on the analysis of deep intrapsychic conflicts. Global practice substantiates the long-term advantages of psychodynamic interventions and their durable, sustainable impact on personality structure after the completion of the course *(Shedler, 2010)*. However, under conditions of acute and prolonged nationwide macrostress, the classical psychodynamic approach to psychotherapy exhibits an applied inadequacy due to its excessive temporal prolongation and the lack of rapid relief for the client.

Attempts to treat pronounced anxiety distress within a purely humanistic or Gestalt paradigm, oriented toward the immediate actualization of feelings here and now, also encounter serious clinical obstacles. Clinical and experimental studies confirm the high value of Gestalt interventions in unlocking the emotional restrictedness of clients with anxiety disorders *(Roubal et al., 2021)*. However, direct, forced immersion into the experiencing of acute anxiety affects the absence of preliminary cognitive containment, inevitably leads to the retraumitization of the individual. Under conditions of constant wartime challenges, this proves to be an extremely dangerous practice, particularly in situations where even a psychotherapeutic session can be interrupted by an air raid siren.

The limitations of a monoparadigmatic approach are also demonstrated by body-oriented therapy, which focuses purely on the physical destruction of the individual's somatic armor. While substantiating the unique role of proprioception and the somatic experiencing of anxiety, representatives of this direction achieve a rapid stabilization of homeostasis *(Payne et al., 2015)*. However, confining the therapeutic impact exclusively to the somatic level, although providing the client with short-term somatic desensitization, leaves the internal architecture of maladaptive anxiety patterns unchanged in the absence of processing the mental contour. The artificial isolation of bodily release from semantic integration inevitably leads to a regression of physiological markers and rapid somatoform retriggering of the system under the influence of the very first external stressor.

In modern clinical psychology and psychotherapeutic practice, there is an urgent need to develop innovative technologies based on the principles of inter-paradigmatic synergetic integration of psychotherapeutic tools, capable of ensuring mutual compensation for the systemic limitations of isolated protocols and the targeted, differentiated modeling of the therapeutic route according to the specificities of the individual's functional patterns of anxiety.

2. The Concept of Functional Anxiety Patterns

Under conditions of permanent macrostress, classical typologies of anxiety prove to be excessively linear and static. While convenient for formal diagnosis, they remain inapplicable to real-world psychotherapy. The rigid classification of anxiety into normal and pathological completely disregards subjects with hidden destructive states who urgently require psychological assistance but fail to meet the formal clinical criteria for establishing a corresponding diagnosis. In contrast, the author's concept views anxiety as a dynamic, multilevel, and highly plastic system for mobilizing the individual's psychosomatic resources to anticipate potential threats.

The central methodological construct of this concept is the law of load redistribution within the mechanism of anxiety. Any prolonged extreme strain on the functional system of anxiety triggers internal distress that the system cannot entirely annul. Quite frequently, the mechanism of anxiety undergoes certain destructive changes due to the necessity of continuously expanding physiological and mental resources not only on the immediate response to threats but also on maintaining the anxiety mechanism itself in a state of permanent readiness and sensitivity to potential markers of danger.

Within this framework, a functional anxiety pattern is defined as a stable, mental-somatic cyclical distribution of load among different levels of the functional system for predicting potential threats and mobilizing psychophysiological resources to respond. These patterns are not viewed as immutable clinical diagnoses. Rather, they represent discrete, dynamic configurations of protective and compensatory mechanisms, where the deficiency or dysfunction of one level of the system is neutralized by redistributing the load to another. This redistribution enables the functioning flexibility of the mechanism, which serves as the foundation for justifying the possibility of targeted therapeutic transformation of destructive functional patterns. The systemic nature of anxiety unfolds through the interaction and interference of two major vectors of anxiety functioning: the mental vector and the bodily vector. The mental vector encompasses three interconnected levels: the phenomenological, psychological, and behavioral-action levels. The bodily contour, in turn, is realized at the neurohumoral and somatic levels *(Nesterenko, 2026)*.

One of the methodological conditions for the verification of this concept was the utilization of the oneiric diagnostic dimension, which serves as a space for integrating the mental and physiological markers of anxiety both within the physiology of sleep and the character of dreams, as well as their subsequent impact on the emotional state upon awakening. The oneiric dimension was selected because dreaming, being completely divested of daytime rational control, social masks, and conscious suppression, acts as a projection screen for investigating latent psychosomatic patterns of threat response. The precise manner in which the Ego models a threat and the ways of countering it during nocturnal rest directly maps onto objective physiological sleep parameters. This enables the bypass of censorship imposed by the psychological defense mechanisms of consciousness, which, during standardized testing, frequently construct an illusion of low anxiety levels and feigned psychological well-being (repressive coping).

The empirical differentiation of the concept delineates a hierarchical vertical structure consisting of seven discrete latent anxiety patterns (disintegrative, reduction, productive, alexithymic, creative, reactive, and demonstrative), each of which represents a unique strategy for the functioning of the anxiety mechanism.

The most profound systemic disorganization of anxiety functioning is observed in the disintegrative pattern. It is characterized by the actual destruction of the adaptive mechanism of anxiety at both the somatic and mental levels. This pattern is marked by a deep exhaustion of neurohumoral regulation, a critical disruption of sleep structure, and a passive paralysis of the Ego, which completely loses the capacity for active resistance or instrumental threat processing, shifting into a state of permanent stupor.

The next pattern marked by a dysfunctional structure is the reduction pattern, which is characterized by a rigid neurotic fixation on threats. The functional system of anxiety loses its adaptive flexibility and narrows its response strategy to a continuous anticipation of catastrophe. Here, the anxiety mechanism operates maladaptively through chronic over-insurance, where any ambiguous external stimulus is interpreted as a potential global disaster. This depletes the organism's psychophysiological resources through the constant anticipation of the worst-case scenario.

The evolutionary and adaptive optimum is represented by the productive functional anxiety pattern. It exhibits a balanced distribution of load across the mental and somatic levels, which allows the anxiety mechanism to fulfill its primary signaling function, risk prediction, without causing harm to the somatic health or psychological integrity of the individual. This pattern is distinguished by the maximum preservation of the organism's adaptive reserves due to the capacity for full resource regeneration during rest, as the threat prediction mechanism operates in a background, energy-saving mode and activates only in response to relevant markers of a potential threat.

The alexithymic pattern is characterized by a pronounced splitting between the mental and somatic levels of response. It reflects a state of so-called "emotional blindness," in which the subject is unable to differentiate and comprehend the consequences of anxiety for the organism. Mentally, the subject demonstrates deceptively moderate rates of subjective discomfort; however, the unexpressed, repressed anxiety is discharged within the body instead of the mental level, triggering deep, chronic vegetative tension and intense somatization of affect.

The reactive pattern reflects a classical linear model of threat confrontation based on the fight-or-flight principle, where the psyche and soma exist in a state of permanent mobilization readiness to counter a threat as soon as it arises, yet without a thorough mental processing of the markers that indicate the reality and extent of the threat.

The creative pattern is characterized by high mental plasticity and a propensity for utilizing sublimation mechanisms to channel accumulated anxiety. The subject is capable of effectively transforming primary apprehension into action and ensuring deep mental processing of threat markers. However, this pattern of functioning is highly energy-consuming and requires significant resources to sustain.

The splitting of the mental and somatic contours of anxiety functioning, like the alexithymic pattern, is also characteristic of the demonstrative personality pattern. This response pattern operates on an evolutionary model of avoiding threatening information through a declarative masking of normality and the active construction of a facade of mental well-being. The subject completely represses traumatic triggers from the field of conscious processing, which leads to the intense somatization of affect. At the mental level, this strategy is supplemented by a specific interpersonal orientation, wherein the individual is mentally focused on seeking external objects to whom the responsibility for evaluating and responding to potential threats can be fully delegated, thereby allowing the Ego to artificially maintain the illusion of its own invulnerability.

The proposed approach transforms the very concept of psychotherapeutic interaction, overcoming the artificial dualism of mentally and somatically centric models of anxiety. Understanding anxiety as a labile functional system shifts the psychotherapist's focus from the passive suppression of isolated symptoms to the managed restructuring of maladaptive contours of the individual's anxiety functioning. The implementation of such a concept opens fundamentally new perspectives for the creation of dynamic therapeutic technologies, where a sustainable and individualized approach for the functional regeneration of the anxiety mechanism is realized instead of a standardized clinical impact.

3. Modeling Targeted Psychotherapy for Functional Anxiety Patterns

The developed technology of targeted psychotherapeutic intervention modeling is based on a methodological transition from a linear, symptom-oriented approach to a systemic-pattern paradigm of regulating the anxiety functioning mechanism. Traditional practice, which is

oriented toward the standardized reduction of an abstract anxiety level, exhibits limited efficacy under conditions of prolonged threats due to ignoring the individual psychosomatic response that the organism performs for the sake of evolutionary survival. Our technology views anxiety as a labile system of danger anticipation, and its seven discrete functional types as unique variants of adaptive resource distribution among different levels of the individual's anxiety functional system.

Targeted modeling is a procedure of analytically constructing an individualized psychotherapeutic route, where the selection of targets, the sequence of stages, and the nature of the applied methods are determined by the baseline individual psychophysiological profile of anxiety functioning in a specific client. Within the framework of the technology, each latent type of anxiety is viewed as a dynamic functional system, the imbalance in which is individual, and therefore requires an individual trajectory of consecutive psychotherapeutic interventions for recovery. Such an integrative approach allows for the target-specific combination of psychotherapeutic techniques aimed at restoring the adaptive functioning of anxiety for energy-efficient mobilization to respond to potential anticipated threats.

The *first module* of the technology consists of determining the specific features of the mental-somatic functioning of the anxiety mechanism to form an individual profile of the client's anxiety functioning and its subsequent comparison with the average profiles of functional anxiety patterns. If the identified individual profile of functioning coincides with the parameters of one of the patterns defined within the framework of the pattern concept, a corresponding targeted intervention protocol is used in psychotherapeutic work. If, however, the recorded parameters of the client do not coincide in their characteristics with any of the seven baseline patterns, the technology is modeled directly for this unique individual profile. In such a situation, the individual therapeutic route is constructed by integrating the appropriate methods and techniques for target-specific work with the concrete identified dysfunctional targets of the client's anxiety functioning.

The *second module* of the technology consists of determining a differentiated therapeutic route, which ensures an empirically grounded choice of the psychotherapeutic intervention vector in accordance with the identified unique individual anxiety profile of the client. Such a differential approach allows for avoiding the artificial averaging of the client's specific features to match the conditional standards used in certain psychotherapy protocols, which flatten the heterogeneity of anxiety manifestations across different clients. The fact that the individual profile of the client is compared with the typology of functional patterns serves merely as an initial approximate orientation, performing the function of a preliminary phenomenological verification and tentative structuring of the material; however, no average pattern is more important than the unique individual profile of the client.

At this stage, the vector of the client's psychotherapeutic route is determined within one of the four major trajectories of the psychotherapeutic process organization, which maximally aligns with the current state of the client: ascending, descending, lateral, or homeostatic. At the same time, the established psychotherapeutic route is not static and can dynamically change during work if it corresponds to the client's process of change, ensuring a flexible restructuring of the psychotherapeutic process to match the ongoing transformations of their functioning.

The ascending trajectory (from somatic to mental) unfolds primarily, but not exclusively, for the disintegrative, alexithymic, and demonstrative patterns. For clients characterized by such functional anxiety patterns, a deep exhaustion of the bodily contour is typical, which manifests in a pronounced disruption of sleep structure and intense somatization of unprocessed anxiety. Any deep intrapsychic interpretations, free associations, or analysis of the nature of

imagined threats are contraindicated during the initial stages of psychotherapy, as the disorganized or split psyche lacks sufficient internal resources and stability to contain such tension. Psychotherapeutic work begins with body-oriented and behavioral regulation methods to restore the baseline somatic state and achieve desensitization for a sense of basic safety. Only after stabilization is a sequential transition made to the mental level of processing anticipated threats and mastering the capacity for effective identification of potential threats. This forms a solid baseline for subsequent, efficient self-regulation of psychophysiological resources.

The descending trajectory (from mental to somatic) unfolds primarily, but not exclusively, for the reduction and creative patterns. For clients characterized by such functional anxiety patterns, a significant overloading of the mental contour of the anxiety mechanism is typical, which manifests in permanent hypercontrol, obsessive ruminations, and the modeling of catastrophic scenarios. Any forced somatic interventions or bodily practices during the initial stages of psychotherapy are ineffective, as the overstrained mental sphere of the individual requires the primary mastery of the capacity to contain tension, effectively process threat markers, and restrict resources, specifically through the voluntary refocusing of attention. Psychotherapeutic work begins with cognitive and metaphorical methods for the deconstruction of thought biases and the reframing of schemas of anticipated threats. Only after mental stabilization is a sequential transition made to the somatic level of processing anxiety and mastering the capacity for muscle relaxation. Consequently, the client learns to dynamically restrict and reallocate energy to mitigate stress.

The lateral trajectory (horizontal stabilization) unfolds primarily, but not exclusively, for the reactive pattern of individual anxiety. Such clients are characterized by permanent mobilization and the anticipation of danger, due to which they are inclined to identify ambiguous and ambivalent environmental markers as threatening, reacting to them even before it becomes clear that this threat does not actually exist. Forced immersion into deep intrapsychic conflicts or long-term somatic practices during the initial stages of psychotherapy is ineffective, as the overexcited response system requires immediate horizontal maintenance of balance at both the mental and somatic levels. Psychotherapeutic work in the initial stages focuses on psychoemotional stabilization, the application of expressive therapy methods, and desensitization to triggers evaluated as threatening. An important task is the development of a mindful perception of threat and the capacity to maintain a pause between stimulus and response, as well as to analyze ambiguous situations without immediate actions, which allows for differentiating real and imaginary danger markers. As a result, it prevents premature behavioral triggers and optimizes somatic readiness.

The homeostatic trajectory (maintenance of systemic balance) unfolds primarily, but not exclusively, for the productive pattern of individual anxiety. Such clients are characterized by the balanced functioning of the mental and somatic contours of the anxiety mechanism, which specifically manifests in an optimal distribution of the mental and an energy-saving mode of resource mobilization. Interventions are aimed at preventive protection against exhaustion under conditions of prolonged macrostress. Psychotherapeutic work focuses on the ecological monitoring of the life space, the strengthening of personal resilience resources, and desensitization to long-term background stressors. Psychotherapy for them is oriented toward supporting a mindful perception of threat and the prevention of somatoform or cognitive overload. This preventative approach reliably reinforces the client's existing resilience under conditions of prolonged macrostress.

The *third module* of the technology is the protocol of inter-paradigmatic synergetic integration, which combines methods from various psychotherapeutic schools into coherent targeted complexes that are deployed exclusively in a target-specific manner according to the targets of

the chosen trajectory, which is adjusted to the client's needs. For this purpose, methods within body-oriented psychotherapy are integrated; cognitive-behavioral interventions and imagery rehearsal therapy; techniques within humanistic, Gestalt, and art-therapeutic complexes; scientific analysis of dreams within the psychodynamic paradigm to investigate and understand the specific features of the formation of the client's individual anxiety profile; as well as existential analysis, logotherapy, etc.

The *fourth module* is represented by dynamic feedback, which ensures a flexible monitoring of therapeutic changes throughout the entire period of unfolding psychotherapeutic interventions. The transition between phases is carried out not linearly over time, but exclusively upon the client's achievement of targeted clinical markers of psychoemotional and somatic stabilization. In the event of recording stable transformations in personal functioning, this module triggers an adaptive restructuring of the entire process, which allows for changing the current major trajectory or modifying the composition of psychotherapeutic methods to match the client's ongoing state as necessary.

The *fifth module* is adaptive integration, aimed at consolidating the obtained results and transferring the mechanisms of threat anticipation into a stable mode of long-term self-regulation. The ultimate goal of this module's functioning is the evolutionary reorientation of the functional risk prediction system from destructive modes of functioning to a mode of ecological background monitoring of the life space. The process culminates in the full integration of the acquired capacities into the daily life activities of the individual, which allows for maintaining the homeostatic balance and independently managing the optimal distribution of psychophysiological resources under conditions of prolonged wartime macrostress.

The developed psychotherapeutic technology is based on the sequential implementation of five modules, allowing for the targeted modeling of the client's individualized psychotherapeutic route. The differentiation of intervention within four major trajectories (ascending, descending, lateral, or homeostatic) and the involvement of the protocol of inter-paradigmatic synergetic integration of methods ensure the precise processing of specific dysfunctional targets of anxiety functioning in a particular client. Such a systemic-pattern approach allows for transforming the mechanisms of threat anticipation from a source of psychosomatic depletion into an effective signaling tool for survival, guaranteeing the reliable maintenance of homeostatic balance and the restoration of the individual's capacity to effectively manage their own psychophysiological resources under conditions of prolonged wartime macrostress.

4. Transformation of Anxiety Functioning under the Interventions

The analysis of the results from the formative stage of the study demonstrates the high efficacy of the developed technology of targeted modeling of psychotherapeutic interventions. The traditional approach, which relies on the categorical diagnoses of nosocentric classifiers, views anxiety states linearly and statically, offering standardized protocols of cognitive-behavioral therapy for a rather large and heterogeneous group of individuals, which leads to ignoring the clients' individual psychosomatic responses. In contrast to such a linear approach, the implementation of the developed five-module technology has allowed for providing an empirically grounded differentiation of psychotherapeutic intervention within four major trajectories. Empirical verification of the results confirms that the targeted modeling of an individualized psychotherapeutic route, based on determining the unique individual profile of anxiety functioning, ensures the precise processing of concrete dysfunctional targets, triggering a positive dynamic of transforming the clients' anxiety functioning within the framework of wartime.

The results of hierarchical clustering using Ward's method after the completion of the therapeutic intervention cycle (N=39) visually demonstrate a shift in anxiety patterns, which is expressed in the restructuring of psychosomatic indicators of anxiety functioning and the migration of clients to other clusters, in particular, to the productive functional pattern (see Fig. 1).

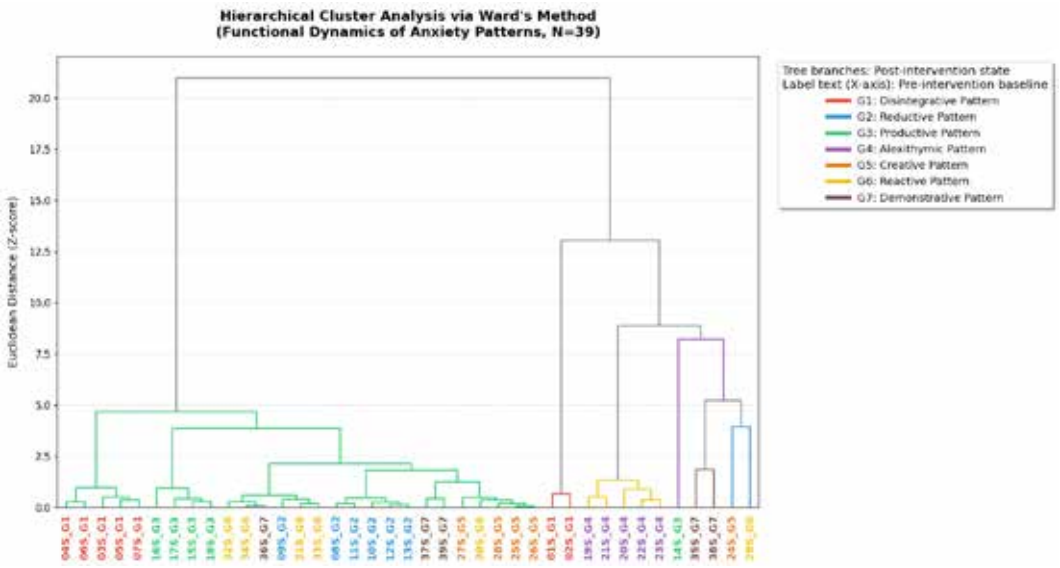

Fig. 1. Dendrogram after targeted psychotherapy

The targeted approach proved its efficacy through the formation of a megacluster of the productive pattern (G3), which encompassed 69.23% of the sample after therapy compared to 12.82% prior to its commencement. This growth occurred due to the migration of clients from other patterns (disintegrative, reduction, creative, reactive, and demonstrative patterns) which confirms the activation of adaptive mechanisms and the optimization of anxiety functioning.

During the hierarchical analysis, only one baseline pattern of functioning was identified that did not yield any direct transition to the productive pattern. This refers to the alexithymic pattern. The subjects of this group were characterized by a complete transition to the reactive pattern. Such a specific trajectory of displacement is directly explained by the nature of the ascending trajectory applied to them and the dynamics of changes in the structure of their functioning. Since the primary interventions were aimed at restoring the baseline somatic state and destroying the bodily armor, the dynamics of changes involved a sequential unlocking of the emotional sphere through the body. The targeted impact helped the clients overcome the repression of the awareness of their own anxiety and facilitated its acceptance for the subsequent search for ways of its utilization through active actions. This allowed transferring their functioning to the mental level of processing anxiety not linearly, but through an intermediate stage of stabilization within the mobilization model of the fight-or-flight response, which is characteristic of the reactive pattern.

Of methodological significance is the successful integration of most representatives from the disintegrative pattern into the productive pattern. This proves the efficacy of utilizing

body-oriented protocols during the early stages of therapy, which can restore the baseline resources of the nervous system while passing conscious control.

At the same time, the dendrogram allowed for a clear separation of resistant clients, forming several isolated branches in the right section of the dendrogram (30.77%).

The first focus of such resistance was formed by clients who remained within the boundaries of their baseline disintegrative pattern. Their personal functioning proved insensitive to the standard volume of interventions due to chronic exhaustion and the extreme depletion of adaptive resources. This indicates that the transformation of this state requires significantly more time, oriented toward a prolonged and gradual restoration of the basic sense of safety, and, in certain cases, the mandatory inclusion of medical support. The second focus of resistance was recorded among representatives of the demonstrative pattern. These clients demonstrated resilience to the interventions, as the repression of real anxiety is a deeply rooted mechanism of their functioning, which also requires a much longer psychotherapeutic process to work directly with this mechanism.

The migration of subject 14S was also recorded, who, following the direct shelling of a residential building (one month prior to the follow-up diagnostic assessment), shifted from the productive pattern to the maladaptive alexithymic pattern. This indicates the activation of the emotional blindness mechanism in the face of an immediate vital threat that the client was unable to process within the framework of their habitual pattern. This event verifies a key position of the concept stating that functional anxiety patterns are plastic and dynamic, thereby proving the relevance of flexible, targeted modeling of psychotherapeutic impacts.

5. Conclusions

The essence of the developed technology of targeted modeling of psychotherapeutic interventions lies in a methodological departure from standardized nosocentric care standards in favor of an individualized systemic approach to regulating the individual mechanisms of the individual's anxiety functioning. The sequential deployment of the five modules ensures a precise differential diagnosis of the client’s individual profile and its verification against the typology of functional anxiety patterns to construct a flexible psychotherapeutic route within four major trajectories (ascending, descending, lateral, or homeostatic). Through the involvement of the protocol of inter-paradigmatic synergetic integration of methods, the technology allows for a precise and target-specific impact on the unique mental-somatic targets of anxiety functioning in a particular individual, which ensures the triggering of cascade adaptive changes.

The empirical verification of the technology convincingly confirmed its high efficacy through an increase in the number of study participants exhibiting the productive pattern of anxiety functioning, rising from the initial 12.82% to 69.23% of the sample post-intervention. These results prove the viability of the concept of adaptive plasticity and demonstrate that the targeted modeling of the psychotherapeutic process can provide a stable normalization of the homeostatic balance and the restoration of the individual's capacity to independently and effectively manage their own psychophysiological resources under conditions of prolonged wartime macrostress.

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