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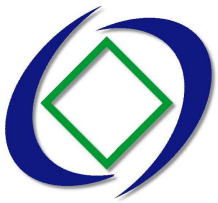

Editorial

Welcome to the first issue of the International Journal of Positive Psychotherapy and Research.

In 2009, at the board meeting of WAPP we discussed the idea of having a journal on Positive Psychotherapy as we thought such a journal would enable us to exchange ideas, experiences and findings in Positive Psychotherapy practice and research.

Today, we are happy to realize what we set as a goal for ourselves in 2009. With this journal we hope to discuss and improve concepts of Positive Psychotherapy together.

Professor Peseschkian says "One can only add, but two can multiply", so let us hope that this journal will be a motivation for us to multiply our ideas and to make contributions to the field of Positive Psychotherapy in collaboration with each other.

Looking forward to receiving your articles for the next issue.

Assoc. Prof. Dr. Ebru Cakici

Chief Editor of the International Journal of Positive Psychotherapy

Former President's Message

This editorial was written by Nossrat Peseschkian a few weeks before his passing on 27th April 2010. The Editorial-Board has decided to publish it posthum because of its importance for this journal

Dear friends and colleagues,

At the beginning of the third millennium it is a matter of importance to set aside the question "**by what do people differ",** so that we can find an answer to the question **"what do all people have in common?"**

Before the current crisis, psychotherapists had no notion that the topic of "**Hope**" would become so relevant in our work and everyday life. At the 10th International Training Seminar of Positive Psychotherapy in Riga 2009 we often discussed with colleagues and asked ourselves:

> **"How can we bring hope to the world and trust in globalisation"?**

Success in psychotherapy is closely connected to our attitude towards our profession and with our hope to be able to serve our fellowmen.

For about four decades, after founding Positive Psychotherapy, the collaboration with our colleagues always has been interesting, inspiring and fruitful.
Just as Positive Psychotherapy has developed during the years, the ideas and concepts of our colleagues are enriching and inspiring for this modality and its three main principles: **Hope – Moderation** and **Consultation**.

The World Association of Positive Psychotherapy is growing.

The number of membership of the Centres and Representatives of Positive Psychotherapy as well as individual members, trainers and students has increased.

The Centres of Positive Psychotherapy and the Representatives worldwide, have a key role for the Principle of Hope. The latest result is the **International Journal of Positive Psychotherapy** and **Research**.

This Journal will be a mediator to strengthen the scientific cooperation with colleagues' worldwide. The first issue of the Journal has been dedicated to the submissions of the 10th International Training Seminar of Positive Psychotherapy in Riga/Latvia 2009. The Journal tries, not only to move on the secure path, which is offered by Psychotherapy, but also wants to make a contribution towards greater cross-cultural understanding. It is only when the various cultures are known; their substance and their everyday life can become comprehensible.

Our aim is to offer both: high quality of scientific articles & information and an opportunity for international dialogue and friendship. We greatly appreciate your submissions to the Journal.

I do hope that this Journal will be a valuable contribution to Positive and Cross-cultural Psychotherapy.

Prof.Dr. Nossrat Peseschkian, †

Former President of the World Association for Positive Psychotherapy

Positive Psychotherapy in the time of global crisis

PROF. DR. NOSSRAT PESESCHKIAN, M.D., PH.D., WIESBADEN, GERMANY †

Introduction:

Transcultural difficulties – in private life, work and politics – are growing increasingly important today. Given the way society is developing now, the solution of transcultural problems will create one of the major tasks of the future. While people of differing cultural circles used to be separated by great distances and came into contact only in unusual circumstances, technical innovations have dramatically increased the opportunities for contact in our time. Just by opening the morning paper, we Step out of our own living space and make contact with the problems of people from other cultural circles and groups. Generally we interpret these events in ways that we've grown up with. We are ready to criticize, damn or make fun of them because of their supposed backwardness, naiveté, brutality or incomprehensible lack of concern. In the transcultural process we deal with the concepts, norms, values, behavioral patterns, interests and viewpoints that are valid in a particular culture.

Methods:

Characteristics for a time of Globalization with its positive and constructive consequence:

1. What have all people in common and by what do they differ**? (Principle of hope)**.

Our world has changed. For the first time in history of mankind a global, interconnected society is emerging whose characteristic feature is its cultural diversity. The process of globalization – not only at a politic level but first of all at a mental level – does not take

place without challenges. We face the task of giving a new direction to our fields of specialization in order to enable them to adequately cope with the demands of the modern world. This, however, requires a shift in deliberation – from a monocultural and monocausal consideration to a multicultural and multicausal one.

These changes and challenges affect each individual, and, above all, individual health.

2. Existing problems of the world **(Stage of observation – distancing)**

It is a fact that our communication today is stricken with a worldwide crisis that is reaching the extent of an epidemic. In their conjugal communication partners are facing the pain of mutual misunderstanding and disregard, families are suffering from an almost missing or merely superficial way of communication between parents and children.

Likewise, the communication between governments and their peoples shows a state of mutual distrust, of invectiveness, deception and animosity. Moreover, there was an unprecedented crisis of communication between the super powers – a situation that easily could have resulted in the annihilation of the entire life on this planet.

3. Different meanings of the same behavior in diverse cultures **(cross-cultural aspects)**.

This relativization of the concept of illness is especially important for the dynamics within the family. It gives the illness a definite function and sets the tone for the relationships between family members. This is the case regardless of whether the illness is psychic, psychosomatic, psychotic or somatic.

We investigate how the same disorder or illness is perceived and assessed in other cultures, how the people in a particular culture or family face the illness, what particular meaning the conflicts have for the individual, and which contents they address.

4. Eradication of racial and national prejudices in some countries of the world. Reduction of religious prejudices in the world, interaction and dialogue between different religions are favorable signs of this development **(capacity to know – capacity to love)**.

5. The active role of so many non-political, humanitarian institutions (for example NGOs) which employ themselves for realization of world peace, protection of minorities and abolition of poverty. International and national associations such as „Doctors without Borders" (Ärzte ohne Grenzen), Red Cross etc. are improving. The involvement of ever greater numbers of people in the quest for peace is vital and their readiness to help each other in times of crisis and natural catastrophes is important as well as in matters of mutual concern **(Positive Psychotherapy in comprehensive sense).**

6. The spread of youth movements for the interest to investigate about foreign cultures, and their endeavor to have understanding and confidence in them as well as their involvement in active work in developing countries. The inter-racial and inter-cultural marriages between people from Africa, Asia. Europe, Australia and Americas indicate the means by which the practical problems of humanity may be solved **(future of family and culture)**.

7. Increased calls for an honest acknowledgement that materialistic ideas have failed to satisfy the needs of mankind and a fresh effort is now made for family life, spirituality and other qualities of human life **(Principle of Balance Model**).

8. Increased number of rich people, who believe that disparity between rich and poor keeps the world in a state of instability and try to use their wealth for bringing changes in the society, for example through the establishment of foundations for education, health, abolition of poverty etc. **(first maturity and then wealth)**.

9. Increased activity and partnership of women in all fields of human endeavors (economic, social, political etc.). Through this development the goal of the emancipation of women and the achievement of full equality between the sexes is a new motivation in politics, economy and science **(equality of women and men).**

10. Our world is coming closer to a comprehensive Globalization (world peace, global economic model, standards for a world monetary policy, environmental issues, education standards etc). It happens through the engagement and activity of world citizens.

11. This transcultural view is evident throughout all of Positive Psychotherapy. We give it such great importance because it helps us understand the individual´s conflicts. It can also be important in dealing with such social issues as the treatment of illegal aliens and refugees, foreign aid for the Third World countries, problems in dealing with members of other cultural systems, interracial and transcultural marriages, prejudices, and alternative life-styles adopted from other societies. It can also be applied to political problems brought about by transcultural situations.

12. The European Union is an example for 27 countries working together. Mass media like television, radio, newsletters, internet etc are building a global information network **(stage of broadening of goals)**.

Instrumentarium of Positive Psychotherapy:

1. Three principles of Positive Psychotherapy
2. Nine Theses
3. 20 Techniques
4. The questionnaire of Positive Psychotherapy

Conclusion:

In the same way that there are cultural circles, there are also educational circles within which a person develops his own cultural system, which then collides with other systems. The principle underlying transcultural problem thus becomes the principle for human relationships and the processing of inner conflicts. It thereby becomes an object of Positive Psychotherapy.

In that Positive Psychotherapy deals with elementary human capacities, it is in a position to speak to people of all languages and social state and to cope effectively with transcultural problems. Therapeutically, Positive Psychotherapy offers an effective five-stage short therapy which activation of the patient's indwelling therapeutic capacities. In other words, the patient is not only the sufferer of his illness, but also is employed as a therapist himself.

The Strategy of Positive Psychotherapy and Positive Family Therapy on the cross-cultural point of view

PROF. DR. NOSSRAT PESESCHKIAN, M.D., PH.D., WIESBADEN, GERMANY †

"If you want to put the country in order, first put the province in order. If you want to put the province in order, you have to first bring order to the cities. To bring order to the cities, you must bring order to the family. If you want to bring order to the family, you must first bring order to your own family. If you want to bring order to your own family, you must bring order to yourself."

This old saying from the Middle East describes the relational connections we live in. We have to start with the proposition that small changes in one area of life can influence the entire system. As Confucius would say, every person is responsible for the rise and fall of humanity. One corrupt official, for example, can discredit an entire social institution and even shake the people's faith in their social structure. Usually this is not an isolated incident and the entire society is considered to be corrupt. The corruption then becomes more or less accepted as a semilegal way of dealing with all officials.

The following strategies of Positive Family Therapy present an overview of the applicational possibilities of its tools. They are flexibly adapted to the specific needs of the situation in which the patient or patient family happens to be. The strategies outlined here, as my colleagues and I have found in our own experiences with Positive Family Therapy, have proved themselves to be advantageous. They are the result of discussions with patient families and critical talks among colleagues. In the following sections, I present some typical constellations and images of illness where definite behaviours exist. The following parameters should be given attention:

1. The way the patient or family presents itself for the therapy: individual patient, nuclear

family, extended family, therapy in opposition to the family, as "Therapy without a Patient."

2. The image of the illness that the patient or family produces: Here it is mainly a question of how much stress the patient or family can take, what its capacity is. It has proved to be worthwhile to orient oneself according to a distinction between neurotic, psychosomatic, and psychotic patients. Each of these patient groups requires its own approach.

3. Possible or desired length of treatment: Particular situations require a flexible approach to the length of the treatment. In practice, this means the shorter the actual therapeutic intervention can be, the more emphasis must be placed on the aspect of self-help. In an extreme case, this means that the patient family is familiarized with the tools of Positive Family Therapy and the therapist simply supervises the self-help activities that then ensue. The situation occurs with families that have good resources for self-help, with families where external circumstances limit the length of the treatment, and with patients whose treatment takes place within a set length of time, e.g., during a stay in a sanatorium.

4. The focus for dealing with conflict: Since families already have some self-help activities at their disposal, the treatment does not have to begin at a therapeutic zero. Instead, it is important that one become sensitive to the self-help mechanisms that are already being used. Therapeutically, this means placing emphasis on areas that had previously been blocked off. At this point, the positive Process is used in a concrete way.

WORK WITH THE INDIVIDUAL PATIENT

At first glance, it seems paradoxical to Label this as family therapy. But from a pragmatic point of view, this process is necessary if the other parties in the conflict cannot be included in the therapeutic sessions. In accordance with the belief that one change in a system's elements can influence the entire system, the patient in Positive Family Therapy is given the task of dropping his patient role and functioning as a therapist in his own situation. Experience shows that a family's initial Opposition to therapy can be broken down and the entire family can eventually be included in the process. Furthermore, the patient's role change from patient to therapist ushers in a change of behaviour and thus having therapeutic effects on the whole family.

Even in typical individual therapy we must not lose our orientation toward family therapy. I have found that a considerable percentage of the individual patients had sought therapy at the advice or insistence of their families. These were delegated patients sent out by their families. In contrast to the family members who stayed at home, these patients often had the courage to demand help from therapy.

In individual therapy there develops the classic therapist-patient relationship in which the patient, by using his memory, can summon up the family relationships mirrored in his experience. The family is thus present as an imagined and re-experienced entity, ready to be interpreted and evaluated for the patient. But in Positive Family Therapy we don't just draw on an analysis of the problems of transference; we also stimulate the patient's intuitive associations through the use of particular themes and stories (cf. Peseschkian, 1979).

THE NUCLEAR FAMILY (FATHER – MOTHER - CHILDREN)

The central problem is the relationship "Connectedness -Differentiation-Detachment" as stages of the child-parent relationship. In terms of content, these three forms of interaction are related to the actual capabilities. Since the parents are primarily the transmitters of self-help, we work through the four model-dimensions with them, taking into

consideration both their own role as models as well as their relationships to their own parents.

In connection with the actual capabilities and the four forms for dealing with conflict, we investigate the parents' marital problems. The primary focus of the self-help is the first stage: observation/distancing. We found again and again that a successful first stage is the prerequisite for the other four stages. In some cases, the parents can be brought into group therapy with other parents. But one can also consider individual therapy appropriate to the existing problem. From the viewpoint of a social model situation with children of the same age (goal expansion), the child can be placed in a therapeutic children's group. Here it has proved to be valuable to carry out games (rote playing, projected transference of one's own conflicts, et cetera) in connection with Stories.

WORK WITH PARTNER GROUPS (COUPLE THERAPY)

These groups are a particular type of family group. The couple together seeks the services of a therapist. Problems in their relationship or in the environment-children, in-laws, work, et cetera-can become the objects of the therapy. Both partners come to the session together, and in their conduct there they provide the therapist with a sample of how they interact with each other. The therapist can intervene directly and try to change their behaviour, or he can lead them to a cognitive differentiation of the conflict and help them become aware of the opportunity they have to change their patterns of interaction.

Anyone with even a bit of experience in couple therapy will know that most couples in therapy are under tremendous pressure when they talk about their conflict. Discussing the problem, they are likely to feel like tearing each other apart. In Positive Family Therapy, we don't immediately jump into the lions' den and start talking about the conflict. Instead, we begin by discussing the things that hold the couple together and what function the conflict is having in their relationship. We thus create a common ground for dealing with the conflictual contents. This puts the partners in a new situation where they can look for new ways of solving their problems. Of course, sometimes divorce or separation is the solution they finally decide upon.

WORK WITH THE EXTENDED FAMILY

In addition to the nuclear family, other closely related people can take part in the treatment: grandparents, uncles, aunts, close friends of the family, et cetera. The size of the group is limited only by organizational restrictions. Now more than ever, the living history of the concepts begins to play an important role.

While the "family tree" of the concepts-that is, the developmental history of family attitudes and rules-is usually discovered only through the experiences and memory of the patient, it takes on a real shape here. The therapist, as director, regulates the unfolding of the dynamic processes within the family.

First he has to create an atmosphere in which the family can deal with the problems. As an impartial bystander (M. Stierlin, 1977), the therapist gives each family member the feeling of being a valuable person. Following Boszornenyi-Nagy's model (1975), he strives for an equalization of justice in the relationships among the family members. The goal of this process is to mobilize the family's reserves of those forces that lead to self-healing. Positive Family Therapy works with family concepts in which important relational rules and values have been struck down. These can now be taken up as subjects of discussion in the therapy session without inflicting injury on particular members of the family. I believe this careful process is the main reason why grandparents, for instance, who sometimes

seem the least capable of change, have been able to work well in Positive Family Therapy and have benefited from it.

Depending on the situation, the patient himself can take on an active role in the five stages of self-help. In some cases, a different member of the family takes on this task. Of course, in the five stages, the first stage is the first to be taken up. Here the crucial thing is not to observe the symptoms but the conditions under which they occur. The stage of inventory helps leading to a differentiated way of looking at things. At the stage of verbalization, the conflict theme politeness-honesty has proven to be a key conflict for psychosomatic patients.

CRISIS INTERVENTION

With severe family problems, it is essential that the basic capabilities be activated in the individual and his partner. If the partnership is in danger of dissolving, it has been advisable not to persist with the existing problems, but to start by speaking to the self-help activities and by assigning the partner the live stages of Positive Family Therapy. Only later do we return to the conflicts and an analysis of their contents. We look into the symptoms, giving them a positive interpretation, and try to make possible an alternative system of relationships to the problem. Because of rigid communication structures, the stage of verbalization is put into the therapeutic situation, with the therapist working to equalize differences, make discoveries, and provide new interpretations. Within the framework of self-help, the stages of observation/distancing, situational encouragement, and goal expansion are placed in the foreground.

MARITAL PROBLEMS

Here the complaints usually deal with situations surrounding the actual capabilities. We deal with this in a therapeutic way and begin with the actual capabilities (DAI). The next step consists in rethinking the symptoms or the critical actual capabilities in a positive way, whereby we can also make use of transcultural examples. In order to make mutual understanding easier, the four model dimensions become the theme.

After the first session, the following procedure has proved to be practical: The cooperative partner-sometimes it is the partner who has more time-takes over the role of therapist and, under supervision, carries out the first three stages. Only after creating the necessary prerequisites for communication in this way, does the actual partner therapy begin (at the stage of verbalization and goal expansion).

PSYCHOSOMATICS AND THE FAMILY

The distinguishing mark of many psychosomatic patients is the denial of conflict, which often appears as an ignoring of family conflicts. The task is to get from the psychosomatic symptom to the psychosocial conflicts they are based on, and from there to actually dealing with the conflict.

The starting point for the treatment is the four areas for dealing with conflict. They are particularly suited for this because psychosomatic patients usually present themselves with their symptoms. From the forms for dealing with conflict, we move on to the microtraumas (actual capabilities ([DAI]). Only then do we speak to the basic conflict in the form of the four model dimensions. A key role in all this is the positive interpretation of the symptoms, which should preferably come from the patient himself. He knows the significance that his illness has had in his life - often, indeed, he knows it more than anyone.

PSYCHOSES IN POSITIVE FAMILY THERAPY

Here I have in mind acute situations or those where there is a danger of decompensation. In general, those principles are valid that have already been pointed out for working with the nuclear family. For the therapist and the patient family, the first step is the positive interpretation of the symptoms, i.e., pointing out the function the symptoms have for the family. The four forms for dealing with conflict are an aid in this process. How do a schizophrenic and his family members work out the problems they have in common? Much as in a marital crisis, the basic capabilities are the basis for the treatment. Together with the patient family, the actual capabilities (DAI) and the four model dimensions are worked through. In doing so, it is important to clarify the preconscious concepts. The goal is that the family members first learn to accept the deviant behaviour and to understand its positive value (e.g., to distance themselves from the concept "What will people say?") Another goal is to speak directly to the capabilities that are intact in the patient and his family. To avoid decompensation, the process is not one of discovery, but is primarily directed toward ego support. This goal is aided by the positive interpretation, as well as by stories that can help give the family a change of perspective. For the family members, the focus lies first of all in taking inventory of personal perception and attitudinal patterns and then in situational encouragement. For the patient, the emphasis is on a goal expansion that is oriented toward the stage of inventory. With patients whose symptoms are socially conspicuous, family treatment is often not enough. We are left with no other choice but to bring in other groups (teachers, perhaps colleagues, the treating physician, social workers, et cetera).

FAMILY THERAPY WITHOUT THE PARTNER

Under this rubric, there is a multitude of life situations that contain a family problem, but where the spouse and/or other family members either do not want to or cannot take part in the treatment. In practice, this is treatment of the individual patient. The family, though, appears in the DAI in the way the patient experiences it. Although the treatment situation is individual, family therapy activities come to the fore in the self-help part of therapy. The patient carries out the five stages of self-help in his family or partnership and is controlled by therapeutic supervision. If the patient has no family at this point of the treatment and is still socially isolated, the five stages can be applied to relationships with other conflict partners (e.g., to the service personnel at the clinic, to colleagues, and also, in one's imagination, to members of one's original family). One determines, for instance, which actual capabilities became conflict potentials, how the four model dimensions came into the picture, which concepts were involved, et cetera.

In view of the verbalization stage, the therapist can at this point become a functional substitute for the family. The detachment then occurs as the stage of goal expansion where the imagined, fantasized possibilities breached by the therapist, patient, or group relationship are now led over into social reality. Correspondingly, the emphasis here is on goal expansion, the stage for which all the other stages and the positive interpretation were the foundation.

POSITIVE GROUP PSYCHOTHERAPY

Positive Psychotherapy works in a way that is concentrated on themes. The themes to be discussed (e.g., fidelity in connection with marital problems) or are presented by the therapist in the form of stories.

These stories then provide forms of association for the group members. An important structural principle for group psychotherapy is the three interaction stages: connectedness - differentiation -detachment. Within these categories, the tools of Positive Family Therapy are worked through step by step. Hence for a considerable period of time the actual capabilities, the four forms for dealing with conflict, et cetera can become the thematic center of the group. The emphasis, however, is not on the acquisition of a theoretical competence. Rather, the goal is that within the group each member remembers his personal experiences and concepts in connection with the theme at hand.

To extend this information, the therapist expands the group's concepts through, for example, alternative transcultural concepts. Positive reinterpretations help overcome crises in the group. But this does not necessarily mean that one intervenes in a placating or appeasing manner. Instead, the group members get new information through the positive reinterpretation, and this information can stimulate them to find new solutions and strategies for the individual member.

POSITIVE SELF-HELP GROUPS

What we have said about group psychotherapy is technically valid. I3ut in the self-help group, the emphasis is on the actual conflict. In connection with the German Association for Positive Psychotherapy (DGPP), teachers' groups, lawyers' groups, and physicians' groups have been formed as self-help groups to deal with the special problems of their particular profession. The essential thing here is self-discovery, a new awareness of one's own concepts and feelings. The members of the self-discovery groups use the instruments of Positive Family Therapy to recognize and learn about their own concepts and to relate them in the group by means of transcultural, interdisciplinary examples. The positive self-help group points in three directions:

1. At such relationships as physician-patient, teacher-pupil, lawyer-client, et cetera;
2. At the relationship of physicians (or lawyers, teachers, et cetera) to their colleagues and, beyond that, the possibility for working cooperatively on interdisciplinary issues;
3. At the relationship of the participant to his own family.

This form of self-help group is conceived to be a step toward a more comprehensive community psychology where it is possible for representatives of various disciplines to work together, to take a more extensive view of psychohygienic considerations, and to make use of their skills as humans and colleagues in the process of self-help.

THE ECOSYSTEM

Here we go beyond the confines of the family. Outside contacts and social institutions now enter the therapy as intervening variables. Examples are kindergarten teachers, probation officers, colleagues, employers and supervisors, physicians, clinic personnel, et cetera. All the people and institutions that are important to a person can be approached directly or indirectly. The system to be used in therapy can be modified to include such other subsystems as institutions at one's workplace and social and governmental groups. This process supplements the family therapy and acknowledges the fact that the family is not an independent, isolated entity, but is itself part of an ecological connection. This point of view goes along with community psychology, which has as its goal the highest possible level of psychological health for the entire population. It places the main emphasis on primary

Prevention, that is, the prevention of psychological injuries in the first place.

It thus tries to develop the individual's ability to deal with concrete situations in his daily life (cf. Sommer et al., 1978). Community psychology differs from the psychotherapist's customary practice of waiting until patients come to him for help. This practice really establishes the limits of this kind of psychotherapy, for it is unable to treat those people who for some reason or another have no access to a therapist. But community psychology tries to go beyond this limitation by actively going to the patients themselves. By doing this, it becomes involved in familial, educational, and marital counseling and also deals with work-related risks to physical and mental health.

In this sense, Positive Family Therapy sees itself as "Ecotherapy." At the present time, Positive Family Therapy does not have a tested model of community psychology. But it does try to adopt the principles of community psychology in the treatment of individuals, couples, and families. Furthermore, we see a number of possibilities for integrating the instruments of Positive Family Therapy into community psychology, thereby opening up new approaches that can be used in practice. And looking at things from the reverse direction, we see that every therapy represents an intrusion into an ecological system.

Thus a social or political effect can he achieved through family therapy and even through the treatment of an individual patient. Positive achievements for the ecosystem can include such things as better adaptiveness among the people, the release from family and social entanglements, and increased ability to work productively and respond positively to one's surroundings. The importance of these changes can be assessed only in light of the society's ideology and value systems.

In connection with ecotherapy, it is worthwhile to inquire about all the general resources for self-help that exist, for instance, in the pre-scientific 'folk psychotherapy' (cf. Peseschkian, 1977).

The ultimate goal is to develop sensitivity to the effects of one's own behavior and then to use this knowledge for one's own psychohygiene. This goal acknowledges the fact that problems and conflicts do not generally originate in therapy itself but in the person's everyday life, within his family and in his work.

Positive Therapy thus approaches all those who deal with the problems of health: psychotherapists, physicians, psychiatrists, social workers, nurses, and health administrators. Beyond these groups, it also speaks to teachers, lawyers, businessmen, private tutors, parents, adolescents, children, and everyone else who does not shut his eyes to the problems of interpersonal relationships.

POSITIVE FAMILY THERAPY TRIES TO TAKE ALL LEVELS INTO CONSIDERATION

Positive Therapy is not so much concerned that the therapist work through conflicts with a particular patient or that the therapist directly or indirectly leads the patient to a particular solution. The therapist is not primarily concerned with an isolated individuality of this kind. His partners are the members of a family and the family as a living organization. The family is stimulated to work through the existing conflicts, to test alternative behaviors, and thus to prepare possible solutions.

In contrast to traditional family therapy, where the family or at least some members of the family have to be present, Positive Family Therapy views the family aspect as being already guaranteed by the fact that the family reality, as it runs its course in one's perceptions

of it and in interpersonal relationships, is taken into consideration. In this sense Positive Family Therapy runs the gamut individual treatment to community psychology, with its attention to social institutions. Regardless of where one begins, the family is still in the center: as the original group in which the individual experienced his socialization and as the place where he shapes his current emotionally important relationships.

We therefore do not simply proceed as if we are using a microscope to observe the various motives and drives that move the individual. Instead, we also use the macroscopic observation as our point of departure. The macroscopic process is akin to what takes place in sociology and social psychology, comparative cultural psychology, group and milieu psychology, and family psychology. In all of them, transactions and interactions are carefully. The microscopic process uncovers what goes on in the individual, i.e., events that are traditionally revealed in psychoanalysis or depth psychology. Although the sequence for using the various magnifications has not been established, we must keep all these possibilities in mind if we want to arrive at a real understanding of a person.

The applicability of customary processes of family and psychotherapy is limited because of existing barriers to communication. Up until now, these barriers have kept a large part of the population from making use of psychotherapy. The problem of the language barriers receives a lot of attention in Positive Family Therapy.

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Information about further literature under:

www.positum.org

www.peseschkian-stiftung.de

Five meta-levels of understanding of "Positum-approach" in Positive Psychotherapy

VLADIMIR KARIKASH, PH.D., KIEV, UKRAINE

In this article 5 meta-levels of Positum-approach are distinguished and their characteristics and recommendations for practical use are given. The main ideas were represented at the International Training Seminar in Wiesbaden 2006 and approved by Prof. Nossrat Peseschkian.

The beginners learning the method of Positive Psychotherapy by Prof. Nossrat Peseschkian often consider simplified the "Positum approach". It can become apparent either in "naive optimism" (- Positive mood is important and everything will be OK!) or in tendency to "grandmother's therapy" (- Be happy, you have been lucky. It could be worse). Both the first and the second one barely refer to the Positive Psychotherapy. In this work metaphoric, multilevel and polyfunctional meanings, both of the idea of the "Positum approach" and of its practical use are distinguished.

The definition of Positive Psychotherapy itself has a deeper meaning: The founder of this approach points out that the word "positive" comes from the Latin word "positum" and it means "the really, actually existing". In this work the term "positum" is used according to its etymology.

Our 19 years experience of application, development and adaptation of the "Positum approach" in Positive Psychotherapy in Ukraine shows its great versatility, depth and utility on the one hand and on the other hand it requires necessity of taking into account suitability and certain readiness both of a psychotherapist and a client to apply this approach on his own level of interpretation and skills.

To solve this dilemma in a methodological, methodic and practical aspects the determination of five relative hierarchical interconnected meta-levels of "Positum approach" have been proposed (not to be confused with the five-steps model of the therapy). Each of the below described levels can perform its therapeutic function, reflects in its phenomena, has its dynamics, proposes applying of different techniques. At the same time these levels can be guidelines for determining depth and stability of changes in a psychotherapeutic process (from the first easy level to the fifth deep one).

Further in the text every level has received its relative name and an appropriate metaphor has been chosen to reflect sort of a therapeutic strategy; therapeutic functions have been determined; samples for questionnaire are made etc. (any other techniques are welcome).

THE FIRST LEVEL IS "OPTIMISM"

On this level the "Positum approach" presupposes the development of ability to pay attention to obvious positive, resource moments of the past, present and future in the therapist's and client's experience. It underlines the ability to be and to remain an optimist. The metaphor: "Even the most black cloud has white edges" (concept of hope by N.Peseschkian).

Techniques:

Where is your power in? (love, pride, joy, possibility etc.)

Which are your achievements? (discoveries, success etc.)

Where? When? With whom your soul feels well? etc.

and other techniques of positive interpretation [2;3].

Therapeutic functions: Situational change of the emotional state of the client in order to wake up his "vitality", creation of the emotional productive field of the relations for moving from a safe "now and here" to the safe future, changing the position "victim/accuser" to the position of exploring his inner and outer experience. All described above makes the conversion to the second level of the "Positum approach" possible.

Warnings: fixation on the positive feelings only without the conversion guiding to the second level may cause escape from natural negative emotions to the transformed status of consciousness as well as to the productive conflicts avoidance.

THE SECOND LEVEL IS "CREATIVITY"

On this level the "Positum approach" means "comprehensive" and presupposes the development of ability to make efforts for searching for deeper implication and meaning of an obvious symptom (problem), an ability to discover "the reverse of the coin". The metaphor: "This is a top of an iceberg only", "A blessing in disguise" etc.

Techniques:

Yes, you have got ... (a negative experience), and now look at the reverse of the coin.

What do you know about this experience in other families or cultures?

What have you got and what are you losing? etc.

What has changed by this experience (in the four areas of the balance model)?

as well as the techniques of positive reinterpretation [2,3,4].

Therapeutic functions: weakening of influence of the old non-adaptive sets, activation of searching activity of a creative part of client's personality.

Warnings: without the conversion to the third level loss of touch with reality and escape to the "continuous imagination" may occur.

THE THIRD LEVEL IS "REALISM"

The "Positum approach" here presupposes the development of ability to distinguish reality of the past, present and future from illusions of the past, present and future. The metaphor: "A bird in the hand is worth two in the bush", "The maintenance of castles in the air is expensive" etc.

Techniques:

What is real and what is illusive for you?

What experience of parting with illusions do you have?

Do you enjoy the contact with reality?

Where is here your reality and reality of other people (other cultures)?

What do all people have in common? In what ways are they different? (N. Peseschkian)

Therapeutic functions: the direction of energy "escape to illusions" to energy of moving forward into reality, rise of a client's adaptive abilities forward varying reality.

Warnings: social-cultural adaptation at the cost of limited set of social roles and at the cost of own integrity and identity loss may occur without the conversion to the forth level.

THE FORTH LEVEL IS "INTEGRITY"

The "Positum approach" on this level presupposes the development of ability to join separate parts to the whole, "maintain and restore the balance" remaining oneself. The metaphor: "The whole is always more than its parts", "A time to cast away stones, and a time to gather stones together" etc.

Techniques:

Who are you? How would your friends describe you?

What are you true to yourself in?

What way has been chosen to remain true to yourself?

Who is authority for you?

How do you feel your whole?

Therapeutic functions: strengthening of the "Ego" function and forming personality's borders, rise of independence and responsibility level. Observance of the balance low "take and give" at identity forming.

Warnings: without the conversion to the fifth level a tough role identification is possible instead of ability of broadening his own identity.

THE FIFTH LEVEL IS "SPIRITUALITY"

The "Positum approach" on this level presupposes the development of ability to transpersonal emotions, ability to broaden one's identity to the feeling of unity with the whole mankind and the Universe remaining at the same time a unique and inimitable essence. It develops ability to find aims, values and sense of a higher degree, to take care of intellectual values development. The metaphor: "Man cannot live by bread alone".

Techniques:

What is your human destination in this world?

What of your deeds correspond to intellectual values?

What is your spiritual testament? etc.

Therapeutic functions: development of the personality beyond "Ego"; staying on the level of above-personality emotions; work with great architypical figures as God, Fate, Good, Evil, Death, Love, Freedom, Faith etc.; activation of "energy of origin and species".

Warnings: without working out the third and fourth levels lost of identity and "Ego" boarders, escape to religion are possible.

In this way taking into account metaphoric, multilevel and polyfunctional meanings of the "Positum approach" this method can serve for further development of theory and practice of Positive Psychotherapy by Prof. Nossrat Peseschkian. All colleagues interested in sharing experience on the topic "Positum approach" are welcome for discussion.

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The inherently integrative approach of Positive Psychotherapy

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Positive Psychotherapy (PPT) is a therapeutic metatheory and approach which was developed in 1968 by Dr. Nossrat Peseschkian. This approach to therapy is inherently and systematically integrative, along the lines of being cross-cultural, multidisciplinary, therapeutically and psychologically inter-theoretic. This article presents some basic premises of PPT that are found and undeveloped in the field of integrative psychotherapy: the use of stories; having a positive starting point; basic and actual capacities; five-stage therapeutic model; as well as mentioning other aspects of PPT. PPT is well suited to therapists advocating integrative psychotherapy as demonstrated by empirical research.

Key words: Positive Psychotherapy; stories; integration; metatheory; strategies

In perusing articles in an American Psychological Association journal, the *Journal of Psychotherapy Integration*, I have noticed a view which is inherently and explicitly integrative, which has a history of over 40 years, and has not been written about in its pages. This is Positive Psychotherapy.

When it began, it was a new approach to psychotherapy and derived its orientation from spiritual, psychodynamic, behavioral and humanistic theories, adding cognitive views later. Like the founder, positive psychotherapy (PPT) is inherently transcultural as well. In his work with European, Oriental and American clients, Peseschkian realized that many conflicts presented could be attributed to different behavioral modes. He began taking inventory of these psychosocial norms and in order to better understand cultural differences. "That which appeared as conflict potential and developmental dimensions in the spheres of child rearing and psychotherapy was, in the domain of morality and religion, reflected in the normative sense as virtues" (ibid. p. 43).

As an integrative approach, it must be initially noted, PPT goes beyond a system which integrates various stances and therapies. Its integrative character encompasses traditional Eastern healing stories as well as modern scientific psychological views, individual as well as ecological and social components. PPT is premised upon a historical view of healing by acknowledging that while forms and methods of treatment have changed, personal psychological healing has always occurred. "According to the possibilities available in a period, and in accordance with the problems and behavioral models, the possibilities for psychotherapy are also modified" (Peseschkian 2000, p. 26). These possibilities are not only those of the methodologies used nor the psychotherapeutic approach taken, but as much the possibilities of the client and her/his environment. Helpful here is a comment by Beitman (1992, p. 204):

> The term *integration* has several applications to psychotherapeutic practice: (1) integrate the multiple schools of psychotherapy; (2) integrate this integration with the personal and psychotherapeutic concepts of each individual therapist; (3) integrate this integration with the concepts, self-definitions, and world views of the patients currently in front of the therapist.

I would assert that PPT utilized these forms of integration from its inception. Moreover, Peseschkian's works provide listings of 41 different physical, psychological and psychosomatic maladies with positive

interpretations. These positive interpretations are helpful for a client to broaden their life goals and adapt a new attitude towards the future. Beitman, Soth, and Bumby (2005) discuss various types of integrative psychotherapy, finding the future as a common element, and assert "People are drawn to act by images of the future, which are composed by reassembling memories from the past; in this sense, *the future is remembered*" (italics in original, p. 66).If one's future is altered from what is expected, a mismatch occurs presenting challenges and perhaps distress such as grief, regret, or anger (Beitman, Soth, & Good 2006). In tacit agreement, Peseschkian (2000, p. 130) affirms that one's impression of another cannot be solely structured by the past or present, because "we must at the same time see in them what they will become, and afford them such developmental possibilities."

In another work, Beitman draws attention to the value of conceiving psychotherapy as progressing through stages, and cites many examples of others using similar conceptual structures. He identifies four: engagement, pattern search, change, and termination (1987, p. 24). Similarly, PPT envisions three stages which Peseschkian views as pertaining to human life *as well as* psychotherapeutic interactions: fusion, differentiation, and breakaway.

Integrative psychotherapies have been undertaken along four lines, and Gold (2001) is emphatic in his assertion that "Integration only can be said to occur when these modalities are synthesized in ways that meet the criteria for any of the four generally accepted modes of psychotherapy integration: technical eclecticism, assimilative integration, common factors integration, or theoretical integration" (p. 286). Norcross (2005) informs us that theoretical integration seeks "to create a conceptual framework" from synthesizing elements of two or more approaches in order to create a new theory "that is more than the sum of its parts and that leads to new directions for practice and research" (p. 8-9).

While many different approaches to therapy, social science, and human life in general discuss the importance of narratives and stories, most of the therapeutic applications follow the stance proffered by White & Epstein (1990) and discuss one's life as being a narrative that can be retold and considered more objectively. The American Psychological Association, in its' third volume on narrative, keeps the focus on the relationship between psychotherapy and narrative. We find such a position articulated: "Therapy is a process of developing a narrative that brings integration and some degree of coherence to a chaotic life" (Lieblich, McAdams & Josselson 2004, p. 4). A dominant reason for looking at therapy or lives as having a narrative basis is to empower the individual to 're-author' one's life "as a means of resisting the control or subjugation of dominant cultural narratives" (McLeod 2004, p. 12). It provides the perspective that therapy is also social, not only psychological.

In PPT, this particular view of narrative and story has not been drawn out much and is an area that could be articulated more. It must be emphasized, though, that PPT is not a postmodern view of psychotherapy and does not think the 'self' is just a story we weave upon the fabric of society with the threads of other narratives. Integrative therapists conceive the narrative approach in different manners, and each helps the others to observe different nuances of the reality of our lives.

PSYCHOTHERAPY AND SPIRITUALITY

The conception any psychological theory has of the human directly impacts the methodology created to work with individuals. Concepts are embodied in theories, inform therapeutic modalities,

influence interpretations of health or pathology, and become part of the 'narratives' about life. They form one's *Weltanschauung* (world view and view of the world) and idea of illness.

Any explanation of the human reality is based upon the possibilities present and the dominant paradigms. From a narrative stance, these possibilities have been called 'cultural master narratives' (Alon & Omer 2004). One master narrative they consider is the demonic narrative, which takes the form of dualism in religious thought and extreme dualistic worldviews. We are living in a time when the strict demarcation between one's belief and one's therapeutic practice is fading: client and therapist have beliefs and these can productively be explored. Honoring the spiritual or materialistic worldview of the client has always been part of PPT and contemporary integrative therapies are openly acknowledging the importance of doing so. Any extreme view in psychotherapy has given way to narratives competing for dominance.

Pargament (2007) cites a survey of over 300 members of the American Psychological Association (APA) in which it is reported that 94% have never provided the V code 62.89 'religious or spiritual problem' for their clients, though it is included in the DSM IV-TR (APA, 2000). The reasons why this is the case is telling: insurance companies won't recognize this V code as billable; therapists don't often inquire about client spirituality; clients are reluctant to offer this information due to perceived antipathy to religion or spirituality; and the reductive stance of psychology to issues of spirituality.

In *The Handbook of the Psychology of Religion and Spirituality* Zinnbauer and Pargament express a point that I think is important for psychotherapists to grasp. One must comprehend the complexity of not only the terms, but the reality of spirituality and religion, and the many levels upon which it affects us:

> Religiousness is not just beliefs about God. Spirituality is not just oneness with life. Both constructs contain multiple dimensions including, but not limited to, biology, sensation, affect, cognition, behavior, identity, meaning, morality, relationships, roles, creativity, personality, self-awareness, and salience. (2005, p. 33)

PPT's recognition of the importance of spirituality and its integration also honors the negation of spirituality for the individual. Each person has the prerogative of 'independent investigation of truth' which cannot be forced upon anybody. This investigative inquiry and the accepted conclusions one makes forms components of one's life story and even impacts the interpretations given to the stories of others.

BASIC AND ACTUAL CAPACITIES

Peseschkian derived his view of human capacities from various psychological theories, integrating them into one coherent system, and Bahá'í religious thought. "There is hardly a book on psychotherapy, psychosomatic medicine, social psychology, psychiatry, or pedagogy which does not refer, implicitly or explicitly, and in one way or another, to the actual capacities" (Peseschkian 2000, p. 86). Peseschkian provides a listing of these capacities, basic and actual, derived from over 20 theorists. His signal contribution is to have taken these and integrated them into a working model of therapy.

It is plausible to assert that the 'value systems' proposed by the neuroscientist Gerald Edelman, are the neurochemical underpinnings of these actual and basic capacities. Edelman proposed a theory of neural functioning that is termed *selectionsim*, or *neural darwinism.*

(Edelman & Mountcastle 1978; Edelman 1987; Edelman and Tononi 2000). This theory has three main proposals: 1) genetic and inherited constraints do exist within the individual's development, but the brain becomes uniquely differentiated and the myriad neural connections are *selected* by individual experience as well as patterns of activity and neurochemical interactions. 2) Through personal experience, the unique pattern of nerve connections establishes behavioral experiences that are in part determined by groups of neurons operating together in networks. These neural connections change, becoming strengthened or weakened through time and experience, "constrained by brain signals that arise as a result of the activity of diffusely projecting value systems, a constraint that is continually modified by successful output" (Edelman and Tononi 2000, p.84). Finally, 3) there is a process Edelman refers to as *reentry*. This tenet of his theory is a process of "ongoing parallel and recursive signaling between separate brain maps along massively anatomical connections, most of which are reciprocal" (p.106).

These value systems are the neuromodulatory systems that secrete neurochemicals: serotoninergic, noradrenergic, dopaminergic, cholinergic and histaminergic systems compose the various value systems. Edelman's use is in their neurochemical role as modulators (see Cope 2006).

Primary and secondary capacities are the *actual* capacities; actual because they are actualized in daily life in myriad forms, and actually affect an individual's life. They are no mere abstractions, but dynamic interacting realities with neurological, psychological and social aspects. The basic capacity of love is manifest in the primary capacities, referring to the fact that these are emotional and form the foundation to the secondary capacities; the basic capacity to know manifests in secondary capacities. The basic capacities are built upon the developmental fact that the infant initially experiences reality emotionally—the higher cognitive functions of the brain develop later.

Peseschkian (2000) asserts that these actual capacities manifest as: social norms; family norms; patterns of behavior; value systems; conflict sources (internal and external); causes and triggers of illness; socialization variables; role stabilizers; signs of group membership; masks of behavior; weapons and shields in relationships; expectations of others behaviors; personality attributes; justifications of behavior; capacities for development; and criteria/standards of judgment. Capacities are also cognitive-behavioral schemata with emotional and perceptual dimensions which are analyzed along a flexibility-fixation and active-passive continua. These capacities actualize as potential sources of conflict between individuals—parents and child, mother and father, husband and wife, boyfriend and girlfriend, Westerner and Easterner (any two or multicultural arrangement)—and virtually in any social relationship. Even within the self conflict between two or more capacities could arise: to be orderly may mean being late for an appointment or date; to be too honest may clash with courtesy, etc, thus giving rise to what Festinger called 'cognitive dissonance'.

We can clearly discern that these basic premises of PPT hold to a commitment voiced by Alford and Beck when they wrote that the "commitment to psychotherapy integration is no different from commitment to any open, evolving, scientific system of psychotherapy" (1997, p. 279). By using stories suitable to the needs and situations of the client; by considering the positive aspect of the client's current challenges (pathologies); by focusing on and clarifying, or differentiating an individual's basic and actual capacities, PPT is

inherently integrative and amenable to further scientific development.

CONCLUSION

Within the framework of integrative psychotherapy, the contribution of PPT modifies the historical record. What I mean by this can be easily seen by perusing Goldfried, Pachankis, and Bell's (2005) article on the history of psychotherapy integration in the latest edition of the *Handbook of Psychotherapy Integration*. After providing a brief synopsis of early 20th century attempts at integrating different theoretical approaches, the authors discuss the 1960's. During this same period, in Germany, Peseschkian was developing his integrative approach. The historical inclusion is relevant, not just for the sake of a more complete history, but to credit Peseschkian with the creation of an integrative metatheory at a time when Europe was largely dominated by single theory modalities.

Asserting that therapeutic practice should be determined by the clients' needs rather than theory, O'Brien and Houston (2000) assert that "An *integrative* stance would require, in addition, that the therapist pauses to think how the effect of a given intervention can be explained theoretically" (italics original, p. 128). Peseschkian provides a comparison of PPT vis-à-vis Freudian psycho-analysis, behavior therapy, Adlerian individual psychology, Jungian psychology, Frankl's logotherapy, Rogerian conversation therapy, Perl's gestalt therapy, Janov's primal scream therapy, and transactional analysis.

As an example of integration, PPT contributes an important perspective to integrative psychotherapies: the basic and actual capacities as descriptive categories which are not culture-bound, though individually and culturally expressed. Premised upon client action and activating one's own healing capacities, PPT asserts that "*the patient is not only the sufferer of his illness, but also is employed as a therapist himself*" (italics original, ibid. p. 4). Though the *positum* of Positive Psychotherapy embraces what actually exists and begins with a positive view to an illness, it is not a method of giving everything a positive spin. With the differentiation analysis (DAI), healthy attitudes, thought patterns and behavior regarding expectations of self and others are separated from those which are problematic and contribute to the client's symptoms. This demarcation empowers the client to discern and hence develop their latent primary and secondary capacities as well as assisting others around them.

Punctuality, love, hope, faith, justice, cleanliness, etc., are not just theories used to interpret psychological phenomena, but dynamic hypothetical constructs about personal and psychosocial dimensions; they have reality, potentially cause neurological and physio-chemical disturbances, and can be measured. Vexations of these capacities have dramatic personal and psychosocial impact. They are, in this sense, *meta-theoretical*. Any psychotherapeutic approach can avail itself of these capacities to help clients resolve problem areas in life and to develop latent capacities. These are specific domains of interaction and as such are valid in individual, couple, family, group and social dynamics, intra- and interculturally.

For integrative therapies, PPT provides practical and powerful tools which can be applied in any culture, for any stage of personal or even social development.

Through implementation of the methods of PPT: stories, basic and actual capacities and the Differential Analysis Inventory, the five-stage therapeutic process including conflict-modeling, positive starting point, view of disease etiology and reaction types, empirical studies have demonstrated that this

metatheory and integrative psychotherapeutic approach is, as a short-term therapy, very effective.

Beitman's article, cited previously, offers some perspectives which I think PPT has as inherent components. He writes:

> An alternative approach to psychotherapy integration is to create a model with sufficient flexibility so that (1) it will continue to assimilate new ideas generated from patients, other psychotherapies, other psychotherapists, colleagues, personal life experiences, and research; (2) it can be accommodated to the psychotherapy schemas of each individual therapist; and (3) it can ultimately be adapted to the schemas of each patient. Rather than being a solid form, the ideas of this approach would be like the molecules of a liquid in that they would fit the cognitive containers of their users. (1992, p. 202-203)

Whether PPT can be considered using a metaphorical molecule of a liquid depends upon the position used to understand it. It has clear and sound philosophical underpinnings which I have written about elsewhere (Cope 2009); it surely has fluidity, in the sense of flexibility. PPT is such a model that integrative psychotherapists will find it to be well contained.

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Earthquake in Sichuan – Report of the Work 2008

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This article is meant to show our involvement in the ongoing work of supporting and teaching the helpers after the Si chuan earthquake disaster, and how the method of Positive Psychotherapy we teach in China has been recognized and appreciated by the doctors, psychologists, students and "leaders" in Si chuan, beginning June 2008, and continuing during 6 days in November 2008, and hopefully, also next year, according to the inviting words of a vice director of the education department of the government of Si chuan province. Positive Psychotherapy can greatly contribute to shorten a recognized method of Prolonged Exposure Therapy investigated and developed in the US since 20 years for the victims of post traumatic stress disorder (PTSD) also for earth quake victims. Foa et al, in her book "Prolonged Exposure Therapy" describes how this method was validated by extensive Research in many cases at the university she was working at.

INTRODUCTION AND DESCRIPTION OF THE SITUATION IN SI CHUAN

Description of the Si chuan seism of 12 May 2008

The tragic even of the 05-12 08 earthquake shook the whole world. Here is the official news concerning it:

The 8.0 earth quake in Si chuan province:

Official figures (as of June 18, 12:00 CST) state that 69,176 are confirmed dead, including 68,636 in Sichuan province, and 374,142 injured, with 17,415 listed as missing.[5] The earthquake left about 4.8 million people homeless;[9] however, the number could be as high as 11 million people.[10] It is the deadliest and strongest earthquake to hit China since the 1976 Tang shan earthquake, which killed at least 240,000 people. Approximately 15 million people lived in the affected area.

The missing, in this minute description, should be considered as dead.

In China, for one week after the disaster, all news channels, most of all of TV, of course, concentrated on the seism only: how victims were rescued from under the debris, with the help of expert teams such as from Japan and other countries eager to offer their support, and inviting the population in China and outside its borders to offer money and other means of support.

Given the strong reaction of the government , the practically immediate response of the population facing the national tragedy was exemplary: hearts were moved beyond expectations and reached out to those who were badly shaken in all dimensions of life: they had lost limbs, sons, daughters, parents, whole families, as well as their house and their livelihood.

People's hearts, in spite of their often desperate race after success in achievement, and wanting to attain wealth and success at all costs, opened their purse to relieve some of the pain and heartrending distress of the population touched in such a terrible way, - in fact, beyond imagination.

For the first time in the history of China, it seems, a great movement of solidarity took place:

Chinese rushed to Si chuan to help, even jumping into a taxi from as far away as from

Shanghai, for them to be able to offer personal help. Many people gave great amounts of money, were ready to adopt or support the orphaned, so much so that many offers to adopt orphans could not be met.

Incessantly, with insistence, the government provided help in many ways and addressed the population that was very much moved by the disaster, to contribute. The population, so often only materialistically oriented, surprisingly and rapidly turned around, became caring and generous, and followed the government's pleas, most of all the very humanistic pleas of Prime Minister Wen Jiabao who made several personal trips to the hit regions, such as Bei chuan that was practically eradicated from the map. He went to comfort the population and investigate their needs and then speak for them in the central government.

Our first intervention:

When we heard of the tragedy, we were on our way going back to Europe according to our normal habit of going back once or twice every year. The journalist, a friend of ours who had just come for the first time to attend our "family consultant" course in Beijing at the beginning of May, and then was off to Si chuan a few days later, contacted officials in Si chuan and told about our course, apparently with conviction and insistence. Joe then contacted us and suggested we write a letter to all the children who lost their parents. The letter was published in a number of newspapers in Si chuan.

Authorities invited us to go there to give a seminar for helpers, most of them psychology students, some teachers and just a few doctors and professors. They gathered a group of 300 helpers, most of them from Chengdu, the capital, but quite a number also from all much damaged areas concerned after the earthquake.

The helpers were students and teachers and all kind of other people with a lot of good will, but practically no know-how as to psychology, and most of all PTSD's very specific way of dealing.

During the 4 days left for us before the conference took place during the first weekend in June, we rapidly put together 4 programs for the conference.

Five of us, two Chinese translators and a technician, as well as Dr. Bijan and Dr. Agnes Ghaznavi from Switzerland, flew to Chengdu on the evening of 25 May. We were an excellent team and gave out our best. From what we heard from all sides, our help was well received and appreciated in the end, and people could apply much of what they had learned. It seemed that we had understood their need well: they did not need theory, they needed ways of applying simply explained ways of giving "first aid" in a psychological way to the survivors of the earthquake. By the way, there were many more than 1000 after quakes well into the summer and early autumn months, some of them up to O5 on the scale of Richter. One of them released a huge landslide during the month of September from the mountain above Bei chuan, - practically all of the city having had 30 000 residents, was destroyed.

We had to stay in Chengdu, the 10 million capital of Si chuan, as authorities were dead afraid we would get killed in one of the after quakes: the parts North of the capital city remained a danger zones for a long time.

We gave a 2 days' training course to about 300 students of medical psychology, teachers, principals, psychologists, and others. We had written programs on the concepts of helping people who have experienced trauma; on grieving; on several aspects of Positive Psychotherapy, such as retaining hope and

remaining in balance, and a little about problem-solving and learning to consult as well as mend our ways when we obstinately remain rooted in our traditional habits.

These programs were well received. Later on, the organizers made 13 DVD on our 2-day course, and had them distributed in all the badly hit counties to the North of Chengdu, dhe capital city of Si chuan. We also gave the organizers permission to videotape the courses, as they were going to use them for others who were not able to participate in our course.

The four 2-hour supervision times of the course on psychological rehabilitation we gave, in addition to the 4 programs, also were much appreciated. Many students needed to learn about multiple aspects of psychology in a short time. Near-death experiences (many of the victims were buried in rubble for 4-6 days) also needed explaining. Stories of survivors related graphically that near-death experiences can permanently change people's outlook on life and their personality as well, often for the better, sometimes for the worse.

It was interesting to learn, for all of us, that very cunning "victims" of every-day life, that is, people with damaged character, tried in a seemingly winning, but in fact cunning way, to receive psychological help, pity, and also other ways of help, although they had not been touched by the seism! Their problem was an anterior one, linked to their bad character. It was stupendous to find out, how many of these psychopaths were after the caring and warmth of the helpers for the earthquake survivors! Evidently, we tried to explain their problem and to discourage the helpers from giving all of their time and caring help to these "old-timers"!

During our 4-day stay we also met up with a middle-school teacher who had just learned of the death of his 8-year old son who had been hit and then covered by the rubble of his collapsed school building. It had been very difficult to unearth him, and at last, the father saw his son when he was on the way to being flown into a hospital. We stayed with this sensitive and intelligent middle-school teacher for more than 2 hours, accompanying him on his path of grieving, expressing impotent rage at all the mistakes that had happened, but also blame toward himself and others. This is a normal reaction, but not easy to accept, particularly according to ingrained Chinese education and tradition. We helped him to ease his anger and to express it. In the end, it was fading away, after more than one and a half hours. He expressed his sadness, and our empathy and emotions were with him. In the end, the fact of looking into his future was suggested. As he felt better, he readily looked into the future and was searching for new meaning in life, in spite of intense pain, distress and helplessness. Gently helping people to look into the future, when they are ready for this step, and have laid down most of the anger and some of the sadness and the blame, is vital for their mental and emotional health as well as a new sense of balance and harmony.

We also the met the only psychiatrist of this God forsaken place who has to meet constant tragedies and suffered from burnout. She was trained for 8 years in Japan as a psychiatrist. However, she felt so much overwhelmed with all these tragedies that her one and only feeling was inadequacy. We strongly encouraged her to get her own strength back again and to resume her precious life as a mother and wife as well as within her family. She accepted this suggestion, and many others, and lost her burnout within one and a half hours' good listening and sound advice. She then felt eager again to turn toward the survivors who badly needed her help.

She told us that in Japan, when professionals feel helpless facing PTSD, they let those who insisted on committing suicide, to go ahead with their stubbornly adhered to project of ending their life. We strongly emphasized how good it is to be in China, as people have a big heart and have more of a tendency to care about each other.

We also encouraged a school-counselor who was dealing both with children and teachers and was overwhelmed with the pressure and the work to be done. She seemed to appreciate and find more energy for her unearthing work.

Many of the helpers were near burnout when we came to contact them, but they felt better after that! Encouragement, but also the sincere counsels of having to be responsible for their own health and equilibrium were most important for them to go on with their most important task.

We came back exhausted, but much touched by this overpowering experience. We certainly will go back again, as these people of the hit counties in Si chuan will be in need of professional help for long periods of time, particularly now, as about 18 000 people, according to China Daily, the newspaper for foreigners expressed it graphically, will need longtime therapy for PTSD.

About prevention

We have made the experience, how heartbreaking it is to witness the tragedy of such inhuman dimensions, and that prevention is most important, both as to better building-styles, but also training people to learn to leave buildings in a disciplined and rapid way.

Chinese scientists have said and warned for a long time that even before a final accounting can be made in the earthquake in Si chuan province, one thing is already painfully evident: The huge death toll in the disaster stems from a failure to heed clear and early warnings of a devastating earthquake in the area.

For decades, Chinese scientists say, they have known of the risk of a potentially catastrophic earthquake in the very area where the Wen chuan disaster struck, and when the dust settles from emergency relief operations still underway, they say, one powerful question will still loom up: Why was so little done to prepare for such a disaster, when it was known to be looking up at the horizon of Si chuan in the future years, beginning from conclusions as far back as 2002?

Despite expressions of surprise in the early days after the May 12 quake, Chinese scientists say, there had been a longstanding consensus about the danger posed by seismic activity in an area known as the Long men shan thrust belt.

As early as 2002, Chinese scientific papers specifically warned of an imminent threat of a major earthquake in this area. Despite such alerts, experts said little had been done to enforce adequate building standards in the area, or to educate residents as to risks, and to require safety drills as a prevention, for schools, factories, etc.

Some scientists went so far as to say that many of the places struck by the Wen chuan earthquake were not properly built cities, most of all as to school buildings.

There are three other important elements of prevention:

a) As everyone knows, there are buildings that can resist earthquakes much better than others. There are norms for building and constructions: professionals have studied how to make the building more resistant to earth quakes. During this earthquake, some building

were immediately destroyed – specially schools. Close by, some others resisted the shock of the earthquake. They were damaged, but did not collapse, having been built with better materials and design.

The greatest attention should be given to the correct and responsible way of building new school buildings: their collapse has cost hundreds and thousands of children of all levels at school, to lose their life. In Japan where the norms of construction are extremely severe, about the same level of earth quake brought round 6000 victims far less than the 90.000 victims we had in this earth quake.

b) The second aspect of prevention is about the preparation for the event at school and at work place and even at homes.

When people are prepared to meet the tragedy, when it occurs, they can immediately leave the places with discipline and help the ones who have difficulties in an orderly way and without panicking, as they have been trained to meet the event collectively. Loosing time will cost lives and it is a question of seconds not of minutes, there must be absolutely no hesitation about what to do and this discipline needs good training and preparation.

c) The last very important part of the prevention is about what we call micro trauma in positive psychotherapy. Prof. Peseschkian writes in his book, Positive Psychotherapy:

Microtraums have a cumulative effect. A transformation of quantity((accumulation of injurious events) into quality (psychosocial and psychosomatic processing) takes place: the micro traumas shape that which constitute the characteristics of personality, in the same sense as the steady drops that sculpt the stone. Macr otraumas are inflicted upon the domain of the actual capacities. Their recognition is an essential prerequisite for prevention in psychotherapy.

Nowadays, we have more and more tragedies, both man made and natural ones; contributing to trying to cope with these relatively new and overwhelming facts in our world-view, we find more and more literature about resilience; its simple definition is, to become robust and resist difficulties as well as having creative and absolutely new ways of dealing with these same difficulties, for instance being courageous, daring in a good way as well. The French author Cyrulnik, as well as Milton Erickson have explained much about resilience.

The very interesting concept of micro trauma, a *third aspect,* explains how some survivors after such dramatic events are resilient and others succumb and develop PTSD: here is an official report:

Mianyang, Sichuan: Some of the survivors of the May 12 earthquake are suffering from suicidal tendencies, sleeping problems, recurring nightmares, and a reluctance to talk about the incident, a study shows.

The study was conducted in Pingwu and Qingchuan counties from Oct 4 to Oct 10, Wang Yiqiang, deputy chief of the Hangzhou No 7 Hospital in Zhejiang, said on Wednesday.

People in the quake-hit regions have a high incidence of psychological disorders, which could last for years, the study said.

It found people whose close relatives died in the tragedy, were also reluctant to leave their hometowns to find new jobs.

The Menghu community in Zhuyuan town, Qingchuan, has more than 700 quake survivors living in prefabricated houses.

They are divided into four groups.

In three groups, more than half have relatives who died in the quake, and only one in the other.

Almost no one in the three groups is looking for a job outside his or her hometown. In the other,

practically all are, Cao Rifang, chief of the Mental Health Institute of Hangzhou Center for Disease Control and Prevention, said.

As relief to the region eases and aid workers begin to leave, survivors have started to feel lonely and disillusioned.

Some have ended up with post-traumatic stress disorder (PTSD).

One such victim, Dong Yufei, chief of the agriculture office of the Beichuan county Party committee, committed suicide on Oct 3.

The county Party committee said Dong hanged himself because he could not get over the loss of his 12-year-old son Dong Zhuang.

The pyschology study said some of the survivors also had suicidal tendencies because of PTSD.

"PTSD can be as harmful as cancer and AIDS," Wang Jianping, chief of the Jiande No 3 Hospital in Zhejiang, said.

About 20 percent of the survivors surveyed suffered from PTSD, he said.

Fu Weilin, a psychological counselor at a high school in Pingwu, said the school had 1,300 students but he was the only school-counselor.

He said many people giving psychological advice to students were not qualified.

Self-help and resilience:

The most interesting and encouraging aspect of the tragedy concerning the earthquake is that some victims could make it by relying on self-help.

Follow-up studies of survivors, - those who made it, - speak about it and share their experiences with others. Those who do not, do not share their inner feelings and most of all their anxiety and fears, *avoid to speak about them*.

It is evident that the very important concept of self-help, which is the core of Positive Psychotherapy, does function well for those who are struggling not to develop PTSD, or

who already have had adequate treatment or have been accompanied by qualified people and freed themselves of the multiple symptoms of PTSD, both bodily and emotional and mental.

In fact, every one tried to use self-help. Some of them went about it efficiently, -others did not. Those who succeeded, faced the dire situation and tried to cope with it as well as they could. Sharing their *worries and fears and anxiety with others,* they verbalized their happenings, hurt and pain that occurred after the event, and then were able to overcome it.

Those who did not make it, had only one strategy: *avoidance*. They avoided signs that could bring them back to the memories of the tragedy, and in this way they think they will make it. They do not, in fact, and everything remains there, in their inner world of memories and emotions, and flashbacks obliged them to think about the event without, against their own will.

Those who moved toward PTSD, tried very hard to access self-help, but failed. Their reasons were multiple, also depending on previous PTSD events in their life, such as bad accidents, having been involved in them or been a witness to them, the violence in their own family, particularly of early childhood, but also in war or terrorism, as well as the consequences of sexual harassment, such as rape during childhood and adolescence, or incest in their family.

Self-help and immune system:

We have to compare self-help to the immune system: it is as important for our mental and emotional functioning as the immune system is for the body.

The immune system may function too powerfully, or in an inappropriate way. It can create allergies and even create death for patients, with the best intention it seems, to protect their body, but fails in the end.

It is autonomous and self-help is also, to a certain degree, autonomous, as in the case of trauma where it functions at the level of the reptilian brain when it comes to the stage of PTSD. Thus, we can understand the involvement of so many systems of the human body when it comes to somatisation in PTSD.

TREATMENT OF PTDS

In treatment of PTSD, the most successful treatment opts and reaches out to reestablish self-help of the victim. In such a case, the contribution of Positive Psychotherapy may well be of the greatest value: the pillar of mental health in Positive Psychotherapy is based on self-help.

First of all, Positive Psychotherapy will show greatest respect and understanding for what the victim is going about, i.e. with the wrong methods such as *avoidance* of facing the facts or the memories in images.

How the mechanism of self help goes wrong has been studied by emotional processing theory (Foa&Kozak,1986). It explains that PTSD emerges and is based on a fear structure following the traumatic event. Any external stimuli associated with the trauma will activate the fear structure.

What makes things more complicated is the fact that a very large number of stimulating elements are easily accessible to the victim; thus, avoidance becomes the only possible solution to escape from a totally desperate situation. But, at the same time many psychosomatic reactions will be the outcome of the high level of anxiety in which the victim is perpetually involved.

The mechanism of self-help is in constant alarm, when a person's body and mind and emotions are taken over by PTSD symptoms, and will do everything to avoid stimuli that considerably reduce the activity of the victim in daily life, such as in family life, work life, etc.

One of the best recognized methods of dealing with PTSD is exposure therapy:

The evidence is compelling based on many well – controlled trials with a mixed variety of trauma survivors, that Exposure Therapy is effective. In fac,t no other treatment modality can call such strong evidence its own and speak for its efficacy in" Effective treatment of PTSD", p. 321

Positive Psychotherapy can considerably shorten the treatment of Exposure therapy as to the treatment of PTSD. Exposure therapy insists on establishing an empathetic relationship with the client. Positive Psychotherapy totally agrees with these findings, and would even consider the victim as its best friend: In other words, Positive Psychotherapy shows ample understanding for the way the client is trying to help himself.

The client should be considered as a human being and as *our best friend.* When we consider a good friend, we show respect, understanding and interest for what this friend is doing, experiencing and undertaking at the time being .We will also show sincere human feelings for the grieving this person will go through. We have to master our own anxiety, for us to be able to do so, and not to give in to any sloppy solutions. Showing positive assurance about the future and about life in general is the expression of giving hope to the person.

Another extremely important, but at the same time, simple concept of Positive Psychotherapy is discussing the importance of the future-

oriented quality of hope the person can develop for his own good. Very simple, but really not easy in the case of PTSD!

In Positive Psychotherapy, the use of stories, and most of all, in the case of Si chuan, showing well adapted movies also are most important: we should chose those that express the quality of hope and opening up to the future.

The stories we use in the case of PTSD are the

- The shirt of a happy man.
- The king and his deceased wife.

The movies we show are

- The painted veil
- Heart in Atlantis.

The tools of Positive Psychotherapy.

Positive Psychotherapy offers three extremely useful tools as to PTSD:

The first one is the **balance model**. In the following, we shall draw the balance model.

The balance model is an extraordinary and at the same time simple tool to use for the ***diagnosis of PTSD:***

When victim's body is retrieved from the rubble, the dimension of the body, achievement, contact is lost to the person exhibiting PTSD symptoms.

The only dimension of the balance model still vibrantly active is the one of fantasy through the flashbacks of the trauma.

Survivors with PTSD do not have any contact, though, with the vision of the future that is part of the fantasy dimension of the balance model:

They are out of social reality and they are greatly in danger to commit suicide or become psychotic.

They avoid the contact because of the strong shame they feel. They should overcome it and they can't. They can't look in other people eyes!

We are a witness of an alarming increase of both of these in Si chuan. These happenings are so very much in the fore, because the client will constantly use the avoidance method as a wrong self-help method for him to forget. Avoidance, then, will strongly reduce the positive activities of the :

- Body.
- Achievement.
- Social contact

Fantasy will expand, but focused only on the trauma.

Thus, it is important to begin with the easiest, i.e. most evident part of the balance mode, and we should begin ***with the body.***

In Positive Psychotherapy, we consider the client as a partner and do everything to win him over and collaborate with him. That is why we make every effort to bring the client out of his/her strong attitude of passivity, which is practically always the case with a person is taken with PTSD. Bringing the client out of his passivity, though, already is a great step forward.

We will begin with the *body*:

The first exercise is about *breathing*, i.e. bringing the client to learn to leave behind his shallow breathing stemming from his huge anxiety and fear.

The client out of anxiety will breath superficially and will take too much air, this will create anxiety and a vicious circle.

It is crucial, to ask the client to retain its breathing to interrupt this vicious circle, especially when expiring the client should repeat the word caaaaaa…..lm. She should exercise the retaining of breathing at least 10 minutes every day.

The therapist here should have distance to have a strong leadership on the client and be persuasive to make him do his home work.

The second body exercise is in China about walking backward, in the park. We can try to introduce it without insisting, in case the client is not able to do it, although it will bring great results to the client who will re-learn to concentrate and focus, also on his body.

The third exercise in the park in China is to feel strong and free enough to shout in the park. In China this is usual.

In groups, we can carry one by one the members up to a group of 8. It is excellent for clients to thus, gradually, lose their anxiety, and for them to learn to care for others, outside of the family circle of people, - which is not at all easy for Chinese culture, as people usually are riveted on their nuclear and distended family only. In this way, the disaster has contributed to adding another dimension to life, i.e. community.

There are a good number of bio energy exercises that are useful for the healthy recovery of PTSD victims.

By bringing people together in groups, we go about re-installing a few more important aspects of life:

The *first aspect* is to bring the client out of its isolation and reactivate the *contact aspect of the balance model*. S/he will witness that other people have similar problems and they have been able to learn how to cope with the new situation.

The *second aspect* is to make him/her active as she then will have more trust in achievement in the future.

Most victims suffer from *concentration problems* and are unable to focus. Their being together with others and opening up and speaking to others, will help them overcome this kind of being immersed in the trauma, to the point of having *flashbacks*, and thus always being submerged in the trauma.

Up to now, we have not mentioned anything about the trauma itself.

Writing a *letter to the symptoms* the client will develop is also an excellent way to begin to face the situation.

What is important is to consider the anxiety the client hates as some thing positive and protective as the client thinks this is very negative and an aspect to be avoided by all means.

The client should be given for homework the task to meet people and relate to them having eye contact with them (an important aspect of true emotional contact). He also should easily fall back, on a long run, into the same daily and weekly habits he had before the trauma (for instance, achievement, bodily aspects such as gymnastics, sports, or regular visit with family and buddies from his workplace).

The client should be told that he will be used to anxiety and will suffer much less by confronting it. Step by step, things will move forward that way as the client will come out of its fantasy and meet more reality.

Now about fantasy, we should bring the client to get a better vision of the future.

In China's culture the immediate future is most important. Tomorrow and the day after, and next week are about the dimension the Chinese people live in consciously.

Other, i.e. more extended dimensions for the future are part of European, for instance, German culture and ways of thinking and dealing with life. As to China, forget about the next 10 years!

When things develop well with the balance model, we can go to the next tool of Positive Psychotherapy:

The **four dimension model** and the capacities that then grow into the actual ones, beginning to grow from the basic ones. We then can show the difference. Then, with the help of these two tools, we can show and uncover hidden motives and understanding as well as early childhood experience as to all the micro traumas that have happened and play a major role as to the client's absence of resilience.

Here we can tell the story of the long truck.

We can show to the client the relationship between the two capacities.

Especially how the basic capacities have influenced the actual one's etc.

The last tool that is most useful in this case and is offered by Positive Psychotherapy is the one about **fusion, differentiation and breakaway**.

Most PTSD clients are caught in a *breakaway stance* and are not able to re-enter the cycle of fusion, differentiation and breakaway again, in a natural way, as is part of normal life.

It is, on the one hand, most important to show this cycle's importance for natural and positive development in a person. In case the cycle comes to an abrupt end, such as is the case when disaster comes about in a totally unexpected way, something fundamental for healthy living goes toward the wrong direction and thus does not contribute to healthy life anymore.

That is why it is crucial to build an empathetic relationship with the client. When, at the beginning, fusion with her/him can take place, we shall be bringing about a great change for the positive as to his behavior.

At this stage only, it is time to encourage the client to tell the story of the trauma she/he has undergone.

We have to do this with a lot of caution, without being forceful. We have constantly to show respect for his person and his present attitudes and emotions, and exhibit a lot of patience and sincere warmth toward her/him.

Before requesting the client to tell the story if his trauma, it is important to ask the client to find out two important, *positive event:* one before the trauma, and one after the trauma.

These are resources at the disposal of the client himself:. The trauma is in this case sandwiched between two events that are resourceful, i.e. positive events. Thus, the client feels he has resources and that he can face the trauma itself. He thus feels more secure to deal with the trauma.

Now also is the time to speak about the process of grieving and about facing loss:

1. **Phase of numbness**
2. **Phase of longing**
3. **Phase of desperation**
4. **Phase of re-organization and re-orientation**

We should be working on all these aspects of grieving with the client.

The most important part of the therapy, however, is the attitude of the therapist him/herself:

Should she/he have worked through his own philosophy of grieving as well as the meaning of life and life after death, the client will come along much better when accompanied sincerely, with a warm heart, i.e. with empathy and know-how of exposure therapy, i.e. addressing the present, and not the past, and to remain conscious both of the mental, emotional and somatic symptoms of PTSD.

Here again Positive Psychotherapy offers a spiritual image of the man with many positive aspects of life after death and can transmit this positive philosophy to the client and it will bring healing and act like a nice baume to its lost.

To summarize, Positive Psychotherapy can contribute significantly to the survival and emotional learning processes in life, such as:

- to become courageous,
- initiate new modes of life,
- change motivation for a more balanced and less self-centered life-style,
- to learn to live in the present as well as the future, without fears of possible earthquakes.

Earthquake victims in China are much encouraged by the government, both national and local, to take up again self-help, and to become resilient. But first of all, it can contribute to prevention when helping children to be better balanced and have a better 4 dimension basis and grounding by helping solve family conflicts, differences and quarrels and thus contribute in a sound and harmonious way to the differentiation of the child. Should children be better balanced and have a family that is able to solve conflicts, they will not go through micro traumas. They will become much more resilient when another trauma comes their way, as we live, in today's world in a most insecure world indeed. Even should we be successful in building earthquake resistant houses and to train everyone to react appropriately to the disaster of earthquakes in the future, raising children to become *resilient* is the best protection for their future.

That is why we have been working in kindergarten, training teachers to help detect children who are in need of massive psycho-therapeutic help, and to encourage the principal of the kindergarten and their teachers to work with parents of their pupils, trying to solve conflicts or differences, such as quarrels among the parents, or the terrible loss of close relatives that leaves a gap of relationships and warm feelings of closeness and security. Many of the survivors go into a state of isolation and depersonalization.

Positive Psychotherapy also offers precious tools for diagnosing PTSD and contributing to the know-how of methods of intervention when PTSD has settled to be part of the game: prolonged exposure therapy then becomes much shorter. This is extremely precious as in the case of the earthquake of Si chuan. Now, more than 6 months after the seism, many confirmed victims of seemingly lasting PTSD are left in a great need of help and often great distress facing this uncertain future that can go on for years, or even end in suicide, particularly, as Chinese, like practically all Asian cultures, are strongly family centered, apart from being strongly nationalistic in their commitment to the growth and success of their nation. When people lose one or more relatives, they are often certain to enter a low level, or even strong experience of PTSD.

At the last congress on PTSD in Changed, we presented these ideas to the professional there inclusive two International and renown experts from Japan. They reacted positively to the contributions as to Positive Psychotherapy.

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Self-Realization, Community and Globalized World

RAYMOND BATTEGAY, SWITZERLAND

The aim of each psychotherapy is to help the individual (Battegay, 1977, Peseschkian, 1977), the therapy group (Foulkes and Anthony, 1957) or the therapeutic community in question (Jones, 1968) to experience – inasmuch as possible - their inherent capacities, be it in a dual framework or in a social environment. At the same time, different from the dyadic psychotherapeutic situation, in group psychotherapy or in community therapy this furthers the individual process of insight as well as learning within a framework of normative social interactions. This fact gives the participants the possibility of undergoing a process of inner change as well as of assimilating social experience. Both therapeutic and social groups and communities represent a milieu in which human beings can live out their tendencies and wishes, under the condition that they respect the written or unwritten laws of the group or community in which they are being treated. In the modern world, especially under the influence of television, the internet and the computer, such individuals, groups and communities, however, if they want to be respected by their surroundings, also have to observe international trends of behaviour and preferences, which may cause the economically underprivileged great problems.

Today, almost all over the world it is the social norm that both men and women participate in professional life. For many people this fact is simply a clear economic necessity, whereas in most countries of the world it has become a sign of an equalization of the social status of the genders. This development represents remarkable progress because there is no objective reason to undervalue women in their social position. Yet it must be recognized that if both parents work, they may often no longer have the energy to be consistently at the disposal of their children and to communicate extensively with them. Because their father and mother are so involved with their professional life and their frequent commitment to cultural and intellectual interests, children may be relatively frequently left alone at home. It is my psychiatric experience that such children not seldomly develop - unconsciously or consciously - aggressive thoughts toward their parents and, in transference, toward their teachers in school.

A man of 25 years, a philosophy student, sought out my psychiatric help because he was suffering from very disturbing compulsive-obsessive symptoms. He lived together with his parents and his healthy younger brother. His father was a medical doctor with many cultural interests, his mother a medical assistant in the father´s practice. Because of the parents´ many professional obligations, the patient and his younger brother were even as children often left alone at home. In addition, the parents because of their cultural interests visited India or East Africa each Spring and Autumn. The boys were then taken care or by a grandmother or sometimes by a women whom they knew only slightly. My patient showed apparently no psychopathological signs until the end of secondary school, when he was 19 years old and began to complain that whenever he met up with his father or mother he had terrible and irresistible thoughts, e.g., that he wished they should die. He was tormented by such involuntary obsessive-compulsive and destructive ideas even toward persons whom he truly liked. At the same time, whenever these thoughts arose, he compulsively repeated them along with actions symbolically linked with them, e.g., taking repeated time-consuming showers. Taking a psychoanalytic approach, I interpreted his thoughts and actions on the one hand as the result of his aggression toward his parents, who had left him in his early childhood in the hands of people not really near to him.

I explained further that, on the other hand, the obsessive-compulsive repetitions of his thoughts and actions were acts of unconscious self-punishment because of his aggressive thoughts toward his parents - and as reactive wishes to defend himself against them while simultaneously wanting to wash away his guilt. I also said that such aggressions originating in early childhood are understandable and need no later punishment. At the beginning of treatment, however, his pathologic obsessive-compulsive and depressive symptoms were so disturbing to him that, parallel to my analytic treatment, I prescribed relatively high doses of neuroleptics and antidepressants. The gravity of the obsessive-compulsive syndrome gradually diminished in the following years. About 8 years later he decided to accompany his father, who in the meantime had developed a severe neurologic disease, and his mother to Thailand for three months´ vacation. There he helped his mother to take care of his father, and step by step his obsessive-compulsive and depressive symptoms diminished. After returning with his parents to Switzerland he began suffering once again from his disorder, but in a less severe manner. Apparently his super-ego had become less guilt-inducing after actively having helped his mother to care for his father. Because the parents were leaving to move to another town - after 12 years of treatment - he decided to follow them. There he sought further treatment with a female psychiatrist, though he remained in occasional contact with me. After two years he declared that he would go for at least one year to Thailand, where he hoped to lead a normal life and perhaps find a spouse.

This man´s example shows in a drastic way how the neglect of a small child, even over a relatively short timespan, can have long-lasting and devastating effects on later development, but even then a positively experienced environment may have a beneficial effect.

DEVELOPMENT OF THE INDIVIDUAL SELF

In the 19lh and at the beginning of the 20th century, i.e., at a time when individualism prevailed, self-love was often thought as something to be replaced by modesty. Nowadays, in a world in which humans continually have to adapt to many norms - even in democracies - we have learned that a life without self-realization, without a certain self-consciousness, fails to provide humans with satisfaction in their interactions within the groups and communities in which they live (*Battegay*, 1977, 2008). Even Bible says: "Thou shall love thy neighbour as thyself." This biblical adminition implicitly assumes that only when we are able to love ourselves can we appreciate other humans. It would therefore be wrong to interpret this religious command only in the sense of altruism; the old sages knew that only a healthy self-love, coupled with the desire to realize oneself in a social context, can lead to the readiness of the individuals to look out for the sake of others as well.

When *Freud* introduced his psychoanalytic theories, his main goal was to free neurotic individuals of their inhibitions, traumatizations, conflicts and deficient experiences of (early) childhood. He discovered how these experiencies hinder individuals in later life in their mental and somatic development as well as in their social communication. The psychoanalytic method (free associations), he postulated, has to uncover step by step the causes of neurotic disturbances, which are reactivated in the relationship with the psychoanalyst (transference) and subsequently worked through *(Freud,* 1912, SE, pp 145-156).

Through this process the analyzed person has the chance to liberate him- or herself from old burdens and gets the chance to realize his or her creative inner possibilities - and to achieve own ambitions without hindering the desires of the environment.

In this context, however, we could argue that in psychoanalysis often too much emphasis is placed on clarifying the past instead of putting the focus on the present psychological and/or social difficulties of the person being analyzed.

From Concentrating on the Past to Considering Present Conflicts and Deficient Experiencies

K.J. Ajrouch et al. (2010) from the Department of Sociology, Anthropology, and Criminology of Eastern Michigan University in Ypsilanti, Mi., USA, investigated the association between perceived everyday discrimination and psychological distress among urban African-American women with young children (under 6 years) living in a low-income neighbourhood. They examined whether instrumental and emotional social support moderates the association between perceived everyday discrimination and psychological distress. The data came from the Detroit Dental Health Project, a two-stage area probability sample representative of low-income African-American children in the city of Detroit. The analysis focused on 969 female caregivers of young children. A series of social support hierarchical regression analyses were performed to examine the role of social support in the link between perceived everyday discrimination and psychological distress, with appropriate adjustments for the complex sample design. The results showed that both moderate- and high-frequency levels of discrimination were associated with higher levels of psychological distress after controlling for age, education, income and self-rated health. There was a main effect of emotional support, so that availability of emotional support was associated with less psychological distress. Instrumental support exerted a buffering effect to mitigate the negative influence of moderate levels of perceived discrimination on psychological distress. The authors conclude that their findings suggest that instrumental social support provides some protection from everyday stress. They further found that simple social support, however, does not offset the impact of acute stress caused by frequent perceptions of everyday discrimination.

The experiments of Ajouch *et al.* (2010) show that symptoms of psychological distress can be mitigated in young children by a thoroughly reflected support. It is my experience that even adult patients are relieved when the analyst shows a positive-optimistic attitude. In other words, the success of the classic analyst is due not only to his deep psychological interpretations, which include discussions with his patients, but also to the atmosphere he creates during therapy.

MOBILIZING THE TREATED INDIVIDUALS´ CAPACITIES

Nossrat Peseschkian (1996) with his Positive Psychotherapy primarily did not seek only to find the sources of the different psychic disturbances. Rather, he first wanted to mobilize individuals´ capacities and potentials for self-help. He understands the term "positive" in the original Latin sense, being based on facts. *Peseschkian* also underlines that not only dealing with disturbances and conflicts originating in a person or a family, but also creating the capacity to deal with these conflicts are the aims of Positive Psychotherapy.

Whereas most psychotherapeutic schools are based on the treatment of disturbances and illnesses and with that on negative findings, *Peseschkian* and his school see human capacities as the primary and essential objects of psychotherapy. The central concept is that every human being, without exception, possesses two basic capacities: the power of mental comprehension and that of love. These basic capacities belong, according to *Peseschkian,* to the nature of every human being. Positive Psychotherapy accepts humans as they are in the here and now, but recognizes in them also what they may later become. That means that individuals are confronted with their own disturbances and diseases, but at the same time must be seen for their capacities, previously hidden by their neurotic or other disturbing symptoms. Important to Positive Psychotherapy is further the transcultural approach, which sees in people of other cultures not people of different skin colour and character, but also the common traits across all human beings.

Peseschkian (1977) emphasizes that patients do not represent only their illnesses. In his view the individual suffering from anxiety and other symptoms also possesses the capacity for health.The therapist's function, in *Peseschkian´s* view, is, on the one hand, to influence the patient to accept his or her illness, and on the other hand, to mobilize the patient's capacity for health. This influences the patient to take on in part the role of therapist. Wherever possible, the individual who receives help from a therapist because of his psychopathology should, in analytically oriented psychotherapy, be motivated to assume an active role and, despite his anxieties, to exert in activities for which until now he had not the courage.

Self-Assurance and the Increasing Numbers of Norms in the Computer-Dominated World

Since the introduction of computers and their spread in modern society the individuality of humans and their special expressions and behaviour are no longer accepted as they were in the days of *Sigmund Freud*. Today more than ever before people seek the help of psychiatrists and psychologists because of narcissistic deficits. In psychotherapy and psychoanalytic treatments it became necessary to strengthen self-assurance of people seeking help (*Battegay*, 1977, 2008). Because of their narcissistic suffering patients need more attention and more courage-enhancing help from the therapist. Today, the therapist can no longer remain silent over long periods during the psychotherapy sessions, as was the case with many analysts of former times - and even now among quite a number of psychoanalysis.

As analytically oriented psychotherapists they should also pay more attention than they did at the end of the 19th and in the first half of the 20th century to interactions occurring in the present. The primary goal of psychotherapy is not always to determine and observe problems that existed in the early family constellation; rather, present intrafamily tensions or other interactions may also lead to neurotic developments that have to be treated.

Some years ago a man of 19 years came into my private practice and complained that for many months now he had descended a staircase always in an obsessive-compulsive way, changing from step to step the side he put his foot on. If he failed to do so, he went up stairs again and repeated the whole procedure. I asked him about his family.

He described his father as a very neurotic man with many anxieties, who had difficulties working in his own small business. His younger brother, upon finishing college, had failed the final exam. The patient told me further that, with the exception of the older brother who had already moved out of the family home, all family members would come to him again and again with all their problems, which exhausted him. I then said to him: „It seems to be a very opportune thing that you have to pay attention to your obsessive-compulsive actions since at least during this time you can concentrate your thoughts on yourself and do not have to answer requests for help for the others." A few sessions after my intervention the patient mentioned that he no longer had to carry out his rituals, but that he still had difficulties deciding what he wanted to do, e.g., after completing the final exam in college. I explained to him that, since he was very intelligent, he would have the capacity to begin studies in many different areas. Finally, he chose to become a nutrition specialist and to begin his studies at the Swiss Federal Technical School in Zurich. Before the first examination, he suffered from anxieties about not being able to pass it, failed it and had to repeat it. But now he was able to prepare to repeat the examination in a more careful way than the first time and was sucessful. From then on he no longer had difficulties with his studies. When he later passed his final exam with a good score, and one of his professors offered him a theme for preparing a thesis to receive a doctoral degree, however, he again, in a obsessive-compulsive way, couldn't decide which of two possible subjects he should choose. I had the impression he was afraid not only of making up his mind for one of the themes for his thesis, but also of arriving at the end of his studies and becoming mature enough to take over the responsibility for his own future and professional life. I declared that, in principle, it is not so important which theme he chose, but rather that he decides at all and takes the risk that it may not have been the right one. He then began to work on a subject concerning a method to ameliorate the preparation and thus the quality of a certain meat. He soon began receiving offers for a good professional appointment. In the meantime he has also started up a relationship with a female student of a very well-settled family and enjoys the full trust of his girlfriend's parents and siblings.

In the case of this young man the primary goal in psychotherapy was not to concentrate on the past, but rather on his present problems in his family environment and in school and later in secondary school. The positive interpretation of his obsessive-compulsive ritual on the staircase, as *Peseschkian* (1977) recommends, helped him to feel that he is in fact demonstrating an understandable behaviour and therefore also not far from reinstituting normal conduct. Yet, as his further development proved, he was not entirely free of his neurotic symptome; he also had to learn to make concrete decisions and to bear the responsibility for his life. With the help of the psychotherapist he took the final steps more easily than former ones, and he was also ready to take on a healthier approach to the problem of overcoming hurdles in his life and to accept anxieties. Of course, I know that his relationships with his parents and brothers had developed in a neurotic manner from childhood on, but, as mentioned, I chose to concentrate more on analyzing his present encounters with them and with other people in his professional and social environment. If the psychotherpy had concentrated too much on the patient's early childhood, it wouldn't have been able to help him in such a short time to overcome his problems.

A look at the life history of this young man shows that in his family he was primarily unaccustomed to looking out for himself. He was conditioned always to be at the disposal of his parents and his younger brother, so that, as described, he could not pay enough attention to his own lot. That situation furthered a narcissistic insufficiency, i.e., an insufficiency in his self- assertiveness. The interpretation of the therapist, that his obsessive-compulsive rituals gave him the chance to withdraw from his family members and to look for himself, at least for a while, bolstered his self-confidence and gave him the chance to learn how to respect his own needs.

Self-Realization and Community

For their own self-realization humans are dependent on other people who act or work with them as well as on persons interested in them. *Aristoteles* spoke of the human being as a "zoon politikon." *Martin Buber* (1936) stated that the humans get "through the Thou to the I," or in other words that the individual is only able to recognize him- or herself in the reactions of others. I myself have written that humans get "through the group (We) to the I." By this statement I wanted to state the fact that, in order to live a safe and happy life, homo sapiens need not only a Thou, but still more an accompanying and protective We. Within the framework of groups and society, individual humans have occasion to deliver a testimony of their creative and ethical capacities. They survive in the memory of groups, families and communities. Along the same vein, we often use the present tense when we quote famous philosophers, thinkers, poets and scientists. When we speak of famous persons in this way, who died many years or centuries ago, we show that they live on in us and can claim ourselves as their disciples.

When in October 2010 we came together for the 5th World Congress for Positive Psychotherapy in Istanbul we wanted to proveing that *Nossrat Peseschkian* lives still on in us, with his humanity, his wisdom, his insight into the thinking, feeling and psychosomatic existence of human beings. In the book "Die Treppe zum Glück. Fragen zum Leben" (The Staircase to Happiness: Questions About Life), in which *Nossrat Peseschkian* and I gave answers separately on 50 central questions of life *(Peseschkian* and *Battegay,* 2006), he answered the question "Is there a life after death?" in the following way: "In most cases the meaning of death for us becomes fully clear only when an individual dies with whom we were very close. How great our emotional participation is, depends also on how well we knew somebody, the experiences we had in common with that person, the significance that a person had for us - and the consequences that person´s death has for us ..." I think that I, as a good friend and his co-worker since 1966, seeing so many psychotherapists assembled here, am justified in saying that *Nossrat Peseschkian 's* death even today represents a great loss to us. But at the same time, we who are here assembled feel that his thoughts and his way of treating his patients will forever remain in our memories and influence our encounters with people who seek our help as psychotherapists. *Nossrat Peseschkian 's* Positive Psychotherapy and his advice to positively address the capacities of patients as well as his positive approach to all people he met convinced us and a great number of other psychotherapists as well as many former patients and groups of the value of his procedure. According to this method we psychotherapists don't treat our patients only by giving them a negative feedback on their neuroticisms, but rather we try to show them their ability to overcome those very afflictions.

Like all human beings, we psychotherapists in our daily life generally don't want only to reach certain professional and social goals and obtain a good reputation; more or less unconsciously we want also to realize our own selves in the persons with whom we work and live.

Whenever in daily life we seek our family, our co-workers and other groups of fellow human beings, it is done not only to reach a certain goal, but also to experience ourselves in others and to live on in them. This statement is valid not only for those of us who have children, but also for anyone who is part of a group or community, i.e., more or less for all humans, since no one is an island and able to live or survive in total isolation.

Religions know this fact very well - that humans need to be integrated into a group or a community. Certainly an individual can or would be able to pray alone; yet the monotheistic religions know very well that a prayer made in a church, a mosque or a synagogue, where other humans are simultaneously directing their thoughts toward some transcendent being, generally provides more self-assertion as well as insight into timeless dimensions than a prayer spoken alone.

The amplifying effect of a community or a group on the emotions and the processes of discernment lead to the fact that we can obtain a sense of security and self-perception under these circumstances. Previous anxieties and old inhibitions may in fact be mitigated through the participation of group members. It is not only the basic personality of the respective person which decides its development; it is also the composition of that person´s family or social group in which it grew up which exerts an important influence on the destiny of that individual. Self-realization is the result of a meeting of forces, which on the one hand are based on the human ego and psychosomatic entity, and on the other hand on the conditions of the social and cultural environment. It would be false to think that only the mother or the father and the other members of the family contribute to a person´s education, and thus only they would be responsible for the development of the child´s self. Even infants, as the observations of *Daniel Stern* (1977) have proved, try to bring the parents to laugh with mimic and pantomimic signals. lf a mother is depressive and doesn't give an answer to such attempts, after a few minutes the infant stops trying. *Stern* speaks in this context of an "interplay" between mother and child. Education, therefore, is not only the work of the parents, but also of the infant and later of the child and the youth. The way even the baby can induce a mother to nod her head and show her love and to speak in an infantile language is inborn, presumably a genetic predisposition. If, however, the baby´s wish to receive the mother´s love is not fulfilled, the child misses out on what *Erikson* (1950) „called basic trust“ and will not be able to build up a consistent self *(Kohut,* 1971,1977). *Nossrat, Nawid* and *Hamid Peseschkian* (2003), who together wrote a book with the German title of "Erschöpfung und Überlastung positiv bewältigen" („Coping Positively with Exhaustion and Overload“), say that confidence in its deepest sense exists already in the mother-child relationship. They characterize this relationship as follows: (p. 79) „Ich vertraue Dir, weil Du da bist" (“I trust you because you are there") one could add: with no strings attached. This relationship is the prerequisite for the capability of the child and later the adult to live together with others without problems or only with minimal problems. Each encounter with individuals, groups and communities during the different stages of development has a temporary or

long-lasting influence on the person´s character. Thus, as mentioned, it is possible to say that we become the man or woman that we are through our co-humans.

Computer-Norms Menace Individuality

All over the world, even in countries with a strong central government, it has become difficult to withhold the possibilities of modern communication from the citizens. They automatically, when they gain access to the Internet, obtain a slightly higher degree of freedom. The rigid norms of these countries all have leaks, though in general totalitarian governments do continue to succeed in interrupting the connections to the outside world. Even if someone is only suspected of communicating with others can he/she be imprisoned or at least held in house-arrest. In countries where the citizens are very controlled and forced to live according to the rigid state laws, people are unable to develop their individual capacities, especially their self and self-esteem. The dictatorship of the ruling group hinders the narcissistically stimulated courage of its population to take the initiative for creative accomplishments. Clearly, in such countries with such extreme and rigid norms, the demands that the population remains always obedient, even when the majority of the people fail to consent with such aggressive tendencies and the actions taken against parts of people and/or neighboring nations, still tend to reduce their courage to be or become active. In such a dictatorial environment no real self-realization is possible, and with it the creativity and productivity of the citizens are paralyzed. It is, therefore, no surprise that peoples submitted to dictatorships and their restrictive norms do not produce unique inventions. In such an atmosphere of collective apathy, nevertheless many people are often ready to follow the dictator's aggressive speeches and preparations for war. They emerge from their passivity and are even prepared to take part in a senseless war against some neighbor. In these moments the citizens do not consider the many deaths and the terrible destruction such an enterprise generally creates. Often they return to reason only when they have lost the war and when they have come to realize that their government has misguided them. Only then can they judge what a catastrophe the dictatorship brought upon them, and that the adversaries they fought were simply fellow human beings.

The globalization known in other parts of the modern world is not arriving in states with such a dictatorship. Only a very small part of the technical, cultural and behavioral norms enter these countries. So what does it mean when we speak of the globalized world?

Since the introduction of the computers in research, economy and everyday life, the individuality of humans and their special behavior and thoughts have enjoyed less demand. In industry today it is expected that especially unskilled workers strictly follow the normative directives of the bosses. On the one hand, it is true that the computer helps to create the calculations necessary for research and building; the projects to explore space and the planets as well as to send human beings on the moon were done within a very short time, something human beings even in the 1950s could not have imagined. But only humans who know how to work with these modern techniques can keep up with their fast development and have the privilege of being able to understand such progress and to use it properly. A relatively large portion of the population, however, which does not have the necessary intelligence or motivation to see life as a constant learning process is submitted to the norms such machines conjure up.

Even those who are able to work with them generally have no other choice than to follow the rules derived from working with the computer.

The others are more or less totally submitted to the norm-creating results of these systems. It is hardly exaggerated to say that a human being today who doesn't speak and think according to computer-instituted norms will no longer be understood. With that thought I want to underline that in our modern world we often live not so much according to free will, but rather increasingly according to the standardized conditions prescribed by our professional Iife, our surroundings, our health insurances' policies, etc. Companies in which many thousands of people work, are commanded by a single administration that controls the output of the many different parts of the enterprise, are generally interested only in the relationship between profit and the number of employees. Even in relatively high positions do individuals not count as such if the administration deems it necessary to fire someone - especially unskilled workers can no longer count on having a job for life.

THE INDIVIDUAL SELF IN A NORM-GUIDED WORLD

Despite so-called social plans for persons dismissed from a company, all of them suffer since their future often lies in the dark. Those who are in solid professional positions cannot imagine how difficult and how traumatizing the situation of a man or a woman is who is responsible for a family and is aware of the fact that his/her economic security and that of one´s spouse and children has simply vanished. The social security system may in some countries help to reduce the suffering of the concerned people, but losing one´s job still contributes to a loss of self-esteem and self-confidence.

In many cases these families feel isolated by their economic misfortune, despite the fact that many others share the same fate.

It is a fact throughout the world that even in emergency situations family ties are looser today than they were in the past. The sexual liberty enjoyed by modern men and women certainly contributes to this phenomenon. In many countries up to half of the marriages end in divorce, and the children no longer continue to live in a compact family group. They often suffer from anxieties or rage, especially when they have to accept the new partner of their mother or father. This development also means that overall interhuman relationships have gotten more provisionary than in the past and are frequently not of a quality that could help to reinforce the self-realization of the concerned individuals.

Modern society, because of the manifold values humans have today, is often referred to a pluralistic one. In this context we have to ask ouselves whether this plurality of values contributes to tolerant behavior between individuals and nations alike. If we Iook at the social and political reality of the modern world, we realize that mutual acceptance among people who have another system of thinking is growing very feeble. The different groups judge their own position to be absolutely valid, and they are no longer willing to compromise. If society in general were tolerant, foreigners would be well accepted as well. But today we live in a world in which migrants are often not well treated and not well tolerated in various states. A truly pluralistic society would exist often if the citizens of the different groups and nations were to voluntarily interact with each other in a democratic and responsible manner. To that end, young people would have to be educated to communicate in a responsible way, with respect toward each other.

But a precondition would be that the world would not be tyrannized by definitive rules of behaviour that have to be followed in all domains of social and individual interaction. For the sake of their self-respect and self-realization people need enough space for personal autonomy, whether in the family, in groups or in society at large – and of course in a world seeking peace and trying to overcome conflicts.

To close, I would like to quote Nossrat Peseschkian (1986) once again, who in his book "The Psychotherapy of Everyday Life“ wrote the following: (p. XII)"... in our times, when geographical distances are no longer a problem, a sense of unity in the world is very useful, if not necessary. The times we lived in, despite the many misunderstandings, reveal a hopeful longing for unity in multiplicity.“

SUMMARY: **SELF REALIZATION, COMMUNITY AND GLOBALIZED WORLD.**

In the modern world it has almost internationally become the social norm that not only men, but also women participate in professional life. This development represents, on the one hand, remarkable progress because there is no objective reason to undervalue women´s contribution and their possibilities to achieve full self-realization. On the other hand, it must be recognized that, if both parents work, the children may frequently be alone at home and not receive enough attention from their mother and father. When *Freud* introduced his psychoanalytic theories he wanted to free neurotic individuals of their inhibitions, early traumatizations, conflicts and deficiency experiences of childhood.

Different from a concentration on the past in the psychoanalysis of former times, analysts today consider more than in the beginnings and also consider the acute present problems of their clients. As experiments with children show - and as we also know from studying adults - discrimination and distress in present life may lead to serious disturbances of one´s mental equilibrium and especially self-esteem.

Nossrat Peseschkian with his Positive Psychotherapy understand individuals not only through their disturbances and diseases, but also through their capacities, often hidden by their neurotic symptoms. He didn't want to give to his patients only negative feedback on their neuroticisms, but rather wanted preponderantly to show them how to use their ability to overcome them. In the globalized world of today rigid computer-derived norms however, are a menace to the specific self-realization of individuals. For the sake of self-respect and self-realization they need enough space in their families, groups, communities, societies and states to evolve. Nossrat Peseschkian was optimistic concerning the future of mankind. In his book "The Psychotherapy of Everyday Life" (1986) he wrote: "The times we lived in, despite the many misunderstandings, reveal a hopeful longing for unity in multiplicity."

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Balances and Miracles in Resource Based Psychotherapy

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Some common aspects between Positive Psychotherapy (PPT) and Solution Focused Brief Therapy (SFBT) with special reference to positive, solution focused communication during the therapeutic process.

INTRODUCTION

Both PPT and SFBT are resources based in their approach to therapy. They see the client as an active participant in the therapeutic process and believe that the solution to his/ her problems resides within the client. The therapist's role is essentially one of making the clients aware of their potential and assisting them to unleash this potential in order to help them deal better with the difficulties they are facing.

SFBT is based originally on the work of Steve de Shazer, Insoo Kim Berg and a team at the Brief Family Therapy Centre in Milwaukee in the early 1980's. It is a short-term goal focused approach to therapy. It emphasizes client's already existing strengths and builds on these by examining what has worked for the client in the past and then to encourage the client to do more of this. It also looks at times when the problem was less, what the client did then and encourages him/her to do more of what has worked in the past. It focuses on how life will be for the client when the problem no longer exists and helps the client to move towards such a state using all his own resources and those available to him/her in his/her environment. SFBT shies away from in depth studies and discussions of the problem and rather focuses on the solution through goal setting (by the client) believing that there is not necessarily a direct relationship between the problem and its solution. SFBT focuses on what can be changed by identifying small positive changes and amplifying them.

It uses specific techniques of which The Miracle Question and Scaling are two important techniques.

SIMILARITIES BETWEEN PPT AND SFBT

The following aspects are similar in both approaches:

1. A focus on client's strengths by enquiring about past successes and coping strategies.
2. Challenging the pathological interpretations that clients make about themselves by reframing the difficulty they experience or looking for positive aspects in the client's behaviour.
3. Respectfully acknowledging past experiences without pathologising them and spending endless sessions reliving the past.
4. Both ask particular types of questions in order to help the client solve their difficulties.
5. Both use goal setting, where the goals are defined by the client to suit his/her unique situation.
6. Both employ the clients' creative facilities and imagination to look at their difficulties and to visualize a better future. PPT does this through the use of meaningful stories, metaphors and proverbs while SFBT uses the "Miracle Question".

PPT AND THE ROLE OF OTHER APPROACHES TO THERAPY

PPT is a very structured approach to the therapeutic process, but within this structure it is very open to other therapeutic approaches and employs them to the benefit of individual clients. Dr. N. Peseschkian, founder of PPT, likens the therapeutic process to receiving a guest and caring for him/her according to his/her specific needs and not to some preconceived idea of what the client should need. The structure of the therapy could be seen as the house in which you receive your guest, but what you offer will depend on what your guest's specific needs are.

In this way ideas from SFBT can be usefully employed in PPT, and more specifically to strengthen the language around a positive approach to the assessments of a client's problems and to strengthen the client's goal setting and monitoring achievement of such goals. Of particular interest in this regard is SFBT's Miracle Question and Scaling Exercise.

USE OF THE MIRACLE QUESTION IN SFBT:

The purpose of asking the Miracle Question is to get your client to describe his/her future when the issues he/she has come to consult you about are no longer there. In essence the question asks the client to imagine a future without the current difficulties and therefore relies quite a bit on the client's power of imagination. It is important to create the right frame for the client in which it will be possible for him/her to imagine such a future. Your client may also be somewhat taken aback by the nature of the question, especially if he/she does not really believe in miracles.

For these reasons the question needs to be asked in a very specific way.

The following wording (in italics) has been taken from the workshop notes compiled by Dr. Svea van der Hoorn, B. Druker and M. Durant (2005, p. 9) quoted in the reference list. These questions were originally phrased by de Shazer and Berg:

"I'm going to ask you a bit of a strange question. It might need you to use a bit of imagination…OK?

Let's imagine…that after you leave here, you go home, you do whatever you would normally do tonight, (fill in detail), and then you go to bed, (pause)

And while you are asleep a miracle/magic happens…(pause)

And the miracle is that problem(s) that brought you here (or 'the problems they sent you here for')are solved …(pause) just like that (click fingers)

But, because you are asleep, you didn't know this miracle / magic was happening…(pause)

So, tomorrow morning how will you know that the miracle / magic has happened? (pause)

What will be different that will tell you this miracle/ magic happened? (pause)

What will you be doing differently? What will tell other people that this miracle has happened?

And what else? And what else? And what else? x35"

From practical experience using the Miracle Question it seems to be very important to stay fairly closely to the above wording. It creates a context that takes account of the client's everyday reality but at the same time also moves him/her closer to using his/her imagination without feeling too awkward especially if the client is skeptical that any change in his/her circumstances is possible and there is little faith in miracles happening.

COMBINING THE MIRACLE QUESTION AND THE BALANCE MODEL IN THERAPY

or some clients, even when using this approach to asking the Miracle Question, it yields very few responses. This may be more so in clients who are very discouraged and depressed and do not have much hope that their situation would change. Other clients may be trying to cope by minimizing the extent of their problem and therefore may find it difficult to think of any changes that would be noticed.

When this happens it might be helpful to turn to the Balance Model of PPT with its holistic view of people, which covers the following existential dimensions:

1. Physical dimension: how the client experiences him/herself physically in terms of his/her senses and body and includes aspects such as health, physical wellbeing and energy, sleeping, eating, exercising, medication, libido, etc.
2. Achievement dimension: all work and achievement related matters; importance and meaning of one's work; work satisfaction; specific stage in one's career, etc.
3. Contact dimension: quality of social interactions with the family, friends, colleagues and strangers, social isolation or over socializing, etc.
4. Spiritual dimension: purpose of life; future orientation; faith; dreams and desires; meaning of our existence on earth, etc.

If at first the client finds it difficult to respond to the miracle question, the therapist could then ask more specifically what differences they would notice with regard to the different dimensions of the Balance Model. It is important to point out here that this is not how SFBT would work, but may be a helpful way of asking questions around the Balance Model in a way that would yield future psychological health-oriented responses, that would indicate real concerns the client brings to therapy (as opposed to what even a well meaning therapist might perceive as being the problems the client needs to work on), and frame the client's difficulties in a more positive way and without too much probing from the therapist. It is an approach that focuses on how clients want things to be different in their lives.

While describing the Miracle the therapist can draw a diagram of the Balance Model and enter the client's responses under the relevant dimension of the Balance Model, listening carefully and clarifying with the client whether he/she has understood the client correctly.

Writing down what the client says suggests that his/her responses are important and treated with respect. The client can then get a copy of his "miracle" to take home and to expand on what he/she has said. The client should also be encouraged to continue the process at home in terms of writing down further changes that would happen when the Miracle has occurred.

While listening to the client's description of the miracle the therapist can help the client to further clarify and explore the miracle and his/her understanding and definition of a better future. It is also important to explore what part of the miracle may be happening already.

The following questions from the abovementioned source (P. 9) can be helpful in this exploration:

"So, the difference you want to work towards is (describe briefly / name the difference / skill)

What will you notice is different when that is happening?

What will you do differently when you notice that?

What will others see you doing differently that will tell them that things are moving in the direction you want?

Which bits of these things you've described are already happening in your life? (Even by chance? Even if you can't explain why?)

Which part of the miracle do you want to work towards first? What difference will that make for you?

Which bits of the miracle do you think you can achieve/work towards seeing come to life in the next (state time frame), even if the circumstances you find yourself in, don't change much?

Which bits of the miracle do you feel most motivated to work towards starting now?"

These questions can be asked in relation to specific dimensions of the Balance Model, e.g. "So when this miracle happens, what will be different at work, in your relationships with your family or friends? Who else will notice that things at work have changed for you?"

These questions will also point out strengths and actions the client has already taken to change his/her situation. This exercise also enriches the client's response to the question in PPT "…and how have you managed to survive up to now?" which clients often find very difficult to answer.

It is important that the therapist explores the Miracle Question with the client in detail before giving the client tasks such as to go home and to think and write down other aspects of the miracle that would have taken place. Giving tasks like this further strengthens the clients' perception that you trust them to be able to actively participate in creating solutions to their difficulties.

USE OF THE SCALING EXERCISE IN SFBT AND PPT

In SFBT a scale of 0 to 10 is used on which the client indicates his current functioning. This can be used in conjunction with the Miracle Question or on its own. Again quoting from the abovementioned source (p. 10) the following scaling questions can be asked:

If the scaling exercise follows the Miracle Question ask:

"On a scale of 0 – 10, where 10 is the day after the miracle, and 0 is how things were that led to this meeting, where would you say you are now?

If the Miracle Question has not been asked you could say:

"On a scale of 0 to 10, where 10 means how things will be when you have made the changes you want, and 0 means the worst things have been, where would you say you are right now?

or

On a scale of 0 to 10, where 10 means how things will be the best they can be given the circumstances, and 0 means the worst things have been, where would you say you are right now?"

The Scaling Exercise in SFBT is used to:

- get a graphical and more concrete sense of where the client is at with a current problem;
- assess existing strengths, by asking how come is has not been worse and what the client has done that it has not been worse;
- enquire who or what in the client's environment has contributed to the situation not being worse.
- explore the hopes the client has for future improvement given his/her situation.
- plan improvements in small steps by for instance asking questions like "…and what would have to happen for you to move from a 2 to a 3".

Having small, client driven, and achievable goals in therapy encourages the client to work towards an ultimate goal and counteracts a feeling of being overwhelmed by the problem.

In PPT the Scaling Exercise can be usefully employed in the fourth and fifth stage of the 5-stage approach to therapy, namely:

- Stage 4: Verbalization: in which the client establishes priorities for the therapy using small steps, and in
- Stage 5: Broadening of therapeutic goals in which exploration of the client's goals is refined, goals are expanded and a time frame decided on.

Brief case study to illustrate where combining the Miracle Question with the Balance Model was helpful to the client to define his therapeutic goals:

The client is a 60-year old medical specialist on a sabbatical year in S.A. and doing voluntary work around ultra sound examinations in a big local state hospital. He has been married for 19 years and has a daughter of 18 (student) and a son of 16 (scholar). His wife is a professional who runs her own successful business. The client sees the year as an opportunity where he and his family can do something together away from the stress of their lives in his home country in Europe and that will strengthen the bonds between them.

He engaged in therapy in order to find out what he really wants to do with the rest of his life; to learn how to engage more constructively in conflict situations and to improve his relationship with his wife by addressing his issues that he felt were interfering in the marriage (his indecisiveness, lack of taking the initiative if problems needed to be addressed; expressing his wishes in conflict situations and to stand by them).

He found it difficult to respond to the Miracle Question. I asked him to give it some more thought and to write down what would be different. His response at the next session was that he had difficulties answering the question and that basically things were "really not so bad, actually quite O.K". (He had a similar reaction to the story of the "Courage to take a risk" often used in PPT. The story did not really "speak to him"). Over the next few sessions we returned to the Miracle Question from time to time and combining it with the Balance Model of PPT. Gradually a picture of his wishes emerged. They included:

1. Body/senses: he would cease to have lower back pains; become fitter; lose weight and look up a specialist about cramps he had in his heart when exerting himself physically. He did not mention his desire to resume a sexual relationship with his wife and on the surface accepted that this would be a taboo subject between them for the time being.
2. Achievement: He would create the possibility to work in SA and earn enough money to sustain himself and his family, or at least have the option to live in SA or stay in his home country. He would put a greater effort into his ultra-sound project and continue with it with the ultimate goal of introducing ultra-sound technology into hospitals in Africa where these did not exist yet, and do the necessary training of staff to use the equipment. He would be more assertive with regard to his business partner as to how they would manage their practice in his home country; he'd state his vision clearly and invite his partner to do likewise and then engage in a process of negotiation with him without having pre-set ideas of the outcome, but with an openness that would focus on meeting both their needs

(in the past outcome-focused thinking made it difficult and stressful for the client to engage in such discussions in case his envisaged outcome did not materialize). He would also share his experiences in SA with his colleagues in his home country (share of himself with others). He also realized that if he were to be clearer about what his wishes were instead of giving in to others, others might think of him as being less agreeable and that he would have to deal with that.

3. Contact: He would put an effort into existing friendships and seek out new friendships by being prepared to share more of himself. He would make plans on how to expand his social circle and also implement these plans without already anticipating rejection in the initial planning phase. What has led to a distancing between his wife and him will have disappeared and they would find ways of re-establishing physical contact with each other and experience moments of intimacy again ("einen Weg zu finden uns körperlich näher zu kommen und wieder Momente der Verliebtheit erfahren"). He would get more involved with his children and find things to do with them and support them in their efforts to become independent adults.
4. Future: for the next three years he will put energy into his practice as an asset that he will eventually be able to sell and thus enable him to realize other wishes. He will re-establish an enthusiasm for his work and aim to become a specialist in a small area of his field of specialization. With regard to his family he wants to be involved, not excluded or isolated and in the process feel abandoned and sad, but that even if these feelings arise, that he would not abandon himself.

The next phase in this therapy would have been to do some scaling exercises. The purpose in this therapy was to help the client to expand his self perception, to gain insight into self defeating behaviour patterns and to encourage him to move towards change in the belief that life could be more productive and rewarding for him and to achieve greater balance in his life by addressing issues in all 4 areas of the Balance Model. Combining the Miracle Question of SFBT and the Balance Model of PPT was helpful in working with this client.

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Trainer Self Discovery:

"My Cross Cultural Experience with Positive Psychotherapy"

GABRIELA HUM (ROMANIA)

"A good traveler has no fixed plan, and is not intent on arriving." - Lao Tzu

Multicultural seminars and workshops are challenging and growth experiences for trainers.

As a trainer I was taught communication skills: verbal, non-verbal, para-verbal, and also to be attentive to different sensations, to "feel" what is happening in the group, with people: hearing, touching, and seeing. I learnt how to interpret all the information received from the outside world – from the training room and trainees, and I was pretty sure that it would be the same in other cultures like it is in my country, but it was not true and when I realized this, my own process of learning and self discovery started.

Until 2009 my experience with other cultures was in Europe. Sometimes it was difficult to make myself understood using the same skills I used in my country, to be sensitive and perceptive to people. This pushed me to adapt and to find new ways to link myself with the groups.

During my training abroad I realized that in Europe it is somehow easier because I often understood some of the words; personal and social space and limits were the same and I could use this information to establish relationships. People's faces were similar as in my country and I could differentiate them quickly and remember their names. When I met Chinese groups the first time I realized that it would provide me with the opportunity to grow and to know myself better, in a way which I had not found anywhere else. The culture shock was huge. Nothing was like home: different faces, unfamiliar names, unrecognizable words, different non-verbal language to name a few. It was my personal "earthquake" which gave me a lot of information about my unconscious self (see Johary window).

On the other hand I discovered that there are some similarities between trainees from my country, from different European countries and from China, similarities which comforted me, let me feel myself "at home". All of the people I worked with are human beings, with their own history and feelings. Respecting them, being there for them (in a "here and now" process) is the same wherever you are. Using the rule for psychotherapy – to adapt your techniques to the client, not the client to your techniques - is a rule which works in different countries and cultures. Let them teach you (this is what we do with our clients, because they are experts in their history and solution oriented process) is also a process which works all over the world.

I remember the question we used in Positive Psychotherapy: *What all people have in common and on which they differ*? Transcultural experience is one which spurs me on not only to think about the question and the answer, but also to feel them, to experience them. After working with groups of trainees in Positive Psychotherapy in Turkey, Kosovo and China I try to bring together all the elements of my self-discovery during these experiences.

BALANCING THE FOCUS ON CONTENT AND PROCESS

How to balance the focus on content and process was a question for me when I prepared my presentations and programs for the seminars abroad. Would the English language, which is not my native one, nor my trainees, be a barrier for focusing on process? Will having a translator block the emotional pathway between trainees and me? How will I perceive the group process during training when I don't know the language and having a translator between me and the group? Also body language is different than in my culture.
I used some different techniques to understand the process and to be process oriented:

- look at the distance different little groups used, when they work together, in order to assess their closeness, to see what social distance means for them
- stop the learning process from time to time, to ask what is happening in the group, what are their feelings, how they see the group process – and then try to link what they said with what I saw
- show them the process, not only talk about it, even if this means to talk about my feelings sometimes (positive and negative) during training
- be attentive during the coffee breaks, how noisy they are (more noise means more interactions)
- see how many people eat together during the lunch break
- looking at the group and speaking with the group, not at the group, was another technique I used (even if I didn't understand their language and people didn't understand English sometimes, there was another pathway of understanding – the emotional one).

All of the above made me more creative and spontaneous; focus myself more on what's happening outside vs. what's happening inside. In this manner I forgot about my anxiety of teaching in a different language, of speaking not very good English and of being abroad alone. All these challenges helped me become more authentic and "here and now" with my trainees.

WORKING ON TRAINER'S CAPABILITIES AND KEY CONFLICT

During the trainings abroad I realized it was easier to react in a balanced way to negative feedback and to aggressive reactions and questions from the group. In the Romanian language I feel sometimes I am anxious to follow the group process, that negative feedback sometimes unbalances me, and I am afraid that I'll lose the group if I let them speak openly about their feelings linked with a specific topic. In this manner I sometimes blocked the group process.
Using the English language I found myself less obedient, less polite and more honest, in a balanced way. In terms of Positive Psychotherapy I worked on my Key Conflict (honesty – politeness) and on my Basic Conflict between love/acceptance and obedience, better in English than in the Romanian language.
I remembered a story about an Asian airline company:

„Early one morning in August 1997, Korean Air Flight 801 was heading for a landing at Guam Airport. There was a spate of heavy weather – which wouldn't have been a problem in itself. But the airport's guidance system was down, and the pilot was dog-tired, having been awake for 19 hours straight. Even though he'd landed at this airport many times in the past, he forgot that there was a big hill blocking the approach to the runway. He flew the plane right into it, killing 228 people.

That was one of eight crashes over 20 years for Korean Air, which at the time held the worst safety record of any airline, as award-winning sociologist and writer Malcolm Gladwell relates in his recent book "Outliers". The consultant who came in to analyse the problem found a surprising reason for it: the Koreans' cultural tendency to be extremely deferential to their superiors (PPT capabilities: obedience, politeness, honesty). *Both the first officer and the flight engineer had recognised the danger signs, but they couldn't bring themselves to confront the pilot directly or take control of the plane.*

The consultant's analysis drew on the work of Geert Hofstede, a Dutch psychologist who spent many years analyzing business culture around the globe, assigning different countries a "power-distance index" (PDI) based on how much their citizens defer to those in power. Americans, having a low PDI, are accustomed to speaking frankly to superiors as the occasion demands. A study of the airline industry revealed that South Korea has the second highest PDI of any country in the world.

The problem went away when the consultant required everyone in Korean Air's cockpits to speak English. Without the deferential forms of address used in Korean – useful as they may be in other contexts – the crew was able to speak more directly, and as a result, Korean Air went on to achieve one of the best safety records of any airline. The takeaway, according to Gladwell, is that "cultural legacies matter – that they are powerful and pervasive and that they persist." And, he adds, "when we ignore that fact, planes crash."

It seems being more focused on "HOW" to say something (in English), being more self-oriented, being more self-aware, helped the communication process in other ways, than communication techniques in the Romanian language helped me before.

FAILURES AND MISTAKES BRING US CLOSER THAN SUCCESSES

Some years ago I read a book by Jeffrey Kottler and Jon Carlson (*"Bad Therapy: Master Therapists Share Their Worst Failures" - 2002)* and I was impressed by some of their ideas:

"Therapists have a long history to invent ways to disown their misjudgments and mistakes (...) We ascribe negative outcomes to circumstances out of our control (...) In moments of honesty, or when our guards are down, all of us we are haunted by those we couldn't help (...)

(...) We remember the earliest years of our own training in which we were exposed to the famous "Gloria" tape wherein the three most prominent practitioners of their day – Fritz Perl, Albert Ellis and Carl Rogers – all worked with the same client. However bizarrely divergent their approaches were, they all looked pretty effective to us. It wasn't so much what they did that was impressive – it was their poise and confidence.

Rather than having the desired effect of bolstering our commitment to the field and to improving our conceptual mastery, we left the class despondent and discouraged. How could we ever become good enough in this new profession to help people with anything near the degree of mastery of these experts? They were calm and self-assured, ready to face anything the client might present. They had all the answers (even if they were all different)..."

I am not in the same category with these three gurus of psychotherapy. As a less experienced trainer in psychotherapy I just tried to test and to find out what works and what doesn't work for teaching the psychotherapy process. I also tried to remember what was important for me when I was a student. I realized that for people in the groups I am a model (like my trainers were during my own training).

I also realized that a model of authentic psychotherapist means a model of a human being, with strengths and weaknesses, with emotions and cognitions.

Even if it was difficult for me to show my weaknesses and to accept my mistakes and lack of information, I did it (and I realized afterwards that I am stronger).

- I told them about my own basic conflicts and how I worked with them during self-discovery
- I recognized when I had no answers to their questions or when their questions were so smart I'd never thought about them!
- I showed and discussed with them about my own emotions during the training (when I blushed – because sometimes I felt ashamed, when I made mistakes – and I felt guilty etc.)
- I talked with them about my own defense mechanisms, when I used a defense mechanism and was aware of it. (I am sure I was not always aware of them all the time)

I discovered that in the end of this process I am more authentic and stronger than before. What is more important is that I am more self reflective and aware about my own feelings and resistances.

In the end I remembered a saying from one of Hamid Peseschkian's workshops, organized in Istanbul at the 5th World Congress of Positive Psychotherapy (2010):"*I am not perfect! I am just good enough!*" This gave me:

- the hope that I could improve myself all my life,
- the courage to involve myself in, and to learn from, new situations,
- the courage to let me make mistakes and to accept and speak about them,
- the curiosity to see what "good enough" means about myself and be more self-reflective.

I am thankful to all those people who provided me the challenges and the opportunities to grow as psychotherapist and as human being!

Thank you all!

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Editor's Guidelines for Authors of this Journal

EBRU CAKICI, ASSISTANT PROFESSOR, PH.D., CHIEF EDITOR

The Electronic Journal of Positive Psychotherapy and Research is published twice a year by the World Association for Positive Psychotherapy (WAPP).

All submitted manuscripts will be reviewed by at least **two experts** (peer-review)**.**

The article should not exceed **10 pages.**

Language: Submissions are accepted only in English, but an abstract in the language of the author is appreciated.

Format: The Manuscripts should be submitted in Microsoft Word format, written with 12 font size, Times New Roman and double space. It should be written at A4 page and the margins should be 1.5 inches from the top, bottom and both sides of each page.

Additional illustrations and pictures should be given as separated files (jpg, tif…).

Title Page: The title should be accurate and short. The names of the authors, where they work and open address of the corresponding author should be mentioned. Every contribution should contain the additional biographical statements of the participating authors (short version in few sentences).

Abstract: The Abstract should be no more than 200 words. It should be typed on a single page by itself. It should be brief, informative and reflect the content of the article. If it is the abstract of a research report, it should contain the aim, method, results of the study and conclusions.

Keywords: There should be about four keywords.

References: Within the text, citations should be made with the author's surname and the year of publication.

References should be listed alphabetically by using APA style. Each reference contains author name or names, publication date, title of the work and publication data.

Example for journal article:

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