

*Section: Modern PPT practice***WHERE POSITIVE PSYCHOTHERAPY APPROXIMATES BODY PSYCHOTHERAPY?****Enver Cesko**

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DOI: [10.52982/1kj239](https://doi.org/10.52982/1kj239)**Abstract**

This article demonstrates how Positive Psychotherapy with body-oriented psychotherapy, two approaches that have a psychodynamic, humanistic and integrative character, can be combined. The article presents the symmetrical synthesis of the two approaches, presenting methodological differences and similarities in the psychotherapeutic process during therapeutic treatment. In order to understand the essence of these two approaches, the methods and techniques applied according to the therapeutic phases in both approaches are described at the end of the article.

Keywords: Positive Psychotherapy, body psychotherapy, psychodynamic, humanistic, integrative

Introduction

As a humanistic science that includes art as an integral part of the methodology of treating disorders, problems and interpersonal conflicts, psychotherapy encompasses a wide range of approaches and modalities. The current literature of psychotherapy includes over fifty definitions of psychotherapy formulated by different authors (Norcross & Golfried, 2005., Michel & Sledge, William, 2002, Levy, R.A. & Ablon, J.S., 2009).

Undoubtedly, these definitions are derived from the different methods and techniques utilized by these psychotherapists according to the many psychotherapeutic approaches and schools which they represent. What almost all psychotherapists agree on is the methodological approach to many problems with psycho-emotional character. However, what they do not agree on is the variety of techniques used, the defined goals and the personality of the

therapists themselves. Wolberg (1988) in his book "Psychotherapeutic Techniques", has summarized about 39 different definitions of psychotherapy. The author himself defines psychotherapy in this way: "Psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of (1) removing, modifying, or retarding existing symptoms, (2) mediating disturbed patterns of behavior, and (3) promoting positive personality growth and development" (Wolberg, 2013, p29).

The empirical nature of psychotherapy incorporates two main principles: The *principle of being a science*, in which the application of techniques must be empirically proven and based on scientific methodology, and the *principle of being an art*, in which the application of creativity is implemented through the creative use of professional skills. Therefore, the effective therapist needs to have knowledge in the

science of psychotherapy and at the same time have the ability to apply techniques artistically with clients/patients according to their different problems, symptoms or disorders. (Hofmann & Weinberger, 2007)

The literature describing the types and modalities of psychotherapy presents a range of 255 to 350 different types of forms that psychotherapists apply in their practices (Herink & Herink, 2012). The European Association for Psychotherapy (EAP) currently includes over 20 types of accepted and accredited psychotherapeutic modalities and approaches.

Psychotherapy as an independent profession has verified methods and techniques, based on scientific achievements, applied by an educated professional, with the aim of providing psychological, social and mental help.

Defined in this way, psychotherapy offers the possibility of functioning in the treatment of complaints of clients/patients. There are three types of functions that psychotherapy performs.

Treatment function – representing the bio-psycho-medical model, which usually functions to ameliorate symptoms and in the treatment of diseases. With this is generally carried out by Psychoanalysts who represent psychodynamic and humanistic psychotherapy approaches, which usually work well. **Psychological function** – which includes the spectrum of psychological methods, emotional relationships and professional client-therapist relationships, which is carried out using **Counseling and Leadership** psychotherapy.

Sociological function - which represents the connection of interpersonal relationships in the social ecosystem, and this function is performed by psychotherapy **Consulting and Guidance**.

Considering that Positive Psychotherapy and Body Psychotherapy are approaches with a psychodynamic and humanistic character, the intertwining of these two approaches is characterized by differences and similarities. These differences and similarities are observed in the treatment methodology and interventional approach in therapist-client relationships.

In the following, the differences and similarities between these two approaches with a psychodynamic and humanistic character will be elaborated in more detail.

1.1. Brief history and characteristics of Positive Psychotherapy

A new approach that aims to appear on the scene of the art called psychotherapy must necessarily have its starting point from its own psychotherapy roots. Undoubtedly, Positive Psychotherapy founded by Nossrat Peseschkian (1933-2010) was developed from the lessons, experiments and research of its predecessors S. Freud, C.G. Jung, A. Adler, V. Frankl, J. Moreno, T.Ellis, as well as benefiting from the first experiments of Pavlov and Skinner.

Later, after acquiring these lessons and experiences, N. Peseschkian enriched his approach with the cultural and spiritual aspect to form a unique and special method, demanding that the focus be on salutogenesis, rather than on pathogenesis, which had been the reference point in psychodynamic, psychoanalytic and cognitive-behavioral approaches (Peseschkian, 1987). This change of approach in the search for a healthier, balanced life included finding the reason for a healthy life by first recognizing the client/patient's current abilities during the resolution of conflicts and difficulties. All this represents the salutogenetic approach in psychotherapeutic treatment of Positive Psychotherapy as established and developed by N. Peseschkian (Peseschkian, 2016a).

The term salutogenesis is not an original term invented by N. Peseschkian, but it was first used by the scientist Aaron Antonovsky (Antonovsky, 1979) who refers to it in the theory of resilience in stress management. Common is that this term is used to clarify how a person should act to have a healthier qualitative life. By enjoying the life (*capacity to love*) over time we understand and notice (*capacity to know*) even more life with all the changes that appear during a person's life (Peseschkian, 2016b). These changes can bring difficult situations during which we have to face problems, conflicts, misunderstandings or even numerous psychosomatic disorders. This situation disrupts the balance of a healthy life, which is why many complaints and somatoform disorders are presented. Positive Psychotherapy offers an opportunity to restore balance through awareness of current abilities, use of the balance model, and styles in solving conflicts or presented problems. When these are achieved, building the qualities of a healthier life becomes one of the goals that every patient or client wants to achieve.

N. Peseschkian passed his childhood, education and youth in an oriental culture with a lot of influence of faith where the spiritual aspect is cultivated in the formation of the personality by building the concepts of life, faith, death and resurrection after death (Peseschkian, 1987). We do not encounter these concepts in the formation of most of the founders of psychotherapeutic approaches to the extent that we find them in the biography of Nossrat Peseschkian and in the way that is evident in the theory of Positive Psychotherapy.

The interweaving of the oriental and occidental cultures, of the east and the west as N. Peseschkian (2016c) himself usually called it, represents a blessing in understanding the concept of life and death. In this journey, the theory of Positive Psychotherapy develops concepts starting first from the two basic capabilities that develop from the birth of the child (the capacity to love) and then during education and development in social environments (the capacity to know). With the development of these skills, the developing human personality can encounter difficulties and problems, conflicts, as they are called in Positive Psychotherapy, precisely from the unequal development of these skills at any one time, or which have not been developed since early childhood (past). Or, these skills may present obstacles in resolving misunderstandings that can grow into conflicts in the psychodynamics of relationships between people (future).

These conflicts can often be subliminal, and due to lack of proper management, they can be "accommodated" in the cortex of the unconscious where they can be presented through the body in the form of symptomatic disorders. Therefore, the symptoms are a consequence of the conflicts of unresolved issues from the past that present themselves in interpersonal relationships in the present (Peseschkian, 2016a).

The lack of coordination of interpersonal relationships can have an impact on the physical body, creating problems in health and well-being. Performance and achieving results at work also affect the creation and maintenance of relationships and contacts between people, so that philosophy, concepts, values and beliefs relating to the future are balanced. All these four aspects (*body, work, relationships and the future*) are the basic characteristics that identify

Positive Psychotherapy, making the approach unique and original.

The resolution of conflicts, symptoms and their treatment process are built on the five levels of counseling and treatment of disorders that can be present in one of the four aspects of the balance model. These five levels of treatment start from observing and recognizing experiences (*the observation and distancing phase*), finding the sources of these experiences (*the inventory phase*), stimulating and pushing current capacities into appropriate actions (*the action encouragement phase*). Achieving the accepted and desired results after completion of these actions and lessons are learned from these actions (*the verbalization phase*), and finally, the experiences gained from the lessons of the actions will enable self-treatment in future situations by enabling the determination of other objectives (*the expansion phase of goals*).

Positive Psychotherapy presents the integral method in the sense of multidisciplinary therapy where the presentation of diseases is conventional, which means, not in finding the symptom but in the cause of the symptom. Therapy continues with solving the cause of the symptom, where now the symptom is no longer actual, but the conflict becomes apparent.

Therefore, the central focus of the therapy is directed at the capacities to resolve the conflict that may originate from early childhood (*basic conflict*), and present itself as an obstacle in the process (*actual conflict*) of resolving obstacles or be blocked in the body as a form of somatization (*internal conflict*) where the solution can come with awareness of certain capabilities /sincerity, politeness, justice and love/ at the right moment (*key conflict*).

Positive Psychotherapy, as a psychodynamic approach with unique and original concepts originating from an oriental culture that also applies to western cultures, represents a transcultural interweaving in the treatment of many mental health disorders. Presenting the transcultural aspects in psychotherapy, Positive Psychotherapy uses stories, proverbs and anecdotes in almost every session as an awareness tool for finding to approach and solve the conflict (Peseschkian, 2016c).

In Currently, Positive Psychotherapy is not only focused on psychotherapeutic treatment but also offers a positive view as a holistic system for research in the field of psychiatry and psychology, where the positive attitudes and

meanings are the basic concepts in mental health. As the psychotherapy shows us all to belong to one human family, Positive Psychotherapy promotes its original concept that all human beings are striving toward the wellbeing of mankind, to survive, flourish and to be happy (Messias, E., Peseschkian, H., and Cagande, C. 2020).

1.2. Brief history and characteristics of Body Psychotherapy

Body Psychotherapy has its roots in the appearance of psychoanalysis and some developments in the field of artistic gymnastics (dance gymnastics) at the beginning of the twentieth century. For more than six thousand years human society has rejected concepts which pointed at the body, but psychoanalysis achieved its acceptance. At the beginning, Freud totally ignored the contemporary work of Pierre Janet on how mind and body interacting but later started to move from biologically-based libido theory towards the later development of his "Thanatos" theory (Young, 2010).

Many historians of Body Psychotherapy (Geuter, 2000, Marlock, Weiss, Young, C. & Soth, 2005, Heller 2010, Totton, 2005) describe how Freud used his hands in his psychoanalysis to massage the patient in order to stimulate free association. But later, seeing the influence of neurotic transference, Freud refused to use physical touch, using the ability to communicate and listen, trying to penetrate the unconscious of the patient's sexual experiences (Freud, 1914).

At that time, a German doctor, Georg Groddeck (1866-1934), who was known as a doctor who dealt with psychosomatic disorders and from whom Freud acquired the concept of the *ID*, treated his patients by combining massage with deep tissue connection by trying to soften muscular tensions with breathing coordination, all this using the method of therapeutic conversation (Geuter, 2023).

Working with the Hungarian psychoanalyst Sandor Ferenczi (1873-1933), Groddeck applied facial expressions and gesticulations to understand the language of the unconscious. Later, Ferenczi himself together with the Austrian psychoanalyst Otto Rank (1884-1936) tried to use touch techniques, particularly with borderline and psychotic patients.

Furthermore, David Boadella (1931-2021), the founder of Biosynthesis, called Pierre Janet

(1859-1947) the first Body Psychotherapist and the predecessor of Wilhelm Reich. P. Janet, as the founder of analytical psychology, was the first who understood the connection between breathing and emotionality and he and Charles Richet investigated respiratory methods to understand neuroses. Janet often used massage to influence the treatment of patients with various neurotic disorders (Boadella, 1987)

However, Wilhelm Reich (1897-1957) is today considered the foundation of Body Psychotherapy. An assistant and collaborator of Freud, W. Reich created a revolution in psychoanalysis by opposing the whole approach of the Viennese psychoanalysts' free association with the recognition of "*instinctual characteristics*", which it is not possible to treat with the psychoanalytic method of "*free association*". Therefore, later Reich began to understand that the verbal method does not enable the analysis of certain different characteristics, but the work with the body and body movements will enable the understanding of the meaning of the different characteristics. For that reason, each characteristic develops based on the suppression of feelings which are a consequence of repressive education since early childhood (Reich, 1972a). Reich, being a supporter of the communist movement, left the Viennese Association of Psychoanalysts and then was expelled from it on the grounds that he categorically opposed Freud's views, specifically about the conscious and the unconscious as the only way to understand affective behaviors. This is when Reich established Vegetotherapy as an approach to understanding vegetative changes in the body. In order to develop his theory without being influenced by Viennese psychoanalysts, he went to Berlin where he met Elsa Linderberg who was known for her performances in the Berlin Opera House. Taking further inspiration from her dances, Reich developed his own theory about body awareness.

In this way, Body Psychotherapy began to expand from "*character analysis*" and "*vegetotherapy*", to also focus on body awareness such as body exercises (gymnastics), dance and somatic movements (Reich, 1972b). Therefore, the beginning of the 20th century marked a new initiative in the development of Body Psychotherapy in which the creators Isidora Duncan and Mary Wigman founded an approach known as the Dance Movement

Therapy, which Rudolf von Laban (1926) later developed in Berlin.

What distinguishes the history of the development of Body Psychotherapy is that Body Psychotherapy does not focus only on the body, but also on the mind as an integral part of the whole human being. Therefore, today "...psychotherapy, without reference to the body, is a somewhat laser-like study, a specialization that (perhaps) misses out on something quite fundamental to human existence; a jigsaw puzzle with several quite significant sections missing" (Young, 2011, pp 75).

A student of Reich's, Alexander Lowen (1910-2008) is known as the founder of bioenergy in which his approach focuses on the establishment of forms of body position as well as the presentation of the shield during these body forms (Lowen,1958). At the Radix Institute in Esalen, Reich's assistant Charles R. Kelley (1922-2005) further developed Reich's theory in terms of functional treatment by bringing innovations into the approach to work with clients. Kelley's treatment approach is based on segmental work including seven basic segments {ocular, oral, cervical, thoracic, abdominal, pelvic and extremity}, (Kelley,1976) that are blocked without the possibility of their release and expression, when the client has experienced any traumatic experiences and without the possibility of expressing feelings. These experiences are blocked in the body, because "the body keeps the scores" (Van der Kolk, 2014).

In this direction, after Reich's theory, the next focus in Body Psychotherapy developments, came from the founders of Neo-Reich'ian theories, known as a different modalities such as Biodynamics of Gerda and Mona - Lisa Boyesen (Boyesen, 1980), Biosynthesis of David Bodella (Boadella,1987), Core Energy of John Pierakos (Pierakos, 1987), Integrative Body Psychotherapy of J.L. Rosenberg (Rosenberg & Rand and Asay, 1991), Ron Kurtz's Hakomi therapy (Kurtz, 1990), Stanley Keleman's Formative Psychology (Keleman, 1986). At the present Body Psychotherapy is growing and is being enriched with the use of the neuroscience researches of brain and neuro system from which new theories are emerging, such as Peter Levin's Somatic Experience (Levin, 1997), Basel van der Kolk's Trauma Therapy (Van der Kolk, 1994), then Bonnie Bainbridge Cohen's Body-

Mind Centering and Body-Mind Psychotherapy, by Susan Aposhyan (Aposhyan, 2004), and Steven Porges' Polyvagal Theory (Porges & Dana, 2018), and Antonio R. Damasio's research investigations in the field of human brain and biology of emotions (Damasio,1994) which receiving much positive recognition. All these theories are giving Body Psychotherapy the dynamics of permanent development in its approach of integrating the body, mind and psyche as a whole system for better understanding of the human being and then treating mental disorders.

1.3. Similarities and differences

Definitions of Positive Psychotherapy and Body Psychotherapy

Based on the fact that both approaches originate and have their starting points or inspirations from psychoanalysis with a psychodynamic character, the methods and techniques used are based on the humanistic understanding of man, attempting to integrate basic concepts in the treatment of many symptoms and disorders. It is true that both approaches in the operationalization methodology have multidisciplinary aspects that can be seen as philosophy and art. Philosophy and art are two paradigms which give meanings to human expression. "Therapy is a form of poesis, and poesis in turn is therapeutic, or pertains to therapy" (Wilkinson, 2018).

We must remember that the comparisons that will be made between these two approaches have ontogenetic differences. While Positive Psychotherapy originates from a single founder and is continuously developed by his collaborators and followers, Body Psychotherapy, even after its founder, has continuously developed and expanded, being supplemented with new schools which have simultaneously applied different methods and techniques. Therefore, Body Psychotherapy today is also known according to the schools and modalities of their authors and founders. In this way, the comparisons we will make will be defined according to the specific school or modality, in which the author of this article was educated.

In the organizational aspect, Positive Psychotherapy has been accepted as an original modality in the European Association for Psychotherapy (EAP) under the umbrella of the European Federation of Centers for Positive

Psychotherapy (EFCPPT) and the International Academy for Positive Psychotherapy (IAPPT), which together in 2000 founded The World Association for Positive (Transcultural) Psychotherapy (WAPP) with headquarters in Wiesbaden. In 2016, PPT was registered as a trademark in the USA, in the European Union and in Switzerland.

Meanwhile, Body Psychotherapy founded in 1988 an European Association for Body Psychotherapy (EABP) with professional standards including professionals from inclusive modalities and schools and in 2000 it was accepted into the European Association for Psychotherapy (EAP) as an European Wide Accredited Organization (EWAO)) for the body psychotherapy approach. The European Association for Body Psychotherapy (EABP) has developed another sister branch in the transatlantic continent known as the United States Association for Body Psychotherapy (USABP). These two professional organizations have influenced the establishment in Australia of an approach known as the Australian Association for Somatic Psychotherapy (AASP).

The main commonality to these two approaches is the indivisibility of the entirety of the human being as a "holistic" form, such as mind-body-spirit (Body Psychotherapy) and resource orientation that includes the abilities as a whole "*positum*" (Positive Psychotherapy).

Another commonality is that the client (Body Psychotherapy) or patient (Positive Psychotherapy) is at the center of the treatment, focusing on the actual condition and symptoms that require treatment.

Another common element in these two approaches is that the three parts of mind, originating from psychoanalysis, *the conscious mind*, *the subconscious mind*, and *the unconscious mind*, are elements that are included in Body Psychotherapy as well as in Positive Psychotherapy. In clinical work, the conscious and unconscious part of mind often looks the same, but of course there are differences. These three parts are not freely interchangeable, but in themselves have an understandable connection. Reason, or the subconscious mind, consists of long-term memory that includes emotions of fear and desire, where feelings, beliefs, behaviors and memories may not be conscious. But the main difference between the subconscious mind and the unconscious mind is the memory reactions (Rothschild, 2000). For example, when we are deep in sleep, our minds are unconscious, but if we are in a state of agitation or alert, we are not able to understand what we are doing or saying, but the thoughts and actions can be subconscious.

In the schematic-conceptual aspect, a comparison of these two approaches can be seen in the following illustration.

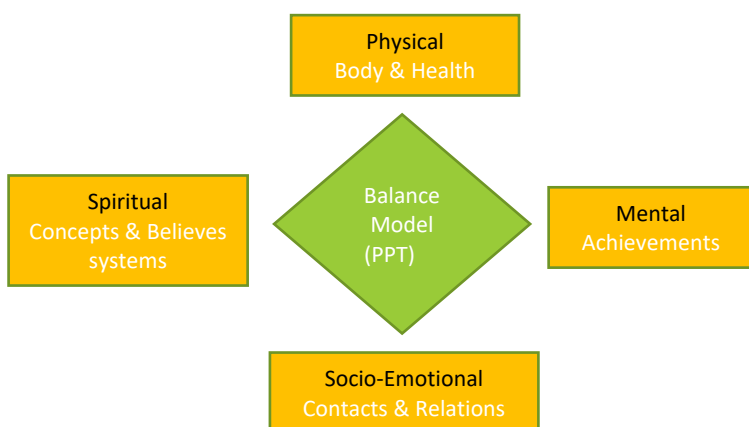


Figure 1. Positive Psychotherapy

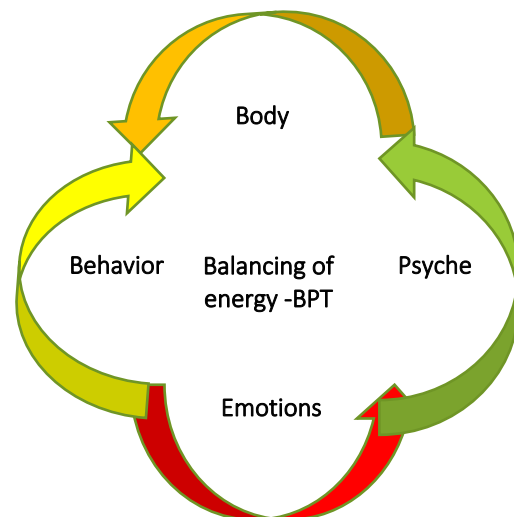


Figure 2. Body Psychotherapy

Table 1 shows the main similarities between Positive and Body Psychotherapy, while Table 2 shows the differences between these two approaches.

Table 1.
Similarities

POSITIVE PSYCHOTHERAPY - Similarities

Psychodynamic
Humanistic
Integrative
Semi-structured

Positum = given, whole
Balance model
Capacities
Conflicts
Four areas of life (body-mind-emotions-spirit = life)
Trans-culture
Oriented in process
Patient with current capacities is important
Mostly individual, but can be also group work
Usually once a week
40-60 minutes

BODY PSYCHOTHERAPY - Similarities

Psychodynamic
Humanistic
Integrative
Not completely structured, based in different approaches and psychotherapy schools
Holistic
Equilibrium of mind-body-spirit
Energy – Pulsation
Blocks / Armor / Contra-pulsation
Soma – Mind – Feelings – Spirit = Self

Inter-culture
Following the process
Client and blocked energy management
Individual and sometimes group work
Once a week or can be often
50-60 minutes

Table 2.
Differences

POSITIVE PSYCHOTHERAPY – Differences

Native, Original
Unique modality(trans-cultural)

Resource oriented
Techniques, stories, wisdoms, anecdotes, homework's, exercises

Focus on balancing of four areas, conflict management, model dimensions awareness

Three basic principles (Hope, Balance and Consultation
Source and cause of the symptom
Conflict as source of symptom
Conflict management
Focus in therapy is based in localization of conflict by using the actual capacities to solve the conflicts

Five stage treatment (observation with distancing, inventory, situational encouragement, verbalization, broadening of goals)
Salutogenetic principle

BODY PSYCHOTHERAPY – Differences

Freudian – Psychoanalytic
Multi-modality (Vegetoterapia, Radix, Hakomi, Biosynthesis, Biodynamic, Somatic Psychology, Polyvagal Theoria, etc.)
Energy oriented
Techniques, breath, body work, touching, massage, yoga exercises, meditations, relaxations
Focus on energy pulsation and discharge of blocked energy (charge and discharge), encouragement for expressing the blocked feelings and re-integration in the process work.
Principle HERE and NOW

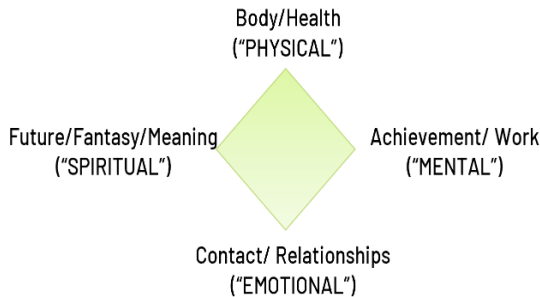
Work with symptoms
Blocked energy is the source of symptom
Pulsation and following the energy
Focus in therapy is through making the body awareness and releasing the blocked feelings by treating the symptom. Basic conflict between needs and outside word.
based in different schools and modalities in body-oriented psychotherapy (warm up, charge, follow up, discharge and relaxation)

Principle in awareness of pathologies

Sitting on the chair

Communication method – inter-communication, rational and emotional, positive interpretation

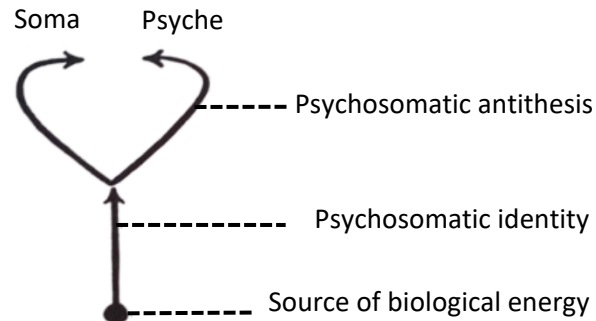
Symbol of identification



Usually in the floor/ mats or sometimes chair/ armchair

Communication method – verbal and nonverbal, touching, expression of feelings.

Symbol of identification



Description of psychotherapeutic methodology

A. Positive Psychotherapy approach

"A young man entered a store and asked an old man. "What have you got to sell, Sir?" The wise man answered in a friendly way, "Whatever you want". The young man began to count off a list. "In that case I would like to have world unity and world peace, the elimination of prejudices, abolition of poverty, more unity and love among the religions, equal rights for men and women, and...and..." At that point, the wise man broke in, "Excuse me, young man, you have misunderstood me. We do not sell the fruits; we only sell the seeds" (Peseschkian, 2016b: 13).

As it happens in all psychotherapeutic approaches where at the beginning of the first meeting, the psychotherapist and the client are introduced to each other, showing the reasons for seeking help and continuing with taking the anamnesis about the presentation of the client's complaints. After that, the psychotherapist also informs the client/patient about the progress of the psychotherapeutic process.

The methodology of the approach to Positive Psychotherapy is based on the five stages of treatment, starting from *Distanced/Observation*, where the client is asked to present the experienced events related to the complaints (symptoms) presented. In this phase, the early stages of development and events experienced in early childhood are penetrated. It is important to know about the help that has been sought before coming to the treatment, as well as finding common elements with other people

who have had similar or the same complaints for which the client is now seeking help. The presence of the psychotherapist makes the client's hope of finding help for complaints (symptoms) through the psychotherapist's help facilitated by mutual trust and mutual attachment.

After the current complaints and symptoms have been reflected, by recalling and summarizing the events experienced from the early stage of childhood, the psychotherapist seeks to make the client aware of the current abilities which the client himself begins to recall and at the same time to find the connection between complaints and experienced events. In this way, the client begins to reflect on memories from past events, focusing also on the complaints (symptoms) that are present now, and at the same time gives a positive interpretation to the current complaints (symptoms). So, at this stage, the client begins to recall even more of the events experienced by filling the "memory inventory" including more data, facts and reasons for the possibility of presenting complaints (symptoms). In this way, the psychotherapeutic process moves to the second phase, which is related to the *Inventory stage*, which includes the completion and inclusion of more factors in the presentation of complaints (symptoms), such as; distribution of vital energy in the four areas of life (balance model), satisfaction of needs and desires, investment in improving the quality of life, family relationships, etc. In this way, the client will be

able to understand and know himself even better from the moment of presenting complaints (symptoms) to the development of his personality. In other words, this means "where did I come from, what did I experience and what complaints do I have now?". The presence of the psychotherapist at this stage helps the client to "wake up" from the complaint (symptom) and differentiate himself in his abilities.

When the client begins to understand himself from a broader perspective, then he begins to look for possible connections in his own management skills. It is at this stage that the client, using current skills, confronts the current situation in the environment where he is in relation to the person(s). Disagreeing or not finding compatibility with each other, where each other's abilities have differences, misunderstandings or oppositions are created in their relationships, where these oppositions or misunderstandings cause actual conflicts. Now the client begins to understand that his complaints (symptoms) are presented due to conflicts not understood, not clarified or even not resolved in certain periods from the events experienced earlier. This simultaneity represents the third stage called *Situational Encouragement*, where the client becomes aware that the current complaints (symptoms) are in fact unresolved conflicts that manifest in the client's body as psychosomatic complaints or some other form related to an internal conflict. This internal conflict that has developed from the basic conflict in family/parental relationships, being conveyed to the present time, is presented as an actual conflict in the development of the client's personality, where at the same time this conflict, being accumulated in the client's personality, is manifested in forms of various psychosomatic issues presenting an obstacle in the resolution of internal conflicts.

The task of the psychotherapist at this stage is to encourage the client to take different steps after becoming aware of the complaints (symptoms) using the current skills to solve the problem. After these actions, motivating even more with the use of current skills, the client will be able to understand: "how much was done and what is left to be done" before the conflict

can be solved, so that he can continue to find the solution of the problems, complaints (symptoms) over a period of time. This stage is now called *Verbalization*, which means solving the problem, complaints (symptoms) and the client will understand the psychotherapeutic process as the process between the client and the psychotherapist. In this stage, the client becomes aware of problems he/she has already solved and of some problems which he/she plan to solve in the near future.

In the last stage, which is called *Broadening of the Goals*, the therapist assists the client to develop new perspectives for the future, after solving the problems(symptoms), complaints, in case of recurrence of similar problems(symptoms) and complaints. In this process the psychotherapist focuses on developing an understanding of the problem where the client now becomes "his own therapist" in the future, if the same or similar problems, complaints (symptoms) occur. Then he/she will be able to help him/herself. This is a stage where the client expands the purpose of life, gains a new life style, and broadening of views for new perspectives.

B. Body Psychotherapy Approach

"It is true that we do store some memory in the brain, but by far, the deeper, older messages are stored in the body and must be accessed through the body. Your body is your subconscious mind, and you can't heal it by talk" (Pert,1999: 306)

In Body-oriented Psychotherapy approaches, the methodology of applying methods and techniques aims to change the psycho-emotional state by trying to create a relationship between the body, mind, feelings and behaviors towards integration into a whole called the self (selfie). The most common techniques practiced are breathing, body work, grounding, meditation, massage, movement, and awareness work. "Body Psychotherapy focuses on psychic content and psychological process, in the context of inner and outer relationships and is therefore a form of psychotherapy. Because it works with problematic inner relationships which are seen to significantly compromise conscious and unconscious forces and energies,

Body Psychotherapy is understood itself more specifically as a psychodynamic depth psychology (McNeely, 1987). The differences from other psychodynamic approaches are mainly on the level of meta-psychology (it is non-reductionist and non-dualistic) and technique (it is more interactive and technically eclectic)" (Eiden, 2010: 45).

When the client comes to the Body-oriented Psychotherapist's office, the environment where the session takes place is also unique. In addition to the usual furniture (chairs and tables), there are also mattresses with many pillows and accompanying objects. The client can sit on the chair or sit on the floor/mattress, where the therapist is also facing the client, the dynamics of the process can be seen as a form of warm empathy with the aim of pulsating emotional energy in a reciprocal way.

At the beginning of the session, an anamnesis is taken on what the client hopes to benefit from the psychotherapeutic sessions in relation to the client's life events. During each session, there may be questions about what is currently happening in the client's life and what he or she hopes to work on during the current session. Typically, most sessions involve some form of bodywork, encouraging the client to become aware of the body, feelings, and thoughts that represent a totality of the client's current being. During the session there can be fewer words and more physical exercises, or more words and fewer physical exercises, depending on what is happening at that time and what/how the client is feeling. All these activities aim to help the client become more aware of his/her body, feelings and way of functioning. Whatever emerges will be integrated into the total picture of the client's lifestyle.

Depending on the approach and schools of Body Psychotherapy, the methods and techniques that are applied can be "hard" and "soft". "Strong" techniques are considered those techniques that apply direct pressure to stiff muscles or connective tissue in order to keep the muscles tight. But often touching or direct contact with the client's body can affect emotional excitement, therefore this technique can be counter effective (Rothschild, 2002). Whereas "gentle" techniques can be just as

effective, where hand contact or touch on the client's body can be a light touch, often without hand movement, that encourages greater sensitivity or awareness of body feeling. This is done to "wake up" the feelings regarding the flow of energy that may be at a lower level in the body and this touch attempts to raise this pulsing energy and fills the entire body. However, some methods, instead of using direct touch, emphasize body-centered awareness and such sessions may not have "hard" or "soft" touch at all

By asking the client to first focus on breathing and following the exhalation through the whole body, this enables the client to perceive himself "here and now". In this way, the client becomes aware and in touch with his own body and then reflects the feelings by describing the current state and thoughts about all complaints, symptoms and current conflicts. This whole process, which is carried out in five stages. In the first stage, the "*warm-up*", the client begins to focus on himself and become aware of his complaints, symptoms and conflicts. The therapy slowly moves to the second stage, of "*charging*", where the client begins to summarize the events and events experienced from the past. The reflection and recounting of these events can also be described with expressions of cathartic feelings, which can be controlled or uncontrolled, which is the third phase, described as a "*discharge*" of feelings and emotions that may have been blocked from early childhood. After the release of these feelings and emotions, a penultimate stage called "*plateau*" continues, where conceptual actions are presented in changing behaviors and thoughts towards achieving goals in solving problems, namely in treating current symptoms. After the "*return-plateau*" phase, the "*confused*" feelings and thoughts begin to be deduced into reasoning. This ends with the last phase, which is presented as a form of "*release - relaxation*" towards giving meaning to the solution of the symptom, conflict or problem and learning from the presentation of this symptom, conflict or problem

These phases can be used in many different settings with clients with psycho-emotional complaints, psychiatric disorders, psychosomatic problems, psychosexual

problems (Çesko, 2023) as well as with traumatic experiences, especially with refugees and migrants (Çesko, 2020)

All of these five phases of treatment that are presented above are also related to the five stages of treatment in Positive Psychotherapy and both have the common goal of providing solutions to problems or conflicts.

Conclusion

Both Positive Psychotherapy and Body Psychotherapy belong to the psychodynamic, humanistic and integrative approach. Their histories differ markedly, however. Positive Psychotherapy was developed only by one founder, Dr. Nossrat Peseschkian. From 1968 to 1988 he developed its concepts and expanded the field by training and educating a new generation of positive psychotherapists around the world. This approach was spread to some places in the USA by some of the trainers from the WAPP Association who now bring Positive and Transcultural Psychotherapy from the countries of its foundation throughout the world. Positive Psychology was developed in the USA by Martin Seligman, but the Positive Psychotherapy after Peseschkian is more focused on mental health issues for mankind.

The development of Body Psychotherapy since the first originators, Janet, Reich, Kelly, Boyasen, Bodella, Pierakos, Rosenberg, Kolk, Levin, Porges, etc., has been attempting to move the approach to body awareness and understanding of the body from a functional method to a structural and substantive approach.

These two approaches, which have a psychodynamic character with a semi-structured methodology, both focus on the client as a complete being in body, mind, feelings and spirit, motivating the use of current skills in creating the best quality of life. The differences and similarities that are interwoven into the psychotherapeutic process mean that these two approaches with the application of specific methods and techniques make it possible for some to integrate into one or the other approach. In addition to having a psychodynamic and humanistic character, this possibility of integrating specific methods and techniques

makes these two approaches integrative and gives both methodologies of successful treatment and holistic character.

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