

Psychodynamic Positive Psychotherapy Emphasizes the Impact of Culture in the Time of Globalization

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The emphasis of Positive Psychotherapy on culture is a specific contribution to psychodynamic psychotherapy and to contemporary psychological reasoning and intervention in general. In this article, it is argued that a consistent psycho-cultural perspective as introduced by the founder of Positive Psychotherapy, the Persian-German psychiatrist and psychotherapist Nossrat Peseschkian (1933-2010), is beneficial for humanity's psychological needs in the time of globalization. Also elementary concepts and the style of intervention in Positive Psychotherapy are described.

Keywords: Positive Psychotherapy; Cross-Cultural Psychotherapy; Psychodynamic Psychotherapy; Humanistic Psychotherapy; Short-Term Therapy; Globalization

Introduction

A traditional Chinese proverb says: "When you drink water, think of its source". We live in a time in which we're getting better at understanding how much every one of us is influenced by global events. On the basis of this general insight, Nossrat Peseschkian (1933-2010) developed a "positive" psychotherapeutic approach that integrates the cultural factor into therapy.

Cross-Cultural Reality in the Time of Globalization

Our time is characterized by interdisciplinary and cross-cultural diversity, which has an increasingly obvious influence on the individual. A humanistic psychotherapeutic concept, which serves man's interest, should therefore recognize and portray this diversity. In other words: A positive form of psychotherapy should not just completely accept the cross-cultural and interdisciplinary dialogue, but should also help to give this dialogue a human shape.

By realizing that culture is an essential determinant in human reality, people will not be satisfied anymore with a conception of man that forces our experiences into an individual-centered or technocratic framework. A deliberate and cultural reflection is needed to account for human capacities in an adequate way.

In Nossrat Peseschkian's obituary a quote stated: "All men have been created to carry forward an ever-advancing civilization." (Bahá'u'lláh, 1976) Maybe this is an appeal not to understand globalization as the last days of an escalated capitalistic world, but to shape it with humanity and grace.

Being an immigrant himself, Nossrat Peseschkian was in a—as he put it himself—cross-cultural situation. Coming from Iran to Germany, he liked to recount the anecdote that in his first months in Germany, he was always glad that Germans kindly greeted him while driving, because in oriental cultures people greet each other by tapping their foreheads. What he did not know at this point was that German people signal that someone is round the bend by tapping their foreheads.

In this article, the conceptual framework of "Positive Psychotherapy" will be described which Nossrat Peseschkian and co-workers developed and introduced worldwide, but especially in emerging nations (e.g., Peseschkian, 1974; Peseschkian, 1982). Today, there are centers for Positive Psychotherapy in about 25 countries and there is a formal training system with so-called "basic" and "master" courses, which comply with international standards (e.g., of European Association for Psychotherapy, EAP). The approach is acknowledged in many countries, corresponding to the respective regional legal and professional frameworks. There have been five world congresses for Positive Psychotherapy so far. The fifth one took place in Istanbul in 2010, shortly after its founder's death (for details on institutional aspects, see World Association for Positive Psychotherapy, 2012). Positive Psychotherapy has been scientifically evaluated as an effective method of psychotherapeutic intervention (Tritt et al., 1999).

During his cross-cultural observation, Nossrat Peseschkian noticed that different cultures deal with a lot of phenomena of life with quite different strategies of problem-solving. On this topic, he gave examples such as choice of partner, handling of money, death and mourning, meaning of work, meaning of the body, and many more (e.g., Peseschkian, 1986).

During a lecturing trip, the author of this paper encountered a couple in China: She was Chinese and he was Danish. The woman said that at the beginning of their relationship, she was proud and fascinated by her Western European spouse. Everything was so wonderful. Unfortunately, after two years of marriage she noticed that her husband was crazy. Asked for the reason of her judgement, she replied that he was distrustful, miserly and that he hated her whole family. Digging deeper, she revealed that she blamed her husband for insisting on separate bank accounts and not wanting to give her parents money.

It is understandable that the woman was shocked and upset. In China, the wife generally administers the money and shares it with the family, but this is unusual in Western Europe. One can say: The partners interpreted the conflict situation in an

emotional, but unconscious way. They operated on the basis of different cultural concepts on the issue of money, which they developed while growing up in their families. In their marriage crisis, the different concepts were activated by everyday life demands. From the above, it is obvious that the conflict of the couple can be described in a psychodynamic style. However, a cross-cultural dimension is needed in order to explain it efficiently: The individual biographical concepts of money became the source of conflict because of a current context of cultural difference.

Culturally shaped concepts frequently appear in sayings. Hence, in Positive Psychotherapy, the therapist asks his or her client during the first sessions for so-called “mottos” of their family and parents. Maybe the client replies: “My father always said: ‘Work is work and booze is booze’” or “Not scolding is enough praise”. Biographical and cultural mottos like these provide valuable access to the client’s inner world.

In Positive Psychotherapy, culture is not only seen as an additional factor in etiological conceptualization. It is just as important to create awareness for culture as a customizable dimension in terms of empowerment and inspiration. The therapeutic interaction becomes a stage for a culturally reflective intervention followed by conscious action. In order to promote this, the therapist can provide, for instance, cultural models of problem-solving in the form of traditional resources such as stories or words of wisdom.

Humor as a Relationship-Oriented Change of View

Also humor can be used as a culturally shaped alternative concept in a situation of perceived powerlessness and its application can be seen as a treatment method. Humor is a cultural resource and often works as a relationship maintaining protest against prevailing circumstances, in a subtle anarchic way. Humor does not submit to situational conditions, but releases and at the same time shapes the relationship-level. In this way, humor becomes a symbol of hope. As if to say: “Darling, did you park the new car carefully in the garage?”—“Not the whole car, but the main parts of it.”

Nossrat Peseschkian loved to say: “Humor is the salt of life and who is salted, stays fresh for a longer time”. One of his favorite stories was the following: A lady is sitting in the theatre. Suddenly she says: “Take your hands off my knee.” First she looks to the left and then to the right: “You—but not you!” (author’s notes).

In Positive Psychotherapy, humor is not so much understood as an expression of charisma or a coincidence, but as a therapeutic strategy and technique. Humor helps to change the point of view. The client often comes to the therapist in a situation of excessive emotional demand. Traditional wisdom expresses this with sayings like: “Sometimes one is not able to see the wood for the trees.”

The art of humor lies in creating a distance from crisis and enhancing the interpersonal contact at the same time.

Hope and a Capacity-Oriented Conception of Man

Scientific research on psychotherapeutic effectiveness shows, that already at the beginning of the course of therapy, there is indication for future success or failure of the therapy (e.g.,

Grawe et al., 1994). Sometimes this phenomenon is attributed to placebo effects or elements like social demographic fitting. Maybe a mechanistic preconception forms the basis for the limitation to this interpretation. Maybe the activation of the ability to hope is central to the healing process. The German poet Hermann Hesse once said: “There is magic in every beginning.” (Hesse, 1943). Maybe it is of great significance to shape the beginning of a meeting in a refined manner. Because of that, offering humor, words of wisdom and unexpected changes of view in the first therapy sessions are no coincidences, but therapeutic strategies. Especially in the first sessions of therapy, a lot of sayings, cross-cultural examples and moments of surprise should therefore be used. In this way, new ideas, views and perspectives might potentially light the candle of hope in the darkness of crisis.

Nossrat Peseschkian liked to quote the wisdom: “Regard man as a mine rich in gems of inestimable value” (Bahá’u’lláh, 1976). Is this just a humanistic appeal or is it possible to think of a systematic psychotherapeutic approach to establish contact with those gemstones? In order to approach this question, some selected capacity-oriented concepts of Positive Psychotherapy are described in the following: the “model dimensions”, the “actual capacities” and “step-by-step treatment strategy”.

Model Dimensions, Actual Capacities and Concepts

Figure 1 provides a schematic representation of the concept of the “model dimensions” which is mainly used in anamnesis and biographical work (Peseschkian, 1986). It addresses questions such as: How was the emotional situation concerning the “I”, the “You”, the “We” and the “Primal We” (life itself)?

How did your parents act towards you? What did they say to you, have they been patient (“I”)? How did you see the relationship of your parents? Was it a marriage of love or convenience? Were there a lot of conflicts? How were those conflicts delivered? How did your parents experience similarities? By common activities, by conversations etc. (“You”)? Did your family take a stand as a whole? Was there a family system? Was it a nuclear family? Did you have siblings? How did one appear? Did your family stay in contact with your aunts and uncles? Was your family integrated in neighborhood (“We”)? How did your parents teach you to deal with destiny, with the unknown and the unexpected? Were they optimistic or pessimistic?

In the German city Cologne, a traditional word of wisdom says: “It happens as it happens and it has always gone well in

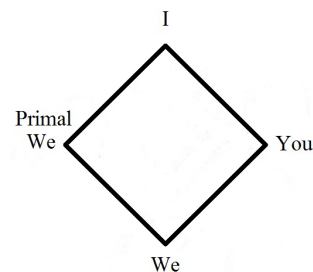


Figure 1. Model dimensions in positive psychotherapy.

the end!”— What concepts did your parents have for life? Was it maybe the concept you sometimes find in some Oriental families: “Outside the family there are wolves?” or was it the concept you sometimes find in some Western families: “Familiarity breeds contempt”. How did one treat strangers? How did one deal with new ideas? How important was a certain ideology, spirituality or religion (“Primal We”)—With the concept of the model dimensions, the client’s life is explored right from the beginning not just focusing on the individual-centered biography, but also in terms of relations to the social and cultural context.

Another question concerning the early phase is: How are the client’s “emotional issues” structured, regarding their experienced inner focus? For this, current psychodynamic psychotherapy approaches frequently use conflict-oriented diagnostics systems like the “operationalized psychodynamic diagnostics” (OPD Working Group, 2009): Is it about a guilt conflict, an identity conflict, a control conflict, a dependence-autonomy conflict? In Positive Psychotherapy, those systems are very helpful, at the same time it is also asked: What is the content of possible emotional dynamics? How does the client set his or her emotional priorities?

Nossrat Peseschkian and co-workers worked out a cross-cultural content analysis concerning “micro-traumatic” daily life situations (Peseschkian, 1974; Peseschkian & Deidenbach, 1988). Such a situation could be for example: “I’m angry, because my boss hands every unimportant record, completely edited, back to me!” (accuracy, obedience). Other examples are: “I’m angry, because my wife doesn’t remove her hair from the shower, after taking a shower!” (cleanliness). Or: “I had a fight with my girlfriend, she earns 100.000\$ and still has the opinion that she can’t afford a cleaning lady!” (thrift). Situations like these were examined cross-culturally: Subject areas were identified—the primary and secondary “actual capacities”—which obviously come up over and over again: punctuality, order, cleanness, politeness, obedience, time, patience, belief, hope etc.

The summary of the most important themes or actual capacities constitutes the “Differential Analytical Inventory” (DAI) depicted in **Figure 2**. The DAI is, for instance, a useful tool for diagnostic interviews on emotional relationships: “How do you see punctuality and order in your relationship?” or: “Who is more patient, who has more time, who is short of time, how important is trust?”.

The personal concepts, which are thematically assignable to

Secondary Capacities	Primary Capacities
Punctuality	Love
Cleanliness	Modeling
Orderliness	Patience
Courtesy	Contact
Honesty	Sexuality
Faithfulness	Trust
Justice	Confidence
Diligance	Hope
Thrift	Faith
Reliability	Doubt
Precision	Certitude
Conscientiousness	Unity

Figure 2.
Differential Analytical Inventory (DAI).

the actual capacities, are also shaped culturally. This becomes clear, if one looks at everyday life phenomena and the life span. For instance: For dealing with illness one might broadly distinguish between an Oriental and an Occidental concept. An example from the author’s practice: A young man said that his female colleague had been ill for weeks. But he didn’t want to call her, because he didn’t want her to feel monitored. This behavior can serve as an example of a Western concept. In the Orient, the active expression of care would have been predominant. On the basis of different cross-cultural concepts of dealing with illness, there are often situations of excessive demand in Western hospitals when an Oriental patient is visited by his or her whole family.

The reflection of and play with cultural perspectives can also become an interesting and effective treatment technique. This can be illustrated by another example from author’s practice. There was a couple that did not get out anymore since their first child was born. Both were loving and committed parents. They reported that they had installed a video camera to visually and acoustically check the breathing of their baby—with monitors in different rooms. The feeding went according to schedule. Reviewing this case, one could say that the couple developed certain capacities like accuracy and punctuality in a good but over-accentuated way. But other capacities like contact came off badly, which led to further problems over time.

Also a story can demonstrate the one-sided development of capacities vividly: A businesswoman comes home after a long work trip, she is completely exhausted. The house husband is in joyful expectation. He has arranged everything perfectly and the apartment is shining. Unfortunately, the businesswoman, after such a long trip in such heat, feels the need to spit something out. She looks for the dirtiest spot in the apartment, does not find anything and has to spit out into her husband’s face (adapted from Peseschkian, 1982)—also in this story, one set of capacities is over-accentuated whilst others are neglected. The capacity of household cleanliness is over-emphasized and at the same time other fields of experience such as dealing with oneself and cultivating social relationships are not developed sufficiently.

In a lot of situations, it is effective to immediately work on a cultural level—by offering alternative scenes from different cultures for example: In the case above, the young couple was given the suggestion to take their baby with them to a friend’s place, and to let it lie on the couch there and let other guests play with it—like in Southern and Eastern cultures. And if it would be getting later than 9 PM as a special exception it does not matter so badly. One can understand this kind of use of a cross-cultural alternative concept as a specific treatment technique in Positive Psychotherapy.

Multi-Stage Treatment and Working with Stories

At the beginning of therapy, words of wisdom and stories are brought in anecdotally to provide new perspectives and inspiration. Later, metaphors might be dealt with in more depth to work through the client’s issues that have been focused as crucial. To conceptualize working with the case in time, the treatment in Positive Psychotherapy is planned and monitored in multi-stage approach, the “5 Stages Procedure”, depicted in **Figure 3** (Peseschkian, 1987).

The first step of treatment aims for the client to connect with

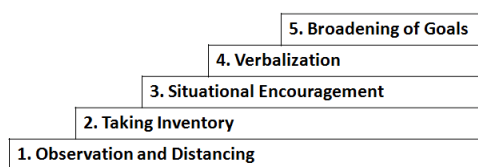


Figure 3.
Multi-Stage procedure in positive psychotherapy.

his or her current situation in a new way—more aware and creative. In the current psychotherapeutic discourse, the term “mindfulness” is often used in this context (e.g., Allen, 2007): The human being steps out of narrowed emotional identification in a situation and carries out a change in perspective. There are a lot of techniques in the different therapy schools, which would be of appropriate use here, yet without being able to account for the diversity of human experience: One achieves more mindfulness through artistic work; another one achieves it by meditation. In a behavioral psychotherapy, for instance, one might reach this goal through self-observation or a pain diary. This stage in therapy is about connecting with the situation in a new way. The experiencing and the observing self—the worm’s eye view and the bird’s eye view—are objects of this work. At this point, specific techniques of Positive Psychotherapy are, e.g., relating situations to different cultures, throwing in unexpected sayings or telling a story, which creates emotional resonance and a new perspective.

This might be illustrated by an example. Once, a young depressive man came into the author’s practice. He said that only after his father’s death, he could be really happy. If it was not for the high-tech medicine, his father would already be dead. At the same time the client thought of himself as being creative, but misunderstood.

After two or three sessions a story became the turning point in the client’s stagnated inner situation. It was about a talented boy who had problems at school. The boy refused to learn the alphabet. The teacher was desperate. He asked the boy to learn the alphabet, because he would face problems if he did not do so. “We are building the basis in the first class. How do you want to read, write and learn all other things in the following classes?” The teacher said, he would inform the parents if the boy did not improve. That did not help either, so the parents were informed. The father opened the letter. He was shocked and became angry. He insulted his wife and blamed her for having spoiled the boy too much. The mother reproached the father for putting too much pressure on his son and for never showing his love to him.

At the weekend, his grandmother came for a visit and talked to the boy. She put her arms around him and asked him to tell her about his problems. The boy said: “First, I have to learn A, B, C. When I’m able to do so, I have to learn reading and writing, then calculating, grades, homework. Then I’ll graduate, then there’s college, the choice of partner, being afraid of losing the job. And in the end I’m just like Mom and Dad” (adapted from Peseschkian, 1982).

At this point of the therapy, the young man laughed for the first time. He understood the boy. He was then asked to write down what he thinks of the story. At the next session he brought several pages. He found many analogies and reflected on his own development—and now actual therapy could start. Later, at the end of the therapy, the client had developed quite

well. He had won new life energy; he had moved out from his parents’ home and started a job in a different city. He had broadened his circle of friends and watered down his ideological boundaries for the benefit of a more pragmatic approach.

The multi-stage strategy of Positive Psychotherapy offers a concept for a psychodynamic and humanistic short-term therapy. On the one hand, the anamnesis is carried out and conflicts are worked through; on the other hand resources are activated and developed. At first, therapy has to do with perceiving problems more precisely and connecting oneself with the own wishes (*stage of “observation”*). Then it has to do with the capability of understanding: The biographic anamnesis takes place in a terminology, which is emancipatory. How was the relationship with the “I”, how was the relationship with the “You” and how was the relationship with the “We” and “Primal We” (*stage of “inventory”*)? It is not worked with pathological technical terms, but with terms of daily life, which are used equally by both, therapist and client, towards action orientation. Questions are asked such as: How did I learn to accept a challenge; which solutions come to my mind (*stage of “encouragement”*)? Finally comes the working through in terms of a conflict-centered approach. Two to three conflict points are focused on and worked through—also in systemic terms by inclusion of the partner and family (*stage of “verbalization”*). At last follows aftercare training. What do you want to do, if you don’t have problems anymore? How do you want to develop the different areas of life? What are your goals in the next three to five years (*stage of “goal broadening”*)?

Conclusion

In the field of psychodynamic psychotherapy, Positive Psychotherapy can be seen as an early and consistent implementation of general ideas such as resource-orientation and short-term therapy. At the time of its first publication, these ideas were controversially discussed, but today they have become more and more state of the art (e.g., Wöller & Kruse, 2010). Positive Psychotherapy itself can be seen as a psychodynamic and humanistic method of psychotherapy. It serves the demand “Become yourself”, which can be found in a lot of humanistic and spiritual-religious traditions. The potential for self-actualization is activated right from the beginning, by not just addressing problems, but also addressing capacities to solve them. The central concepts of Positive Psychotherapy—for example model dimensions, actual capabilities and treatment stages—are mirroring this enabling basic attitude.

With this attitude, Positive Psychotherapy has an immediate effect on something one could call a disorder of the experience of time. “In depression, the future becomes a copy of the past”. But the future is open. Nobody is able to say, what will happen, not even in the next half hour. And our own share in shaping the future should not be underestimated—especially, when we succeed in opening “the door to fantasy”. As if to say: “If you want to have something you never had before, you have to do something you have never done before”. Today, the possibilities in planning are global for more and more people. That is also a reason why Positive Psychotherapy integrates the cultural dimension into the therapeutic work. Nossrat Peseschkian commented on this: “In a good therapy one should talk about the past 25% of the time, 25% about the present and 50% about the possibilities in the future” (Peseschkian, 2006).

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