Applications of Positive Psychotherapy for Marriage and Family Therapy

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Every age has its own problem and every soul its particular aspiration.
Bahá'u'lláh

He who knows himself and others will realize, that Orient and Occident cannot be separated any more.
Goëthe

Introduction

In order to understand observed behaviour, we need background information to use as a yardstick for later judgment. This means it is necessary to take into consideration the transcultural conditions as well as the conditions which, in the personal history of the patient, first gave his behaviour a meaning.

Over the last thirteen years, I have developed a new concept of psychotherapy and self-education which has been developed from a transcultural point of view. In Germany when you meet someone the greeting ceremony begins with the question: "How are you?" The answer: "Thank you, very well" means, if I am healthy and I am well everything is alright. In the same situation in the Orient one asks: "How are you, how is your wife and your children?" It means, if my family is well everything is well, and I feel well. In Kenya when they meet, the Masai greet each other with the words: "I hope your cattle are well." In Germany usually people have depressions because of their isolation and lack of contact. In the Orient people become sick and depressive because they have excessive contact.

In my work I have tried to explain the universal significance of the transcultural aspect, to systematize the contents of the transcultural problems, and to show its significance for the development of conflicts. With this aspect in mind I also had another aim, namely to develop a concept for conflict-centred therapy. Different psychotherapeutic methods can be integrated into this short-term therapy according to the indications. Furthermore, I wanted to unite the wisdom and intuitive thinking of the Orient with the new psychotherapeutic knowledge of the Occident.

I know that such an attempt carries many problems from the start, but I believe that in these times when geographic distances become negligible, such an attempt is useful, even necessary. Our era displays many misunderstandings along with a hopeful tendency towards unity in diversity. Bahá'u'lláh expressed this with the following verse- -the importance of which will again and again shine through this work: We are all the flowers of one garden and the leaves of one tree.

A special feature of my method is the attempt to introduce intuition and imagination into the psychotherapeutic procedure. Stories which can be used to mediate between therapist and patient are also very helpful. They give the patient a basis for identification and at the same time they are a protection for him; by associating with the story, he talks about himself, his conflicts, and desires. Especially when there are resistances to be dealt with, the stories have proven value. Without attacking the patient or his concepts and values directly, we suggest a change of position, which at first has more the character of a game. This change of position finally allows the patient to see his one-sided concepts in relation to others, to reinterpret them, and to extend them.

One such story that can help the patient, teachers, parents, and the psychotherapist himself from time to time, is the story of the Mulla and the riding-master:

> The Mulla entered a hall where he wanted to give a sermon. The hall was empty except for a young groom seated in the front row. The Mulla pondering whether to speak or not finally said to the groom: "You are the only one here. Do you think I should speak or not?" The groom said to him: "Master, I am but a simple man and do not understand these things. But if I came into the stables and saw that all the horses had run off and only one remained, then I would feed it nevertheless."
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> The Mulla took this to heart and began to preach. He spoke for over two hours. After that he felt elated and wanted his audience to confirm how great his sermon had been. He asked: "How did you like my sermon?" The groom answered: "I told you already that I am a simple man and do not understand these

things very well. However, if I came into the stables and found all the horses gone except one I would feed it, but I wouldn't give it all of the fodder." [Persian fable]

The fable of the Mulla and the groom demonstrates the problems of education and therapy—you either give too little or too much at one time. You let a child do as he likes, or you smother him with solicitude. In both instances the development of the child is not acknowledged.

If you give someone a fish, you feed him only once.
If you teach him how to fish, he can feed himself forever.
Oriental wisdom

The Situation in Education and Psychotherapy

The current situation of psychotherapy needs the development of methods which are at the same time economical and effective. Positive Psychotherapy (Differentiation Analysis) is a method of that kind. It works as a therapy concentrating upon conflict.

Our present-day situation is interpreted and explained in different ways. People talk of the age of fear, the age of depression, the age of aggression, the age of the loss of trust, the age of hopelessness. When we look more closely, we realize that complaints and symptoms are being used as a basis for these interpretations. Behind these symptoms we can discover certain one-sided views, one of which seems to play a central role.

The scientific aspect is overemphasized and the religious is neglected, or the religious aspect is overemphasized and the scientific neglected. The neglected area is usually pushed aside and frequently becomes the source of conflicts and difficulties.

The present situation in science, religion, education, and psychotherapy is in many respects similar to the following oriental story:

An elephant was being exhibited at night in a dark room. People crowded around to look at it. Since it was dark, the visitors could not see the elephant so they tried to touch it to get an idea of what it looked like. But as the elephant was very large, each visitor could only touch a part of the animal and describe it the way he had felt it. One of the visitors who had touched the elephant's trunk said that the elephant was like a thick column. Another, who had touched the elephant's tusk, described the animal as something pointed. A third, who had touched an ear, said it was like a fan. And the fourth, who had stroked the back of the elephant insisted that it was straight and flat as a bed.

To transfer this example to science, religion, education and psychotherapy: Everybody sees correctly, but not everybody sees everything. Thus it is not surprising that so many parents, pedagogues, and therapists are at a loss when they realize this lack of unity.

When we look back into history, we see that in earlier times science and religion were considered as one. As the area of work was divided so, religion and science also diverged. This differentiation not only brings opportunities, it also causes limitations. Just as science brought forth a series of schools of thought (often in intense rivalry with each other), there are also different directions in religion. However, just as the scientific schools complement one another, religions can also work together. An essential part of the conflicts goes back to the fact that the aspect of development and the dimension of time are not taken into consideration. What is religion? What is psychology?

Religions give us norms which govern interpersonal relationships and the position of man in the world picture. Thus, religion is concerned with giving meaning. Psychology considers questions concerning the conditions of these norms which can be scientifically comprehended, the conflicts which arise from different norms, and the possibilities that the individual has to work them out. Thus, the task of psychology is to describe the meaning. For instance, religions tell us that we should not tell lies. Psychology asks why someone lies; why another, when people lie to him, cannot trust anyone any more; why someone boastfully portrays himself as more than he is; why another presents himself to others as being less than he is.

Religion itself is partly a topic of psychology. However, it is not so much religion itself that is put to the test but rather the behaviour and attitudes of the individual believer, or the group of the religious community. Why does someone become rigid, dogmatic and develop prejudices in the area of religion? Why do others want to discard everything religious in content and form? Why do people today tend to put taboos on religion, perhaps more than they used to do with sexuality? Why does someone tend to oscillate between the single religious interpretations and

not be able to identify with a religion? The connection between religion and psychology becomes more distinct when we consider man's possibilities for development.

Man develops by acquiring a relationship with himself, his parents, a partner, his children, his fellow men, his profession, and finally a religion. Every human being develops in these areas in some form. These forms belong to the reality of our lives, and they have functional coherence. This means that when someone has difficulties in one area, for instance at work, this difficulty can be transferred to the partner or the church, it can influence his relationship with his fellow men and finally can lead to his placing no value on religion at all.

Transcultural Aspects of the Positive Psychotherapy

Since 1968 I have been working on a new method of psychohygienics and psychotherapy. I have tried to examine the behaviour and conflicts of patients from viewpoints which were somewhat unconventional. The motivation for starting this new method may have been that I am, personally, in a transcultural situation. What occupied my mind most of all, was the prejudice, particularly in religions, that I experienced very closely in Iran. As Bahá'ís, we were always caught in the middle between our school mates and professors. This led me later to start thinking about the relationship of the various religions and also how people are related to one another.

It was during my professional training that I was able to observe how tense the relationships were among my colleagues at medical school. Neurologists were very skeptical of psychiatrists and vice versa. Most of the students developed a certain defensive reaction when they even heard the word "psychotherapy." Colleagues at the Sigmund Freud Institute cast a mistrusting eye especially at the psychoanalysts who performed diagnostic tasks or held lectures. It seemed that jealousy, envy and grudges played not a small part. Hardly anyone knew about the competence and potential of the others and sought to keep his own position absolute. Somehow, questions of faith seemed to play an important part here. They can be compared with the religious disputes which I observed in Iran.

From these aspects, my attention was drawn to the meaning of social standards for the socialization as well as for the development of interhuman and intrapsychic conflicts, and I found in Oriental as well as in European and American patients that behind the existing symptoms, as a rule, were conflicts the origins of which are usually found in a number of recurring behaviour standards.

It is the effect of a new development that national, ethnic, and cultural groups open themselves to the outer world, i.e., towards other groups. This trend carries new possibilities which we shall describe as transcultural problems. They can therefore be reduced to two basic problems:

1. What is it that all men have in common?
2. By what do they differ?

An essential characteristic of the group is the standards valid in a group, which are reproduced for the individual as psychosocial standards with emotional components. There are, for instance, different attitudes, expectations, and behaviours regarding the psychosocial standard "politeness" in two different cultures (e.g., Federal Republic of Germany and Iran). Typical representatives of both groups place great importance on "politeness." Lack of politeness can lead to social, psychic, and psychosomatic disturbances in both groups. However, each understands something different by "politeness."

In Germany when you are invited to a meal, it is considered polite to eat all the food that you are offered. It is considered old fashioned to leave some food for the sake of politeness. If you finish all the food that is offered, it is considered a compliment to the hostess. A German visitor to Iran became sick. She complained:

> I don't want to look at any more food. The first week that I was here I was invited to different families nearly every day. My hosts were very kind and did everything to pamper me. But the amount of food became too much for me. When I had finished my portion—and it was always very good—they would fill my plate again. Not wanting to be impolite, I would finish that too. But they would continue to give me more, and this continued until I almost vomited. Consequently, in sheer self-defense I had to abandon all consideration for my hosts and leave the food. Still, my conscience bothered me because they had been so kind and nice.

This visitor would not have felt guilty if she had known that what she finally learned—leaving some food on her plate is considered polite in Iran.

This does not mean that one model is better than the other, but that they complement each other with regard to the totality of human experience. The transcultural aspect provides a more extensive alternative interpretation. According to the cultural and historical evaluation, an illness or a symptom can be given different significance.

Pessimist: My glass is half empty
Optimist: My glass is half full

Three Concepts of Positive Psychotherapy
For the purpose of giving an overview, this topic is divided into three points:

— The Positive Concept in Psychotherepy (the Transcultural Aspect)
— Conflict Content and Conflict Dynamics (Metacommunication)
— Five Stage Integral Positive Psychotherapy (Metatheory)

I. The Positive Concept in Psychotherapy
(Transcultural Aspect)
Traditional psychotherapy derives its view of man from psychopathology. Thus the subject of its study is illness, and it is the aim of treatment to remove these illnesses just as a surgeon removes a diseased organ. As a result, the sickness and not the patient is treated. The patient tells himself, "I can only claim the attention of the therapist by means of my illness," so the disorder becomes even more important in his eyes. In this way the therapeutic possibilities are limited. Patients suffer not only from their conflicts and disorders; they also suffer from the hopelessness which the diagnosis induces in them. This one-sided view is historically and culturally conditioned. It could be avoided if we were prepared to integrate other models into our thinking.

In contrast to the procedure which treats symptoms and to traditional psychotherapy, Positive Psychotherapy takes into consideration the capabilities that man possesses, as well as the disturbed areas. When we speak of Positive Psychotherapy, we are already moving in the direction of transcultural thinking.

The word "positive" is taken here in its original meaning from the Latin "positum," the actual or the potential. It is not only the conflicts and disturbances which are actual and potential but also the capabilities which every human being has. There by we emphasize the importance of the psychosocial background against which the specific content can develop, and we try to extend the partly one-sided representation of sickness concepts and to supplement them with regard to new therapeutic possibilities.

When an American or a German comes home after work, he wants to have his peace and quiet. He sits down in front of the television, drinks his hard-earned beer and reads his newspaper. For him this is relaxation. In the Orient the husband relaxes in quite a different way. When he comes home in the evening, his wife has invited several guests, relatives, friends of the family, or business partners. Conversation with the people makes him feel relaxed. Motto: Guests are God-sent.

Thus relaxation can mean different things. People relax in the way they have learned, and they have learned what was customary in their family, their group, or their culture. This does not mean that one model is better than the other, but that the models complement each other with regard to the totality of human experience. The transcultural aspect allows for a more extensive alternate interpretation.

The positive procedure thus means that we try to form as comprehensive as possible an overview of the interpretation possibilities of a symptom or of an illness with the aim of influencing the patient's understanding of his sickness and of himself, thereby controlling disturbing interference which has occurred before the patient went to the therapist. This method can be described as Positive Psychotherapy.

<u>A. Practical Applications of "Positive" Interpretation</u>
An example of the positive procedure is seen in the different meaning of the terms "leisure time" and "relaxation." Another example that is of importance in educational counselling or in dealing with conflict situations at work is laziness. Usually laziness is defined as a lack of industry. But laziness is something else: Laziness is the ability to avoid achievement demands.

This positive interpretation of laziness acquires importance when viewed against the background of illnesses which are caused by stress arising from overwork. Perhaps this definition also explains the aggressiveness with which industrious people react against so called loafers.

The positive procedure is indeed oriented towards symptomatic disorders; however, it does not stop at that point. Since Positive Psychotherapy takes the actual facts as its starting point, thereby permitting other evaluations of the symptoms, it makes it easier for the therapist to deal with the patient more impartially. At the same time, it makes it easier for the patient to deal with the hidden motives and psychosocial conditions of his illness with less fear.

In the following sections we will attempt to include concepts from medicine, psychotherapy, and psychiatry. The first concern is to reevaluate the illness in its significance and to consider its positive aspects. Hints will then be

given (developmentability) which have proved favourable in the treatment of patients with the corresponding clinical features and which could direct a conventional therapy under psychohygienic aspects or could serve as reference points for a psychotherapeutic treatment. Table I compares the traditional and positive interpretations of several common conditions.

B. The Ability to React with Deep Feeling

The following dialogue with a female patient who had been married for two years and who had suffered from considerable depression and fear may serve as an example for the positive procedure.

Patient: I feel like a human wreck. I'm so downcast and sad, and sometimes I feel that it would be better if I just departed from this world (patient begins to cry). I feel so alone. No one has time for me. My husband lives only for his work. I am so afraid of the lonely evenings when I wait for my husband and don't know when he will come.

Therapist: From what you have said, I have the impression that you would like very much to be with your husband and that you would also like very much to be with other people.

Patient: I would like that very much, but my husband has no time, and I myself cannot start anything, because he never tells me exactly when he will be coming home....

In this sense I would like the word "depression" to be understood not only as the feeling of being downcast combined with a mainly passive attitude, but also as the ability to react with deep feeling to a conflict situation. The causes of a depressive reaction, such as the fear of being alone in the following case, can similarly be regarded from the aspect of different value systems.

The positive interpretation here contains many nuances. The patient was not encouraged to repeat her hopeless conflict situation, but is given a different view of her problem (you would like to be with your husband and with other people). Thus she is given the possibility of finding new paths towards solving the conflict herself and of detaching herself from the neurotic concept, which has been repeated often enough. Just this short piece of dialogue gives some clues as to the two central components of the conflict content: the behaviour of the husband concerning punctuality in contrast to the wife's expectations concerning punctuality, and the way in which the patient organizes her time.

Therapist: You mentioned that you have certain problems with your husband. Now we would like to determine together just where you and your husband are different.

Patient: Punctuality is impossible for my husband. When he says he'll come home at 5 p.m. I always add on another hour, but usually that is still not enough; he doesn't come until 8 p.m. or not even until 2.1O p.m. Although I know that this is the case, and that it is mostly because of his work, I still can't get used to it. From 5p.m. onwards I am on the lookout; I can't do anything worthwhile or concentrate any more. I hurry through the whole day in order to be finished at 5p.m. in any case, because he could perhaps come on time after all.

Therapist: What was it like at home when you were a child?

Patient: Punctuality was always important when I was a child. We always ate our meals at the same time every day, for instance. It was out of the ordinary for it to be earlier or later. Whenever my mother went shopping or had to do something outside the house, she said when she would be back, and I could always rely on this. And it was the same with me. I was always punctual at school, more likely early, and never late. I always wake up before the alarm goes off and always try to go to bed early so as not to come late in the morning. Whenever I had appointments I was always too early.

Within the framework of the five-stage Positive Psychotherapy, the problem of the patient could be dealt with by a concentration on the conflict situation in a family therapy treatment.

II. Conflict Content and Conflict Dynamic

The socialization of a person is accomplished by adapting to social standards. These standards are manifested in attitude, cognition, emotionality, and behaviour

A. Basic Capabilities and Actual Capabilities

Psychology without religion or without a philosophy of life just does not exist in the strict sense of the word. Whenever we try to define the subject of psychology, i.e., the human being, we apply, mostly without noticing it,

standards obtained from a certain philosophy of life. For instance, man is seen as a machine which reacts to certain impulses or as a creature with drives that must be continually kept in check by means of the social norms. He is seen as a product of his heritage, as having free will or as the product of his environment. We treat a person according to how we see him. This alone makes it necessary for us to recognize the philosophical and religious backgrounds of our picture of man.

1. Basic Capabilities

The basis for the concept of Positive Psychotherapy as a metapsychology is the idea that every person, independent of his present stage of development, age, sex, race, class, topology, diseases, or social "abnormalities" possesses two basic capabilities: the capability of perception and the capability of love.

a) Capability of Perception (cognition): Every person tries to perceive the connection within reality. He questions why an apple falls to the ground, why a tree is growing, why the sun shines, why there are sickness and sorrow. He is interested in knowing who he is, where he comes from, where he will go. This individuality and these properties of men—to put such questions and to look for their answers—is the capability of perception. In education, perception develops with the supply of knowledge. From there, the secondary capabilities develop: punctuality, orderliness, cleanliness, politeness, honesty, and economy.

b) Capability of Love: The development of the capability of perception influences the success or failure of a person. The capabilities from which these experiences derive belong to the emotional sphere of the individual, the sphere of feeling, which may be called his emotional relations, an expression of his capability to love. The capability of love leads in its further development to primary capabilities like love, patience, time, contact, confidence, trust, hope, faith, doubt, certainty, and unity.

These two basic capabilities develop before any cultural influence, and later the actual capabilities (the primary and secondary capabilities) develop in interaction with the three parameters of body, environment, and time.

The actual capabilities are imparted by religions, cultures, ancestors, parents, cultural instances (school, society, and moral institutions). The capabilities of perception and of love, however, belong to the nature of every human being. This means simply that man—in his original nature—is good. My disturbances have nothing to do with the basic capabilities. Positive Psychotherapy starts from the statement that every human being is in possession of the two basic capabilities, the capability of perception and that of love.

Not only healthy persons possess these basic capabilities. The sick person, whose physical, psychic, and spiritual functions are disturbed, also possesses them. This is valid as well for the so called "mentally deranged," "schizophrenes" or "depressive" beings whose personality is very much limited. It is similar for persons with an aphasic speech defect. In principle, they have the ability to speak, but the necessary functions of the tools for speaking are disturbed. This example can easily be transferred to mental disturbances. Autistic individuals, who resign from nearly any contact, and live in seclusion, still possess the capabilities of perception and of love—just like the catatonic or the paranoid schizophrenic individual, or even the so-called "normal person."

Not infrequently there are cases where the function of tools, i.e., the possibility to differentiate the capabilities of perception and love and to express them, is so buried or blocked by somatic conditions (e.g., tumours), or the influence of the environment and the time factor, that at present it seems impossible to relieve these disturbances. However, it is neither logical nor admissible to deduce from the disturbances of the functions of the tools and the seemingly hopeless prognosis, that the basic capabilities are nonexistent. The hopelessness is not only a function of the disturbance, but at the same time results from the cures which are dependent on historical development. Besides, it is necessary to consider all possible conditions (psychosomatic, social and psychic) in order to give a proper judgment about the disturbance.

Decision in the sense of a diagnostic judgment does in many instances require the courage of the therapist and the pedagogue to get down from the pedestal of objectivity and to admit: As far as I am concerned, I cannot help him—instead of saying: there is no help.

If one wants to explore more closely the background of known psychic and psychosomatic disorders, one confronts to a certain extent as an underlying structure the lack of distinctions in regard to one's own models of behaviour and those of others. They can be described through an inventory of social norms.

I have therefore tried to collect these behaviour standards, to comprise categories which are in close correlation, and to prepare an inventory which contains the most important scopes of conflicts. This inventory is the Differentiation Analysis Inventory (DAI) and is of material importance as an instrument of diagnosis.

2. Actual Capabilities

Let us start with a review of interhuman conflict spheres. If we consider the standards of value in the judgment of oneself and of others and examine the criteria of education ad psychotherapy, we will be able to distinguish two

types of behaviour and attitudes, which we will call primary and secondary capabilities. Both are called actual capabilities because they are constantly called upon in every day life.

a) Primary Capabilities are expressions of the capability of love. They belong mostly in the emotional sphere. They comprise categories like love, example, patience, time, sexuality, contact, trust, confidence, hope, belief, doubt, certainty, unity.

b) Secondary Capabilities are expressions of the capability of cognition and knowledge, They have something to do with the demands of society to show efficiency. They are acquired while growing up and improved more or less comprehensively by the systematic influence of the environment. They are: punctuality, cleanliness, orderliness, obedience, politeness, honesty sincerity, fidelity, justice, diligence-achievement, thrift economy, reliability, conscientiousness, exactness.

In the psychological sense, one-sided learning experiences which are continually repeated are microtraumata, for instance, parents' constant demand for order, cleanliness, politeness; the one-sided emphasis on intellectual or physical achievements; or the intensified bond to a reference person. Even if these demands are necessary components of education, they can have an injurious effect on character especially when they are coupled with the feeling of one's own value, childlike fear, threats, withdrawal of love, or physical punishment.

> "Whenever I had not cleaned up my room, I heard: 'I don't love you any more.' Then I would fall into a panic of fear. Today I am more than pedantic and because of this often get into conflict with my husband and children." [39-year-old woman, chronic constipation and sleep disturbances].

Such microtraumata cause "sensitive" or "weak" spots which become conflict potentials. Often the partner recognizes these weak spots more or less consciously and uses them as a target for his aggressions. Thus a current external conflict or occasionally an apparently insignificant incident can cause a "defect" in that area of the personality which is particularly susceptible because of the microtraunata described.

In some of these fields, one is more sensitive on account of microtraumata which were experienced during education. Therefore, one reacts to these areas more easily than to others. In this way, lack of punctuality can trigger fright and aggressions in one person, while he does not react in another conflict area, orderliness, which is a problem for his partner.

These actual capabilities appear in connection with effective participation. In this way, they define the interactions of members of social groups, particularly of the members of the family. Actual capabilities are operative in all cultures. Their relative definitions are distinguished only culturally and socially. While diligence may be of particular importance to one reference person, it may be order, punctuality, politeness, or thrift for others.

Disturbances originate because of intrapsychic and interpersonal dissonances:

— Within the primary capabilities: one may trust others, but not oneself
— Within the secondary capabilities themselves: one may be diligent but not orderly
— In the relation between secondary and primary capabilities: one may be orderly but not patient

Instead of the actual abilities, synonyms are possible. Instead of "order," we say "don't mess up anything, clean up, don't leave that lying about," "hodgepodge," "confusion." But it is important to discover the actual capabilities concerned behind these everyday utterances.

The actual abilities are connected with the concepts which represent our attitudes and have an effect on our behaviour. The following are some examples:

"Time is money." (Thrift)
"If you can do it, then you are somebody." (Industry)
"What will the neighbours say?" (Represents a specific attitude towards politeness and honesty)
"A penny saved is a penny earned." (Socially accepted attitudes towards industry/achievement and thrift are reflected)

Any inner or outer conflict in interhuman relations could be described in terms of actual capabilities. We are confronted every day with their effects in personal terms as well as in the collective area: When a marriage is conflicted or broken, when a friendship goes to pieces, when somebody is given notice at his job, when the relationship between groups and people become a potential conflict due to the influence of tradition, the actual capabilities become the specific mark of a group and have a great influence on the in group and out group relationship (Peseschkian, 1979 and 1971).

As a rule it will be possible to interpret from this aspect all behaviour disorders, psychoses, neuroses, and vegetative-functional disturbances as they relate to conflicts between primary and secondary capabilities and therefore as a result of lack of differentiation.

Transcultural Aspects of Actual Capabilities

In contrast to the Orient, where the primary capabilities stand in the forefront of upbringing (patience, contact, trust, and faith), the middle-European upbringing is more oriented toward the secondary capabilities (punctuality, orderliness, diligence-performance, thrift). The environment for the latter upbringing is confined to the nuclear family, in which grandparents or preschool educational institutions are at most influences. By contrast, the education process in the Orient is carried out within the extended family; social contact within this group counts as a significant educational goal. Hence, specific cultural attitudes arise relative to social contact and sociability on one hand and individual performance aspirations on the other. The state of the emotional bond toward the family in the Orient remains, as a rule, until the end of life, whereby the expectations are carried over from the parents to the "large family." In the European cultural circle, there exists a typical pronounced bond until about puberty and then there is an abrupt detachment: "You are old enough, you have to know what you are doing."

This onesidedness can be reduced in that the description of human capabilities and disturbances is not only measured by the norm that is valid in one culture, but includes a multitude of different cultural and group experiences (Transcultural Problematics).

Significance of Actual Capabilities

Actual capabilities are more than mere concepts or incidental phenomena of the times. They are defined, acquired, internalized, and in part affectively possessed as specifically human capabilities in the process of socialization. Actual capabilities are operative in all cultures. Their relative definitions are distinguished only culturally and socially. Which actual capabilities relate to an intrapersonal or interpersonal conflict depend on which social norms (actual capabilities) one has adopted into the individual value system in the process of one's development. While orderliness may be of great importance for one person, punctuality or politeness is decisive for another. From this, individual and collective expectations and models of behaviour evolve. In the literature of psychotherapy and medicine, sufficient indications of individual actual capabilities can be found in connection with sexual and behavioural disorders as well as neuroses and psychoses: S. Freud (1942) mentions sexuality and cleanliness; C.G. Jung (1940), F. Kunkel (1962), and V.E. Frankl (1959) stress the significance of faith. E. Frolm (1971) speaks of hope; A. Mitscherlich (1967) expounds on the requirements and motivation for achievement; R. Dreikurs (1970) mentions success, prestige, and accuracy; C. Bach and H. Deutsch (1962) point to the relevance of an open relationship (honesty) in the partnership. E.H. Erikson (1966, 1971) formulates a gradation of virtues, which is constructed according to the individual stages of human development and the maturation of the psychic functions. Only in Differentiation Analysis Theory do actual capabilities find a systematic consideration. Actual capabilities are developed in close connection with the three dimensions—body, environment, and time; at the same time they influence the attitude to these areas.

III. A Five-Stage Strategy for Treatment by Positive Psychotherapy

In the realm of psychotherapy, the central area of Differentiation Analysis, there is available a five-stage process of therapy. This process concerns the various actual capabilities, insofar as they lead to conflict ridden interpersonal relationships and to alterations in the intrapsychic area.

I would like to present this treatment concept through an everyday example: If you get mad at somebody because of his impoliteness, it is easy to feel upset inside and to speak ill of him. Moreover you do not see him as a person with many abilities, but rather as an impolite, impertinent person who has offended you. You are no longer in the position to accept his positive characteristics, because they are hidden behind a cloud of negative experiences with him. As a result you are not prepared to discuss matters. Every discussion is full of emotion.

Communication is very limited. It might go too far so that to get back at him, you limit your own goals to some extent. Starting with this chain of events, which furthermore can lead to psychic and psychosomatic disorders, the five following principles for treatment results.

<u>First Stage: Observation-Distancing</u>

The patient reports, if possible in writing, about what or whom and when he is annoyed and which situations he finds pleasant. In the same manner, one finds in psychotherapy that behind complaints, fears, depressions, aggressions and psychosomatic disturbances are motives which refer to definite social standards. Thus headaches, sleeplessness, anxiety, aggressions can appear with demonstrable frequency after disputes on the job, in

consequence of childrearing difficulties and in connection with chronic marital problems. By saying that the cause of these disturbances lies in some stress, nothing is said about the kind of stress. Mostly one tends to see only an excessive professional strain as the reason. However, there actually exists a whole spectrum of behaviours and attitudes which have become potential means of conflicts.

The initial approach suggests consulting the patient to assess inclination to conflict and actual capabilities for coping. Let us suppose a patient is always afraid while waiting for her husband to return home at night. In such a case, the content of the fear is centred around the psychosocial standard of "punctuality." Would this not suggest centering the therapy in this area? Such a procedure would be "radical" in the best sense of the word as: It would start at the root and not at the symptom which, using the image of a tree, corresponds to the leaves.

Second Stage: Inventory

The inventory takes place in a structured interview in which we search for the correlation between the conflict situation and the critical actual capabilities. In the Differentiation Analysis Inventory (DAI) the patient indicates which of his actual capabilities are positively or negatively accentuated and in which situations and in relation to whom these tendencies are operative.

The Differentiation Analysis Inventory (Peseschkian 1974, 1977) was constructed to specify the mental disorders and to establish which categories of mental attitudes and behaviour were in conflict with one another. The question is Who, you or your partner, attaches greater importance to punctuality, (tidiness etc.) and causes conflicts?" The patterns of behaviour were characterized in such a way that (+++) signified the highest subjective valuation of a category, (---) represented the lowest; (+-) meant a passivity vis-à-vis the patterns of behaviour which were to be examined; (++), (+) and (--), (-) are degrees of the subjective valuation.

The actual capabilities are recorded in the first column; the second column shows the self-judgment of a female patient with regard to the actual capabilities, the third column marks the assessment of the partner by the female patient. The fourth column contains spontaneous comments and notes to further exploratory questions. Modifications of the question are possible according to the prevailing circumstances, because the DAI should not be seen as normal psychodiagnostic technique in the strictest sense of the word, but rather as an exploratory method.

Third Stage: Situational Encouragement

By situational encouragement we mean that the patient, instead of criticizing his partner, is directed to encourage him in definite, positively accentuated areas. Thus the patient does not find fault with the untidiness of her husband, but praises his diligence.

Fourth Stage: Verbalization

Breakdowns of communication are characteristic of disturbance in the partner relationship. The partners now learn to discuss with each other problems which arise.

Fifth Stage: Broadening of Goals

The broadening of goals is the last stage in the strategy of Differentiation Analysis. The question arises: what realizable goals did the patient have before his neurotic limitations and what possibilities are still available to him?

Table II shows the Differentiation Analysis Inventory (DAI Short Form) of a 28-year-old patient (with sexual disorders) and her husband. After twelve sessions with the described strategy, the patient's therapy (see DAI) was concluded successfully within six months. After one year, the findings were as follows: the patient and her husband agreed in their report that they no longer had any sexual problems. They were themselves able to direct and control any relapses which occurred. Their lifestyle had changed in that both partners had developed mutual interests and better contact with the world around them. As the husband stated, sex was "no longer our one and only goal in life."

The strategy of treatment described is not to be understood as a rigid program. Individual modifications of the treatment program are to be considered according to the particular case. These modifications are dependent on the patient's age, the conflict situation in question, and the internal and external motivation. According to the individual conditions, the emphasis of treatment is to be put on analysis, hypnosis, or group psychotherapy.

Sample Case:

The mother of a twelve-year-old pupil decided on psychotherapy treatment for her son because, as she said: "He was unmanageable. I don't know what's got into my boy. In the past two years he's developed in such a way that I'm actually afraid he might become a criminal one day. At night he takes large amounts of our money, but afterwards

he denies everything. We were always getting complaints from the school about his picking on older schoolmates. As my son got along with his father very well, we tried a trick on him in order to bring him to his senses. My husband went away to a health resort for a time, and we told our son that Daddy had suffered a heart attack because of his behaviour and would have to go away to recuperate. I noticed that as a result the boy suffered from feelings of guilt, but this wasn't very successful in the long run. We took him to a doctor, but this didn't help. We even went to an adolescent counsellor, who happened to be a professional psychologist, but after a year's treatment nothing had changed."

The boy says of himself: When I take money, I get so excited that I can't even sleep nights. I absolutely hate school. And I get fidgety when I have to do my homework."

The peculiar behaviour of the boy is attributed to his general orientation towards, on the one hand, the school and the problems connected with the school, and on the other hand, to the occasional thefts.

The DAI has recognized the following areas of conflict:

Punctuality: "Markus doesn't come home directly after school. I can wait with the lunch, but I just hope he hasn't done anything stupid again. Quite often the boy used to have to wait for me. I had promised him that I would help him with his homework. Then usually something came up at the office, and Markus would wait hours for me without my being able to tell him why I was delayed."

Order: 'We used to have a maid, but she doesn't come regularly anymore. It would never occur to my son to tidy up his room himself."

Honesty: "That's the biggest problem for us. We don't know from whom he picked up the habit of stealing. If he continues with this, I simply won't be able to trust him anymore. I'm always afraid that one day he may steal outside the family and could thus be branded as a thief."

Industry (at school): "At school he only does what he absolutely has to. His mind is always a million miles away. His teacher told him he'd never graduate if he kept this up."

Thrift: "He doesn't know the value of money. With the money he steals, he buys toys for certain friends; therefore, he doesn't really benefit himself....We've told him that we'll always give him money and that there is no need to steal, but he continues doing it secretly anyway....We've never given him an allowance. Why should we? He can always get from us what he really needs."

Contact: "He has hardly any friends. He has rather close contact with only two schoolmates, and they're not exactly the type I want him running around with. He seldom brings children to the house. We usually have business friends over. At this Markus has already protested: 'Always old folks"'

The dishonesty of the boy can be seen in connection with his need for contact with and recognition from boys his own age. For Markus, money was a means of getting attention from his schoolmates as well as from his parents. However, he had never learned how to handle his money. He had already lost confidence in his parents, especially his mother, before they began losing confidence in him because of his stealing. The boy had to wait for his mother for hours and at the same time experienced the feeling that what he did at school could not have been so important because his mother never had time to help him seriously. The parents had such feelings of guilt that any time a problem arose they just transferred him to another school; thus a rapid changing of schools in a short time was the result. Because of this the boy started thinking: "I don't have to worry about performance. If anything goes wrong, my parents will take care of matters."

At first the boy's therapy was without success. The impression might even have been given that the therapist was coming to be regarded as an ally of the patient against his parents. My parents brought me up wrong. It's not my fault, is it?" The treatment didn't work until DAI (Differentiation Analysis Inventory) was used. The boy developed confidence in the therapist.

The patient could tell the therapist everything he could not tell his parents. The therapist pointed out the boy's positive characteristics and that the boy could not be as bad as the family and teachers, and even the boy himself, imagined.

The boy's parents were involved very actively in his treatment. His mother was not only involved in the therapy, she actually became the therapist in the framework of the five-stage treatment. I was able to counsel her on a regular basis. Within 24 sessions the treatment was finished; the family as an institution of self-help was therapeutically treated in this time span and with very successful results.

Summary: Positive Psychotherapy and its Application

At this time, data for 80 patients (52 female, 28 male) are available. Diagnostically speaking, with female patients in this study, pathology is manifested by sexual fear and general or selective frigidity. The majority of the male patients suffered from ejaculation praecox, erection problems, and sexual fear. In all cases substantial improvements

were made. In 74% of the cases a long lasting cure was achieved (control interval ca. one year). The average length of therapy varied between 12 and 21 sessions, according to the individual diagnosis.

As conflict-centred short-term therapy, we have already applied Differentiation Analysis to the following illnesses:

— Sexual disorders: female sexual fear, frigidity, hypersexuality, male impotence, ejaculation praecox, erection problems, sexual fear, compulsion to masturbate, and homosexuality felt to be pathological

— Organic-functional disorders with definite psychic etiology and organic neuroses: sleeping disturbances, cephalogies, asthma, colitis, ulcerous duodena and ventriculi, rheumatoid disorders, cardiac neuroses, prostate disease, anorexia nervosa, obesity, neurodermatitis, autonomic nervous disorders, phobias, depressions, behavioural disorders, obsessions, learning disorders, alcoholism, drug addiction, and abnormal grief reactions.

For psychoses and personality disorders, the Differentiation Analysis was carried out differently. Some promising results have already been seen in this respect. These views and results clearly show that we would greatly benefit by developing new concepts and applying the wisdom of other cultures to our therapeutic efforts. Above all, we should have the courage to take a risk and try to unlock the mysteries of the human psyche.

A king put his court to a test for an important post. Powerful and wise men stood around him in great numbers. The king said, “I have a problem and I want to see which of you can solve it.” He led the men to a huge door, bigger than anyone had ever seen. The king explained: “Here you see the biggest and heaviest door in my kingdom. Who among you can open it?” Most of the courtiers just shook their heads. Some, who were counted among the wise men, looked at the door more closely, but admitted they could not open it. When the wise men had said this, the rest of the court agreed that this problem was too hard to solve. Only one vizier went up to the door. He checked it with his eyes and fingers, tried many ways to move it, and finally pulled on it with a hefty tug, and the door opened. It had just been left ajar, not completely shut, and nothing more had been needed but the willingness to realize it and the courage to act boldly. The king spoke, “You will get the position at the court, for you do not just rely on what you see or hear; you put your own powers into action and risk a test.”

TABLE I

Traditional Interpretation		Positive Interpretation
Inability to have orgasm	Frigidity	The ability to say no with one’s body
The feeling of being downcast, mainly passive attitude	Depression	The ability to react to conflicts with deep feeling
Inhibition of achievement, lack of industry, weakness of character	Laziness	The ability to avoid special demands of achievement
The inability to get along with oneself	Fear of Loneliness	The pronounced need for relationships with others
Chronic fear of losing a partner, combined with an inability to control the situation	Jealousy	The ability to love the partner but in a possessive manner

Table II

Actual Capabilities	Patient	Husband	Spontaneous Comments
Punctuality	+++	-	My confidence is shattered every time my husband is not punctual
Cleanliness	+++	--	I loathe it when my husband comes to bed without having had a wash. At that moment I wish I could be somewhere else.
Orderliness	++	-	My husband demands that I make sure that everything is tidy. He thinks it is not necessary for him to do anything towards this.
Obedience	+	+	As a child I always had to be obedient and docile.
Politeness	++	+	I attach more importance to politeness than my husband.
Honesty/Faithfulness	-	++	We are both faithful. I cannot tell him what it is about him that upsets me.
Justice	+	+	I think it is unjust that I am the only one who should bother about tidiness.
Thrift	+	++	Sometimes I would like to buy something personal for myself. However my husband always immediately brings the unpaid bill to show me how extravagant I am.
Diligence/Performance	++	++	We are both very hard working.
Reliability	++	-	His lack of punctuality gets me worked up.
Patience	-	+	My patience is constantly being stretched beyond endurance especially when my husband plagues me with his miserliness.
Time	+	-	My husband is very busy at work at the moment.
Trust	--	++	The difficulties we have been going through recently have meant that the faith I have in my husband has received a blow.
Sexuality	---	+	It really has repulsed me recently.
Contact	+	+	We both enjoy meeting new people and making new acquaintances.
Faith/Religion	+	+	I think we agree with each other on this point.

+ Positively accentuated *- Negatively accentuated*

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