Positive Psychotherapy as Psychodynamic Therapy

Psychodynamic Approaches in the Positive Psychotherapy of *Nossrat Peseschkian Arno Remmers*

Theory and practice of Positive Psychotherapy (PPT) (*N. Peseschkian*) and of Psychodynamic Therapies (PDynTh) seem to be fruitful for each other. On one side PPT widens the understanding of a patients history and behaviour in PDynT concerning the **inner conflict**, the **interactional and relational dimensions**. On the other side PPT can use from PDynTh **lead affects** or the **drive/instinct aspect** in a person, to understand emotional reactions and affective moods. **Structural approaches versus conflict orientated therapy** differentiate the type of therapeutic communication and techniques. The **transference** dimension can be understood by means of the four areas of the **balance model** and by the **pentagram** to understand what a patient evokes in a therapist specifically for the subconscious inner themes, conflicts and emotions. Positive Psychotherapy works with **defense mechanisms** by using **positive**, **transcultural**, **narrative and language approaches**. Theory of the defense mechanisms is used from PDynTh. PPT widens the psychodynamic **object theory** with its **four model dimensions**.

PPT can cope easily with affects, structural disorders, resistance or transference in practice, and the theoretical basis is taken partly from PDynTh. PPT describes the psychodynamic function of the symptom in a **positive connotation**, similar to the view of *Mentzos* ("function of the dysfunctionality"). *Nossrat Peseschkians* contributed to psychodynamic therapies a more cultural, social, family and group orientated approach.

PPT sees in its **psychodynamic and sociodynamic conflict model** (concerning concepts, basic, actual and inner conflicts) "**Primary and Secondary Actual Capacities**" as contents of **value conflicts** and basis of individual **concepts.** Psychoanalytic terms of conflicts, like they are to find in OPD, are more development phase orientated and repeated in relational patterns. The "Actual Capacities" in PPT can be described and observed in three dimensions, that are comparable to some aspects of psychoanalytic theory, the first two described also by Peseschkian, the last implicitly used in PPT:

- 1. The own **active behaviour** in terms of secondary capacities like order, justice, achievement, and the relation to oneself in terms of primary capacities like i. e. patience, hope, time for one self. This in psychoanalytic terms would be close to the Ego-dimension.
- 2. The **reactive dimension** as expectation of secondary capacities from others, close to the psychoanalytic desire of the It, and the primary capacities (like trust, tenderness etc.) used in relations as characteristics of the object-relation.
- 3. The **motto dimension** of the secondary capacities/social norms, as one should act, as social expectations, close to the psychoanalytic understanding of Super-ego and Ego-Ideal, and the Ideal dimension of the primary capacities like an imagination of an ideal object.

 These dimensions are to find and to differentiate in the WIPPF 2.0, international version of the questionnaire of N. Peseschkian and H., Deidenbach, that had been adapted to these dimensions by

A. Remmers (1995).

Practicing PPT as a psychodynamic method means to use the terms of PDynTh to understand the developmental phase and the related affects of the inner conflict. PPT works with the patient by means of the **contents of the conflict as social values and capacities**, like described by *N. Peseschkian 1977*. In this way the **inner subconscious conflict** can be understood by the patient as a value conflict between primary and secondary capacities. The family, cultural and philosophical values in concepts can be understood as a basis for social relation and as reason for misunderstandings as well as the source of repeated **micro-conflict situations and microtrauma**. The symptom can then be understood as a capacity to react in an individually specific way.

The **microtrauma theory** of *Peseschkian* sees the repeatedly experienced microtraumatic inner conflict of incompatible social values as a reason for the development of symptoms. In psychodynamic approaches developmental traumata and in psychosomatic approaches macrotrauma genesis are more focussed. The microtrauma theory of *Peseschkian* can make treatment more concrete and practical for the patients.

Affects are in classical PPT immediately translated into **actual capacities**, that cause the emotions and affects. Here the lead affects like described in PDynTh or OPD could help to associate the actual conflict with the affection of the basic conflict of the past, to understand the inner conflict and the inadequate affective reaction on it.

PPT sees "Three Stadiums of Interaction" instead of autonomy/symbiosis dualism in psychoanalysis. Especially in children and youths therapy in work with parents this is useful to understand better the typical development steps. In interactions, as well as in the therapeutical relation, these three stadiums differentiate the understanding of subconsciously expressed patterns and are an aid for the therapists to understand the encounter, and help for patients to regulate their impulses in interactions. Before PPT was named like this (by the influence of his publisher from Fischer Verlag Köhler), Peseschkian used to call his new method "Differentiation Analysis". In the three stadiums of interaction this term is used as well as in differentiating the actual capacities in a Differentiation Analytic Scale (DAS).

Structure of personality (OPD-2) – **Four Areas of Balance as structural model:** The Balance Model of *Peseschkian* can be described as an individual frame of four basic personal capacities:

- To **perceive** oneself and the other with the body senses (structural dimension in PDynTh, OPD-2: Perception of one self and the others),
- To act and to regulate yourself with reason (structural dimension in OPD-2: Self-regulation of inner and outer impulses),
- To be in **contact** with others by means of experience and tradition in relation patterns (structural dimension in OPD-2: Emotional communication),
- To **imagine future**, **meaning**, **faith** by means of intuition an imagination (structural dimension in OPD-2: Bounding, internalisation of object experience).

The two structure models of PPT and OPD can be compared with each other to work on a focus with a patient.

Working with the Balance Model of PPT can be seen as structural work at the unique personality. The development of the individual balance modells is compared with concepts and value models of family and culture and so becomes conscious and manageable. Reactions and symptoms can be understood within the balance model and by means of model dimensions

Relation Dimensions: **Four Model Dimensions** widen the individually orientated frame of psychodynamic theory and practice. In PPT the experience of parents with each other (YOU), with others and groups (WE) and with the culture (Primary-WE) are seen as the early influence on a child besides the direct interaction between parents and child. Object related theory can be widened by this approach.

By this model influence the "Primary Capacities" are mediated. They again contain three dimensions: **The relation to oneself,** the "me" (or ego) dimension. This describes the Self aspect of how I am in relation to myself. Examples: Taking time for myself, having patience with myself, the own capacity creating contacts, own trust in yourself.

The relation to the other, the "we" dimension of primary actual capacities, how I am in relation to others. Example: Taking time with others, having patience with others, importance of contacts, trust or faith as important for me together with others

The Relation to Ideals, the "ideal" dimension of primary actual capacities, how I am in relation to the ideals of my self. Peseschkian sees this as "Primary-We"- or "Origin-We"-dimension, the capacity to be in relation with ideals of the culture, family, group and their concepts and evaluation of primary capacities. Examples: Time and its importance in general, patience as a human capacity, contact and its meaning in general as an ideal, trust in fate, faith as giving meaning in general.

Cross-cultural Dimension: Application of PPT within PDynTh allows a cross-cultural understanding and wider acceptance of psychodynamic approaches in more collective orientated cultures as well as more family and group orientated therapy in individualistic cultures.

Conclusion: In countries where PPT became a strong method for consultation and treatment there came up a need to look more at the psychodynamic backgrounds and fundaments of PPT. Views, practice and theory of PPT can also be applied within Psychodynamic Therapy. For Trainings in PPT a psychodynamic understanding is needed to work with the subconscious aspects and the personality development in a patient adapted way to have the best outcome in therapy and consultation.