

# Positive Psychotherapy

## A. Priets

### 1. The psychotherapeutic method/modality:

Positive Psychotherapy is a form of short-term psychotherapy based on an in-depth psychological approach, resulting from cross-cultural psychotherapy. The transcultural approach runs through the whole of Positive Psychotherapy. We find it a special consideration because the transcultural viewpoint also provides material for the understanding of individual conflicts. Furthermore, this aspect has an extraordinary social importance and can be of help in dealing with problems concerning foreign labourers, problems with foreign aid for development, difficulties which arise in interactions with members of other cultural systems, problems with transcultural marriages, the overcoming of prejudices, alternative models derived from other cultural background. In this connection, political themes resulting from transcultural situations can also be addressed. The main motive for Peseschkian's work is his own transcultural situation (Germany-Iran). The principles of interpersonal relationships, as well as working through internal conflicts has become the object of Positive Psychotherapy (PPT).

PPT focused on answering the following two questions: What do all people have in common, and in what ways are they different? This cross-cultural analysis resulted in Peseschkian's formulation of the so-called "Actual Capabilities" which are covered in an inventory of 19 different bipolar conflict contents (WIPPF Peseschkian & Deidenbach, 1988).

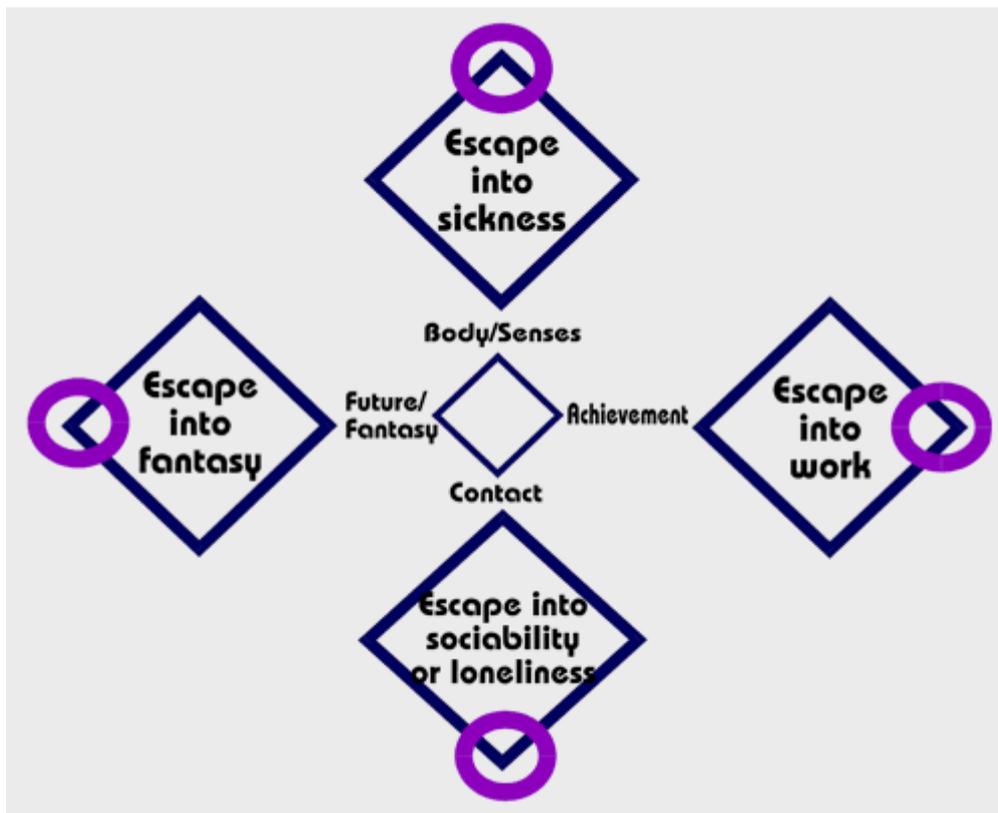
The method is based on the following principles:

1. The principle of hope: the word 'positive' in the name Positive Psychotherapy is derived from the word 'positum', i.e., from what is factual and given. Disorders and conflicts within a patient are not the only things that are factual and given. The patient also brings with him the capacity to deal with conflicts.
2. The microtrauma theory: this approach focuses on the conflict the client talks about as well as the dynamics of the conflict. It is not only the traumatic experiences of an individual which leads to pathology, but also includes the sum of everyday hassles.
3. Transcultural aspects: the transcultural frame of thought is the basis of PPT and Positive Family Therapy. This approach is applied by analyzing the person both as a group member and as an individual.
4. Uniqueness of the person: the therapy must consider the needs of the patient and be adapted to each patient's unique universal character. Positive Psychotherapy views illness as being more than a mere feature of the individual person. Illness also reflects the quality of relationships within the family and society.
5. Concepts, mythologies, oriental stories and folk wisdom are applied in specific therapeutic situations, hence including the use of intuition and imagination in the therapeutic process.
6. Positive Family Therapy is a special construct of therapeutic ideas. Although the family is the center of attention, the therapy does not restrict itself to viewing the family as the only therapeutically relevant unit. Rather, it tries to look at the family members as individuals and, in addition, considers social factors relevant for treatment.
7. The terminology of PPT was developed to be comprehensible for everyone, regardless of social class, education, etc.
8. Positive Psychotherapy offers a basic concept for treating all diseases and conflicts.
9. Metatheoretic aspect: PPT offers a comprehensive concept within which various therapeutical methods and schools can be used to supplement each other.

### THREE DIMENSIONS OF POSITIVE PSYCHOTHERAPY

1. The Positive Starting Point: Positive Psychotherapy is based on the assumptions of elementary human capabilities, as well as a positive image of man. Though starting with the so-called “basic capabilities” (the capacity to love - representing emotionality and the capacity to know - representing cognition), Positive Psychotherapy is in a good position to treat people from various social classes and to illuminate transcultural problems. Through the positive interpretations of symptoms used in PPT, the patient should be enabled to find and assess his underdeveloped basic capacities.

2. The therapeutic process with regard to contents (metacommunication): Frequently, symptom functions and conflict dynamics are focussed on in psychotherapeutic, psychological, and pedagogical literature. In addition, we critically and systematically examine the contents of education and upbringing, of inner conflicts, and of conflicts between people. Our inquiry into the content causes and conditions for disorders led to the formulation of the actual capabilities (an inventory of conflict contents), the four domains of life quality, four modes of conflict resolution, and family concepts. This process of looking at the game rules thus enables us to accomplish two things. We can identify the family’s existing potential for self-help and at the same time work through existing conflicts in the family. The “four domains of life quality” have also proven themselves as a useful tool for ordering and dealing with conflicts. These four domains are also linked to the four modes of learning and knowing. They enable us to see how man perceives himself and his environment and in what way reality is tested:



*The four qualities of life and the four ways of coping with conflicts with the respective modes of the capacity to know are: (a) body (method of the senses); (b) achievement (method of reason); (c) contact (method of tradition); (d) fantasy (method of intuition).*

3. Metatheory: The five-stage integral treatment strategy in Positive Psychotherapy is a therapeutic strategy in which psychotherapy and self-help are intertwined.

## **THE FIVE-STAGE INTEGRAL TREATMENT STRATEGY OF POSITIVE PSYCHOTHERAPY**

An additional goal of our work was to establish a conflict oriented form of psychotherapy that is as efficient and effective as possible. This resulted in a strategy divided into five stages:

- 1) *Observation/Distancing:*** The patient summarizes (if possible in a written form) his subjective view of his momentary conflicts. The therapist applies positive interpretations of symptoms, using metaphors and folk knowledge.
- 2) *Taking Inventory:*** Using the four domains of life quality, the patient is asked to elaborate on ten points which happened to him in the last five years (micro-trauma theory) and explain how he handled or solved these problems and where he learned how to do this. In this stage, the patient should move from symptom to conflict. The patient's psychosocial and spiritual point of views are also scrutinized here.
- 3) *Situational Encouragement:*** Taking a resource oriented point of view and wanting to encourage the patient to find solutions to yet unsolved problems, we ask in this stage: "Which problems have you already solved and what did you learn while solving them?"
- 4) *Verbalization:*** The goal of this stage consists of working out the patient's motivation behind the conflicts. The patient is asked: "Which conflicts are still unsolved and which four problems would you like to handle in the next eight weeks?" In addition, the conflict contents are treated and specific techniques are taught to the patient, which should help him actively solve his problems.
- 5) *Expansion of Goals:*** Wanting to give the patient a more insightful orientation into his life after he solved the problems, the patient is asked: "What would you like to do, if no more problems are left to solve? Which goals do you have for the next four years with regards to the four domains of life quality? Please name three new goals."

These "five stages" constitute a model with which different psychotherapeutic schools - even those that differ greatly- can work together.

This short review describes the most important steps in PPT. We have had experiences with this method in dealing with conflicts concerning substance abuse related disorders and other forms of dependency, marital problems, educational problems, depression, phobic disorders, sexual disturbances and psychosomatic complaints. As a rule, considerable improvement or cure could be achieved within the framework of short-term therapy.

### **2. History of the association/federation, description of the modality**

*the association/federation works for*

The International Center for Positive Psychotherapy (ICPP) is the international umbrella organization of national and regional Centers of Positive Psychotherapy, and the international association of Positive Psychotherapists around the world. Today approximately 21 national societies, and around 40 independent centers throughout the world are ICPP affiliated. The ICPP has evolved from the Deutsche Gesellschaft für Positive Psychotherapie, DGPP, Wiesbaden. DGPP is a nonprofit association, formed 1978 in Germany to promote and advance the contribution to the health sciences (psychotherapy – education – self help – family therapy and cross cultural understanding) made by Prof. Nosrat Peseschkian, M.D., Ph.D. and his collaborator. The European Federation of the Centers for Positive Psychotherapy (EFCPP) is the umbrella organization of national, regional and local centers of Positive Psychotherapy in Europe.

Since 1968, Positive Psychotherapy is applied mainly in the following areas: psychotherapy, counselling, education, prevention and management training. In Germany, the Wiesbaden Academy of Psychotherapy is licensed by the State Medical Chamber in Hessen for the postgraduate training of physicians in psychotherapy, and by the State Ministry for Health Professions for the training of psychologists. Since

1974, more than 4,000 doctors have been trained in Germany with this method, and since the late 1980s several thousand colleagues in Eastern European countries. Today, Positive Psychotherapy has been established in more than 20 countries, and introduced in more than 60 countries worldwide. Its affairs are coordinated by the International Center of Positive Psychotherapy, which has its headquarters in Wiesbaden, Germany, and has organized already two World Congress for Positive Psychotherapy – in St. Petersburg, Russia (1997) and in Wiesbaden, Germany (2000). Besides training, teaching and practical psychotherapy, a main emphasis has been transcultural research. In 1997, a quality assurance and effectiveness study was undertaken in Germany, and the results show the high effectivity of this short-term method. The study was awarded with the Richard-Merten-Prize 1997. Today there are more than 15 major books on Positive Psychotherapy, of which some have been published in more than 20 languages. About 20 Ph.D. dissertations have been prepared with topics related to this new concept.

Since 1974, the method of Positive Psychotherapy has been introduced in more than 80 countries worldwide, and in the late 1980s and early 1990s the first Centers of Positive Psychotherapy were established. The EFCPP has engaged itself specially in the establishing of psychotherapy in Eastern Europe, and today in countries such as Russia, Bulgaria and Romania, Positive Psychotherapy is one of the most well-known and well-established psychotherapeutic methods. Due to the engagement of many colleagues, it has been possible to contribute to the formulation of psychotherapeutic laws in several countries. In Russia alone are more than 20 regional centers of Positive Psychotherapy. Outside of Europe, Positive Psychotherapy is specially represented in China, India, Bolivia and South Africa. In all these countries, thousands of doctors, psychologists and teachers have been trained in hundreds of training seminars in Positive Psychotherapy.

The history of Positive Psychotherapy begins in 1968, when Dr. Nossrat Peseschkian founded this new conflict-centrated humanistic method, based on this transcultural research in more than 20 cultures. Some years later (in 1977) the Wiesbaden Training Institute for Psychotherapy and Family Therapy (WIPF) was founded which is accredited by the State Medical Chamber for the postgraduate training of medical doctors in psychotherapy. Since then more than 14,600 doctors in Germany have been trained in Positive Psychotherapy and psychotherapeutic medicine. In accordance with the new German law on psychotherapy in 1999 the Wiesbaden Academy of Psychotherapy (WIAP) was formed which has been licensed by the State Ministry for Medical Professions for the postgraduate training of psychologists as well as child and adolescent psychotherapists.

### **3. Goals and Activities of the Association / Federation**

Its main fields are training, teaching, research, and psychotherapeutic practice, and these activities are also pursued by the different member countries and centres. The EFCPP was formally established in 1997 and has been approved by the European Association of Psychotherapy (EAP) on 24. 10. 1998 as an European Wide Organization (EWO) and an European Wide Accrediting Organization (EWAO). ICPP, EFCPP and the Wiesbadener Weiterbildungskreis für Psychotherapie und Familientherapie (Wiesbaden Circle for Continuing Education for Psychotherapy and Family Therapy) are in cooperation with each other.

The main objective is to promote physical, mental, social and spiritual health of individuals, families and groups.

The main aims are:

- The promotion of the theory, method and practice of Positive Psychotherapy and its application under the transcultural and interdisciplinary point of view
- The training of graduate and postgraduate specialists
- The promotion of consciousness that “man is mine of gems of inestimable value”
- The promotion of mutual understanding and tolerance between different cultures

- The development of programs in the field of prevention and rehabilitation regarding families and its members.

#### 4. In Case of Training Requirements: The Training Plans

The ICPP is actively engaged in the training of postgraduate professionals in psychotherapy, family therapy, counselling, and in Positive and transcultural psychotherapy worldwide – at present in 15 countries.

Accrediting postgraduate programs in the past 30 years in Germany, lectures, workshops and seminars on Positive Psychotherapy around the world, along with the connective efforts of our faculty and the Centres of Positive Psychotherapy, all have had a strong influence on the unfolding and growth of training courses in Positive Psychotherapy in the recent years.

Positive Psychotherapy training programs have the goal to bring qualification standards of the European Certificate of Psychotherapy to our members.

There are three main training programs:

- Basic Training: 120 hours of training
- Master Course: 600 hours of training after the Basic training
- Trainer Certificate for Basic and Master Courses, respectively.

#### Curriculum (depends on the laws of different countries):

1. Basic Seminars: Positive Psychotherapy and Family Therapy		
Part I:	The First Interview	24 – 40 h
Part II:	Therapeutic Techniques of PPT	24 – 40 h
Part III:	Self Experience and Supervision with PPT	24 – 40 h
2. Groups for Self Experience		
	(continues between seminars)	80 h
3. Advanced Program:		
3.1	Positive Psychotherapy of psychosomatic diseases	24 – 36 h
3.2	Family Consultation and therapy	24 – 36 h
3.3	Psychodramatic techniques in Positive Psychotherapy	24 h
3.4	Positive Group Psychotherapy	
	Part I: Group Theory and Self Experience	24 h

Part II: Positive Group Moderation	24 h
3.5 Psychodynamics, Case Description and Working	
With WIPPF	24 h
3.6 Case Seminars	24 h

4. Groups for Supervisions and Intervention	80 h
Facultative Seminars:	
O Psychoanalytic techniques in Positive Psychotherapy	
O Behaviour therapy and Positive Psychotherapy in panic disorders	
O Relaxation methods in PPT	
O 6 video seminars: Integration of different psychotherapeutic methods	

5. Individual Preparation
O Five cases presentations of patients under supervision
O Self experience in first interview and in groups
O Local gatherings
O Colloquium for certification

## 5. How to Become a Member

The members of ICPP and EFCPP are structured into ordinary, extraordinary and honorary members.

### *Ordinary members:*

National and regional Centres of Positive Psychotherapy, which have signed a contract of cooperation with ICPP. Individual members of the national centres are automatically ICPP and EFCPP members. These members can be medical psychotherapists, psychological psychotherapists and child and adolescent psychotherapists.

### *Extraordinary members (no voting rights):*

Individuals or organisations which support the aims and objectives of the organisation.

## 6. Members in different Countries, in which and how many

National Associations of Positive Psychotherapy exist in Germany, Austria, Russia, Ukraine, Lithuania, Bulgaria, and Romania, others are in the process of formation.

Country	Approx. number
Austria	20 individuals, 2 Centres
Bolivia	30 individuals, 2 Centers
Bulgaria	100 individuals, 3 Centers
Czech Republic	20 individuals, 2 Centers
Chile	1 Center
China	60 individuals, 2 Centers
Germany	110 individuals, headoffice
Hungary	20 individuals, 1 Center
India	30 individuals, 1 Center
Kazakhstan	1 Center
Lithuania	30 individuals, 1 Center
Poland	10 individuals, 1 Center
Romania	100 individuals, 3 Centers
Russia	300 individuals, 18 centers
Spain	20 individuals, 2 Centers
South Africa	20 individuals, 1 Center
Switzerland	50 individuals, 1 Center
Tajikistan	1 Center
Turkey	20 individuals, 1 Center
United States	20 individuals, 2 Centers
Ukraine	150 individuals, 2 Centers

**7. If there are Trainees related please indicate where and how many**

This information has to be obtained from the national associations and centers of the respective countries.

**8. Other activities of the Association / Federation**

The association is also very engaged in Quality assurance and efficiency studies.

This was the focus of interest in the treatment of the patients during the last two decades. Wiesbadens' Inventory of Positive Psychotherapy and Family Therapy (WIPPF), is a psychological test that is used for the effectiveness study and patient treatment control. Today quality assurance touches virtually every part of Psychology, Psychotherapy and Psychosomatic Medicine. Our research started in early 1994 with an extensive program in Germany. About 402 patients were involved in the study. A group of 38 psychotherapists who work at the universities, hospitals or private practice were in charge of treatment of the patients who had different disorders. The follow up period in some cases varied up to five years after the therapy was completed. In the control group, we have people who have not been in a psychotherapeutic treatment.

An assessment of alterations of symptoms as well as changes in the way subjects experience and behave, which occurred in the period of time between the beginning and after the end of therapy has been presented. In a longitudinal study part, patients treated with PPT showed a distinct reduction of symptoms as well as an improvement with regard to the way the subjects experience and behave in comparison to the control group, where no significant changes were observed. An additional cross-sectional comparison

between the post-measures of the prospectively assessed PPT patients and retrospective assessments of PPT patients was carried out: No significant differences between the assessments made directly after finishing PPT and the assessments made within three different time spans after finishing PPT (a) 3-10 months; b) 10 months - 4 years; c) 4-5 years.) were found. This finding is viewed as an indication of the temporal stability of the therapeutic effects of PPT, which can still be detected up to five years after finishing PPT.

### **Instruments**

The test instruments in this study should meet the requirements of both quality assurance and effectiveness studies. The test instruments were also selected in accordance to the recommendations made by Professor Grawe for standardized documentation (Grawe, Caspar and Ambuhl 1990). With the help of these commonly accepted psychometric tests, data on motivation, personality, interpersonal problems, locus of control, patient assessments on the quality of the therapeutic sessions and a goal-attainment scale (measuring the extent to which goals, which had been agreed upon at the beginning of therapy, had been achieved), changes of symptoms were measured by the Symptom-Checklist (SCL-90) DEROGATIS (German translation by G. Franke). Changes in the subjects way of experiencing and behaving, occurring between the beginning and end of by the Veränderungsfragebogen des Erlebens und Verhaltens (VEV). This instrument is a standard tool in many countries, and was developed for the evaluation of therapy induced changes and it is applied only at the end of therapy. The patient is asked to summarize changes occurring over the time span of therapy with regard to his/her feeling and behaviors on the following bipolar scale 'relaxation, security and, optimism vs. tension, insecurity, and pessimism'.

### **Result**

For statistical analysis of the target variables, different comparisons (t - tests) between the prospectively assessed PPT-patients and the control group, were made before computing effect sizes (Hedges 1982). The SCL-90 showed a highly significant improvement of the symptoms ( $p = 000$ ) between pre- and post-measurement which were demonstrated for PPT patients as assessed through the Global Severity Index. In comparison, as expected, no significant differences ( $p < 05$ ) could be found for the control group. In addition, comparing the pre- & post-differences of the prospectively assessed PPT patients and the control group also showed highly significant differences ( $p = .002$ ) in favor of the PPT patients. The effect size amounted to  $e = 0.476$ .

The VEV is used to determine therapy-induced changes in the way subjects experience and behave. This highly sensitive questionnaire was used in the post-measurement of the prospectively assessed PPT patients and the control group as well as in all retrospective data gathering. A comparison between the VEV scores of PPT patients and the control group also reveal highly significant differences ( $p = 000$ ), which even reached an effect size of  $e = 1.24$ .

As expected, the results of the PPT patients showed marked improvements.

Estimating whether the improvements found immediately after therapy stay stable for a longer period of time, the post assessments of the prospectively investigated PPT patients, and the results of the 3 different retrospectively assessed PPT patient groups were compared cross-sectionally. No significant differences ( $p < 05$ ) between the immediate post and retrospective assessments could be detected – neither for the VEV ( $F = 1.179$ ) nor for the SCL-90 ( $F = 2.473$ ). This could be viewed as an indicator for the stability of the effects of therapy.

## Table Results

Group	N	VEV mean	VEV stand.dev.	SCL-90-R mean before/after therapy*	SCL-90-R stand.dev. before/after therapy*
Prospective treatment group	110	215.39	34,55	1.16 / 0.83  (-.33)**	0.69 / 0.66  (0.64)**
Retrospect. treatment  group: 3-10 months	84	215.87	33,15	/ 0.68	/ 0.56
Retrospect. treatment  group: 10 months - 4 years	91	224.24	40,03	/ 0.63	/ 0.51
Retrospect. treatment  group: 4-5 years	45	217.14	39,02	/ 0.66	/0.55
Prospective control group	71	172.90	34,15	0.88 / 0.81  (-.06)**	0.53 / 0.58  (0.40)**

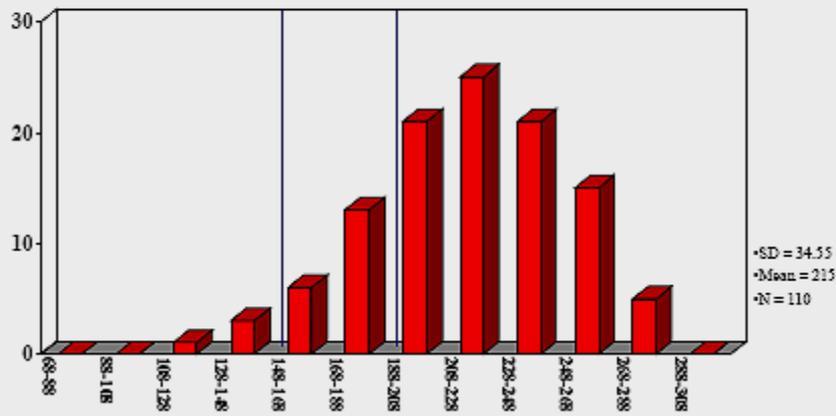
### Notes

\* respectively 1st/2nd assessment of the control group

\*\* (mean intra-individual differences between 1st and 2nd measurement)

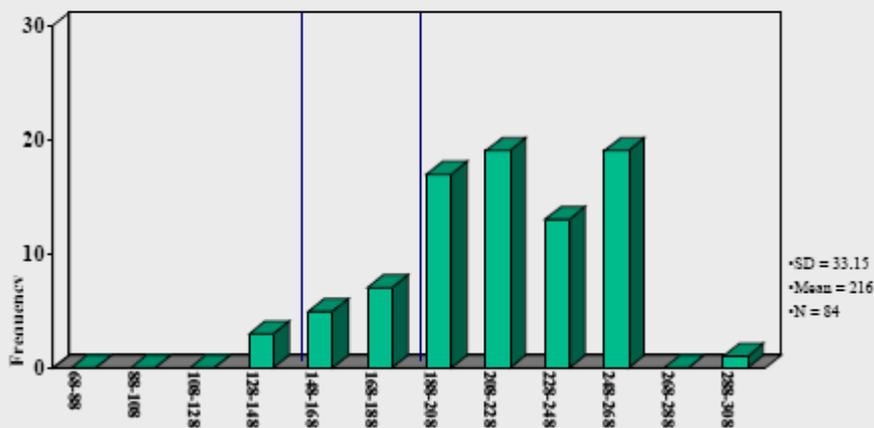
## VEV

### Patients - Postsassessment



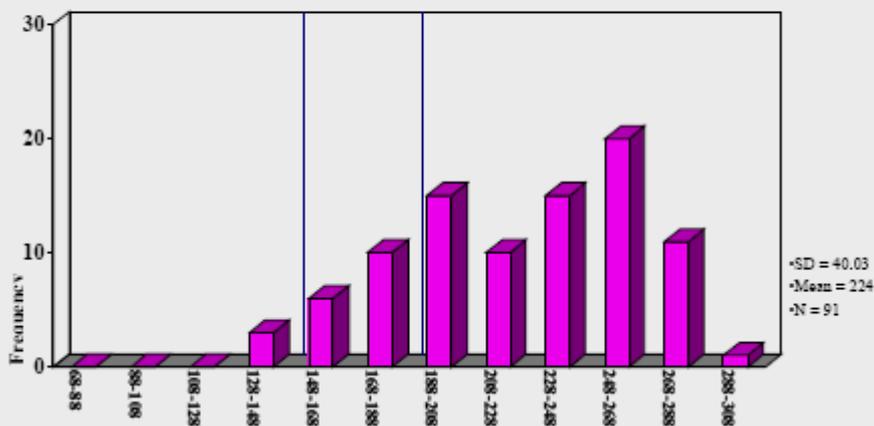
## VEV

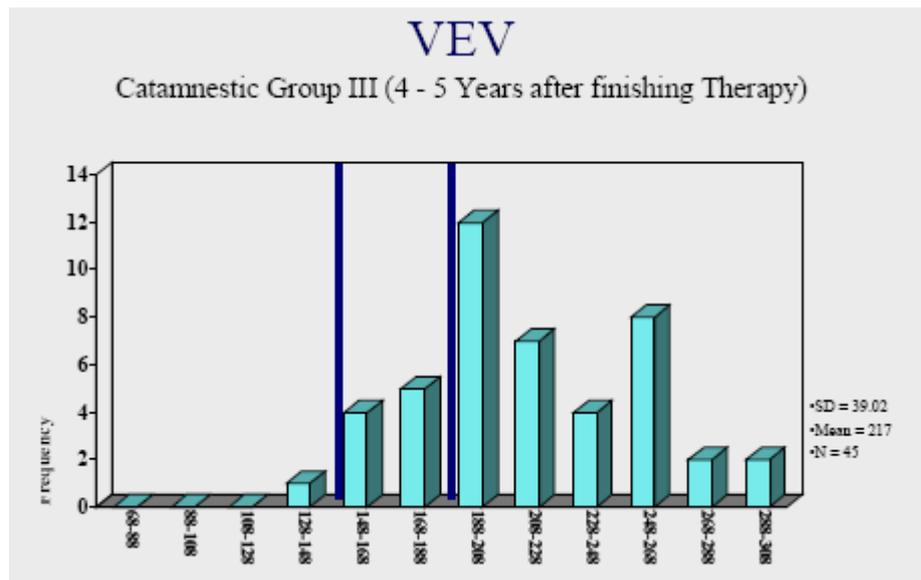
### Catamnestic Group I (3-10 Months after finishing Therapy)



## VEV

### Catamnestic Group II (10 Months - 4 Years after finishing Therapy)





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### **Transcultural Research**

has been always very important in the field of Positive Psychotherapy, as it claims to be a transcultural psychotherapeutic method. Results of these researches have been presented at numerous national and international conferences, and approximately 20 Ph. D dissertations were successfully defended on topics related to Positive Psychotherapy. Books on Positive Psychotherapy were published in many European languages and were among the first ones in Eastern Europe.

The members of the EFCPP have been the main force behind the two world conferences on Positive Psychotherapy – in St. Petersburg, Russia (1997) and Wiesbaden, Germany (2000).

The center offers a number of courses related to marriage, parenting, education of children and particularly those themes related to family therapy, handling family problems, guidance and counseling. By eliminating the boundaries of business ethics and focussing on the motivations brought about by personal ethics, Positive Psychotherapy courses have unlimited audience appeal and are a valuable management training tool.

International Training Seminars:

The ICPP is offering an annual International Training Seminar in Wiesbaden, Germany, and other training seminars all over the world.

### **Estimated Future of the Association / Federation**

A Culture of Peace

The period 2001 – 2010 has been proclaimed as the international decade for a culture of peace and non-violence for the children of the world by the United Nations.

ICPP's primary goal for this decade is to contribute to peace and security in the world by promoting collaboration among health professionals through education in psychotherapy – mental health issues, cross cultural psychotherapy, conflict resolution and communication.

The more is recognized that psychological and psychosomatic disturbances are related in terms of content to the basis capabilities and actual capacities, and therefore to psychosocially relevant norms, the more Positive Psychotherapy will enter scientific and public consciousness.

When we carry over these considerations into the whole realm of social relationships, including the interrelationships among groups, peoples, nations, and cultural groups, a bold social theory may be developed in accordance with Positive Psychotherapy, a theory which places great emphasis upon both difficulties in interaction and the human capacities as well as upon economic conditions.

Positive Psychotherapy believes that every human being is an entity of body, mind emotions and spirit, and the aim of the therapeutic Process is to help the client to develop his inborn capabilities, and to find the balance in his daily life.

Our vision for the immediate future is to strengthen the Positive Psychotherapy Centres in their training seminars and postgraduate programs.

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