Why do we fail to adapt to a different culture? A development of a therapeutic approach

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Abstract

The aim of this study is to bring more understanding to the problems that immigrants face and to develop a therapeutic approach based on Positive Psychotherapy (PP). Three groups of immigrants were formed, based on the main reasons why people migrate: work, contact and future. By the means of qualitative analysis, the problematic aspects of these groups were highlighted. The developed therapeutic approach is presented by going through the process of psychological intervention to discuss the psychodynamic of the person's problems with some of the most often used tools in PP. This includes the following therapy steps: observation, inventory, situational encouragement, verbalisation, and broadening of the goals. The results show both similarities and differences between the groups. In 75% of the cases, the duration of the therapy reached 23 sessions. In 66.7% of the cases, the symptoms disappeared completely and in the rest of the cases, they diminished dramatically.

Due to the fact that Positive Psychotherapy (PP) presents a trans-cultural framework in which different methods can work and cooperate together, the research presented in this paper can be of interest to psychotherapists, counsellors, and psychiatrists regardless of their psychotherapy training. Furthermore, some ideas on application for purposes of prevention are presented.

Keywords: positive psychotherapy, trans-cultural adaptation problems, qualitative

Warum können wir uns nicht an eine fremde Kultur anpassen? Eine Entwicklung eines therapeutischen Ansatzes Zusammenfassung

Das Ziel dieser Studie ist ein grösseres Verständnis zum Problem von Immigranten zu erreichen, sowie einen, auf der Positiven Psychotherapie (PP) basierenden, therapeutischer Zugang zu entfalten. Basierend auf den Hauptgründen, warum Leute auswandern: Arbeit, Kontakt und Zukuft, wurden die untersuchten Immigranten in drei Gruppen unterteilt. Mit den Möglichkeiten der qualitativen Analyse, wurden die problematischen Aspekte dieser drei Gruppen beleuchtet. Der entwickelte therapeutische Zugang wird präsentiert. Besprochen wird der Prozess der psychologischen Intervention, die psychodynamischen Aspekte personaler Probleme werden, unter Bezugnahme auf einige der oft gebrauchten Werkzeuge

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in PP, diskutiert. Dies beinhaltet die folgenden therapeutischen Schritte: Beobachtung, Bestandaufnahme, situative Ermutigung, Formulierungen und Zielausweitung. Die Resultate zeigen Ähnlichkeiten und Unterschiede zwischen den Gruppen. In 75% der Fälle, war die Therapiedauer 23 Sitzungen. In 66.7% der Fälle, verschwanden die Symptome komplett. In den restlichen Fällen verminderte sich diese dramatisch.

Die PP präsentiert eine transkulturelle Rahmenbedingung. Darin können verschiedene Methoden zusammen arbeiten. Diese Forschung kann für PsychotherapeutInnen, BeraterInnen und PsychiaterInnen, ohne Rücksicht auf deren psychotherapeutische Ausbildung, von Interessen sein. Im Weiteren werden einige Ideen zur Präventionsanwendung präsentiert.

Schlüsselwörter: Positive Psychotherapie, Transkulturelle Anpassungsprobleme, Qualitative Forschung.

Pourquoi nous ne réussissons pas à nous adapter à une culture différente? Développement d'une approche thérapeutique.

Résumé

Le but de cette étude est d'apporter plus de compréhension aux problèmes auxquels doivent faire face les immigrés et de développer une approche thérapeutique basée sur la Psychothérapie Positive (PP). Trois groupes d'immigrés ont été formés, groupés par les raisons principales à l'origine de l'immigration : travail, contact et futur. Par le biais d'une analyse qualitative, les aspects problématiques de ces groupes ont été soulignés. L'approche thérapeutique développée est présentée à travers le processus d'intervention psychologique en discutant le psychodynamique des problèmes de la personne avec quelques outils parmi les plus usités en PP. Ceci inclut les étapes thérapeutiques suivantes : observation, inventaire, encouragement situationnel, verbalisation, et élargissement des objectifs. Les résultats démontrent des similitudes et des différences entre les groupes. Dans 75% des cas, la durée thérapeutique a atteint 23 sessions. Dans 66,7% des cas, les symptômes ont disparus complètements, et dans les autres cas, ils ont diminué considérablement.

Du fait que la Psychothérapie Positive (PP) présente un cadre transculturel dans lequel différentes méthodes peuvent coopérer et travailler ensemble, la recherche présentée dans ce papier peut être d'intérêt pour des psychothérapeutes, conseillers, et psychiatres, peu importe leur formation psychothérapeutique. En outre, quelques idées d'une application préventive y sont également présentées.

Mots clés : psychothérapie positive, problèmes d'adaptation transculturels, qualitative.

Почему нам не удается адаптироваться к другой культуре? Развитие терапевтического подхода
Резюме

Цель данного исследования – прийти к большему пониманию проблем, с которыми сталкиваются иммигранты, и создать терапевтический подход, основанный на позитивной психотерапии (PP). Было сформировано три группы иммигрантов, исходя из причин их миграции: работа, контакты, будущее. При использовании качественного анализа была выделена основная проблематика групп. Созданный терапевтический подход был основан на процессе психологической интервенции и обсуждении психодинамики проблем. При этом чаще всего использовались техники

PP. Процесс включал в себя следующие шаги: наблюдение, опрос, ситуационную поддержку, вербализацию и расширение целей. Результаты показали как сходство, так и различия между группами. В 75% случаев продолжительность терапии достигала 23 сессий. В 66,7% случаев симптомы исчезали полностью, в остальных – существенно ослабевали.

В связи с тем, что позитивная психотерапия (PP) представляет собой транс-культурную модель, в которой можно сочетать различные методы работы, данное исследование представляет интерес для психотерапевтов, консультантов и психиатров независимо от их психотерапевтического подхода. В статье также изложены некоторые идеи по профилактике возможных проблем.

Ключевые слова: позитивная психотерапия, проблемы транс-культурной адаптации, качественный.

Introduction

We are living in exciting times. Having a partner, neighbour, classmate or colleague of different colour or ethnicity; working in one country and living in another; working for a foreign company, all these opportunities, which are, at the same time, challenges are nowadays becoming more a way of being, than an exception. As stimulating as trans-cultural relationships of different kinds (studying or working abroad, mixed marriages, foreign travel, etc.) can be, they may also at times call into question a person's personality or identity, especially when they are trying to adapt to another person's culture.

Cross-cultural adaptation has held a focus of attention for researchers, who have built models in their attempt to understand this process better. Yet, when it comes to the practice of counselling and psychotherapy, those models only have a limited application (Sobre-Denton & Hart, 2008). In particular, psychotherapy is to, a great extent, a product of the Western culture (Dwairy & Van Sickle, 1996) and "embedded within a particular mono-cultural framework" (Rawson, Whitehead, & Luthra, 1999). Almost all therapeutic approaches focus on the self (Kirmayer, 2007) and underestimate the roles of family and culture (D'Ardenne & Mahtani, 1989). Thus they tend to put an emphasis on individualism. This limitation is necessitated, within psychotherapy, to reconstruct a response to current cross-culture changes in society (McLeod, 2001). As a result of this, the focus of research that explores the provision of psychotherapy to people from different cultures has been a modification and adaptation of western psychotherapy approaches (Black, Mendenhall, & Oddou, 1991; Chang, 1998; Elligan, 1997; Hwang, 2006).

This study presents an application of positive psychotherapy, a relatively short-term approach, which is based primarily on trans-cultural research (Peseschkian, 1987). Positive Psychotherapy links the East's wisdom and intuitive thinking with the West's intellectual psychotherapeutic knowledge. It does so by concentrating on the intellect, as well as on the intuition and fantasy capacities, the emotion and sense sensitivity, and the ability to learn from the experiences of tradition. We study the application of Positive Psychotherapy (PP) only in the event of the immigrants who have sought psychotherapy. We can look upon the reason for leaving a country as indicating what the expectations of migration are. Expectations are perceived as a motivator, but also as a stress generator, especially when there is an expectation gap (Pitts, 2009). The expectations that the clients reported were translated to one of the four areas of the 'balance' model, which is an essential tool in PP for identifying conflicts and dealing with them: body, work, contact, and future. As a result, three groups were formed, those who migrate for: achievement & work reasons; contacts & partnership,

and their dreams (or fantasies) of a better future.

The aim of this study is: (1) to illuminate and bring more understanding to the problems that immigrants from the above groups face; and (2) to develop a therapeutic approach for these groups, based on PP.

Due to the fact that Positive Psychotherapy presents a trans-cultural framework in which different methods can work and cooperate together (Peseschkian, Biland, & Cope, 2010), the current research might be of interest to psychotherapists, counsellors, and psychiatrists, regardless of their psychotherapy training. Moreover, the application of PP provides the opportunity for a short-term therapy, and its application can therefore contain and benefit from most of the costs of treatment. This is especially relevant in present times, when there is a huge pressure on the resources spent on health care. Although previous research reveals that short-term therapies, in general, carry some problems, especially when working with people from different cultures (Seeley, January 2004). The longitudinal effectiveness study of Tritt (Tritt, Loew, Meyer, Werner, & Peseschkian, 1999) reveals that patients treated with PP showed a distinct reduction of symptoms and improved the way that the patients feel and behave. Furthermore, a lasting stability of the therapeutic effects of PP was demonstrated.

In this article, the construct of this study is first defined, followed by a short literature review of some previous research. Next, the research methods that were applied are outlined. The results and their discussion are then presented; finally, we draw some conclusions about the therapy and research.

Defining the constructs

Different models or modalities come with different definitions of trans-cultural adaptation. Adaptation to a new culture has been identified as the phenomenon of 'culture-shock'. The sojourner might well go through three to five stages of emotional adaptation when abroad: (1) the honeymoon stage, leading to feelings of initial euphoria; (2) culture shock, resulting from feelings of disorientation; (3) hostility towards the host culture, leading to feelings of resentment; (4) initial adaptation, leading to a sense of autonomy within the host culture; and (5) assimilation into the host culture, leading to a sense of belonging to both the host and the home culture (Adler, 1975; Furnham & Bochner, 1986). Others define trans-cultural adaptation as a commonplace process of learning, so as to live with the changed environment and differences (people, norms, standards, and customs) (Kim, 1988). Thus, trans-cultural adaptation can be seen as a dynamic interplay between stress-adaptation and growth. Additionally, trans-cultural adjustment refers to the degree of a sojourner's psychological comfort with various aspects of the host country (Black & Gregersen, 1991).

In this paper, trans-cultural adaptation is operationalized as a process of interaction (attachment, differentiation, detachment) leading to a balance between four different modes: body, contacts, achievement and future. Below, we briefly highlight the existing theories related to the topic of our research. Next, the explanation of the theoretical framework for this study is given.

Review of trans-cultural adaptation theories

The attention of the previous trans-cultural adaptation studies was mostly on the demographic characteristics (Polek, Wöhrle, & van Oudenhoven, 2010; Ward, Bochner, & Furnham, 2001). Variables, which were found related to trans-cultural adjustments include: gender (Abbott, Wong, Williams, Au, & Young, 1999; Klimidis, Stuart, Minas, & Ata, 1994), age (Olaniran,

1996), marital status (Trice, 2004), academic level (Olaniran, 1996; Schram & Lauver, 1988), language skills (Fletcher & Stren, 1989), country of origin (Abe, Talbot, & Geelhoed, 1988), previous international experience (Henderson & Shibano, 1990), and length of stay (Trice, 2004).

The models of trans-cultural adaptation that previous studies offer can be basically categorised in four broad families: the U-Curve models; the anxiety/uncertainty management models; the transition models; and the stress-adaptation-growth models. The paper of Sobre-Denton (Sobre-Denton & Hart, 2008) summarises these models comprehensively. Most of these newly developed models of intercultural treatment rely on cultural knowledge – yet, intercultural therapeutic approaches that depend exclusively on cultural knowledge pose problems (Seeley, January 2004). Scientific studies exploring psychotherapy for people from different cultures have been focused on a psychotherapeutic adaptation and modification of Western insight-oriented psychotherapy approaches (Black, et al., 1991; Chang, 1998; Elligan, 1997; Hwang, 2006). For example, psychoanalytic psychotherapy is directed to look beyond the intra-psychic (Sanville, 2000), i.e. to review the concepts as either 'normal' or 'pathological', as well as certain models about the therapy relationship, culture, and culturally-tinted concepts, such as anger (Roland, 2006). Client-cantered therapy is mostly not appreciated by clients, for whom dependence on authority is expected and personal independence is of less importance (Tseng, 1999). Further, only limited attention has been given to the cultural aspects by cognitive-behavioural therapists (Iwamasa & Smith, 1996). Research and practice are needed to investigate in which ways cognitive-behavioural principles are culturally dependant (Renfrey, 1992).

Methods

The cases for this study come from two private psychotherapy practices of two independently working professionals (both Bulgarian by origin) in the Netherlands and Bulgaria. The psychotherapy took place during 2009-2010. The psychotherapy sessions were individual and face-to-face.

The qualitative analysis was organized in the following way: First, sample characteristics were given. We went through the process of psychological intervention, separately for each group, and discussed the psychodynamic of the problems and the most often used PP tools. These include the following 5 therapeutic steps: observation, inventory, situational encouragement, verbalisation, and broadening of the goals. The psychological reasons given to come to therapy per group are depicted in the pie charts (Chart 1, below). The favoured defences, (basic and inner subconscious conflict), and the most often used transference forms, were presented per group in Table 1 (below).

Expectations in the area of achievement/work towards host country

The first group are the people whose expectations towards a foreign country are related to possible achievements (studying and/or working abroad): twenty people in our study belonged to this group (16 students and 4 working individuals). The sample was equally distributed by gender. The majority in this group were young people between the ages of 21-24; 55% are from Bulgaria, 15% from Nigeria, 10% from Turkey, and 5% from Cyprus, Macedonia, Greece, Germany and USA. In total, 90% of the sample were single, without children. All of them were either studying in a higher education institution or already had a university degree. 70% did not have previous international experience, and 75% had not

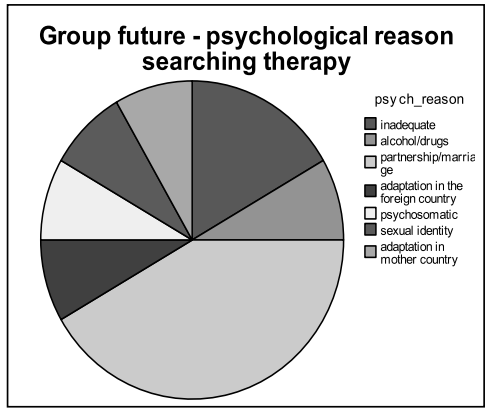
reported previous psychological problems. The command of foreign language was excellent (90%). In 59.1% of the cases, the psychotherapy was conducted in the mother tongue of the patient. The self-reported self-deficit lies in the areas: either future (65%) or contact (35%).

The patients in this group (numbers are put into brackets) described themselves as ambitious (19), capable of taking risks (18), idealistic (14), rigid (15), with a high need to prove themselves (20), inclined to future-oriented behaviour (17), and more reactive than active (17). 72% of this group had been living for 2 years in the host country before coming to therapy. 81.8% were motivated and ready to work with the therapist.

Observation/distancing

During the primary interviews, we found the following psychological information related both to their symptoms and to actual conflict. The students were often motivated by their parents to study abroad. The perception was that studying abroad brings better opportunities for self-development and, as a consequence, a better life. Working abroad is viewed as financially attractive and facilitating a better quality of life. All the patients had selected their host country themselves. They seemed to have sufficient knowledge about local politics, culture and traditions.

The presented actual conflict (AC) of this group was related to achievement, contact and future. Below, we go through them separately:



Charts 1: Psychological reasons for searching therapy per group

		Basic conflict	*Inner subconscious conflict*	*Personality structure*	*Defences*	*Trans-ference*
Groups: Expectations towards host country	Work	fantasy/future	subconsciously unbearable situation, decompensation of coping strategies	neurotic	regression, sublimation	anger, de-pendency
	Contacts	fantasy/future	conflict symbolical manifestation in the body or the psyche	borderline	splitting and passive aggression	discontent
	Future	psychic adaptation, compensation and defence mechanisms	hopelessness	neurotic	fantasy and regression	anxiety

Table 1: Psychodynamic information per group

Actual conflict (AC) related to achievement:

59% of the sample reported actual conflict in the area of achievement/work. The subjects were doing their best ambitiously to fulfil the study/work criteria. Those studying were also working in their free time. They had all graduated from their basic education and/or academic education very successfully. Thus, due to their desire to achieve top presentations, they had had a previously successful psychological experience. They lived with the concept that they could be successful in anything they wanted to.

The reason why the students with problems in this area searched for psychological help was that their understanding that, regardless of their efforts (as invested time and energy), they were not quite as successful as they were, and could have been, in their mother country. They felt tired and exhausted (78%); easily irritated and short tempered (22%); all of them had a fantasy to escape to less educational and/or work activities. 55.5% realized that, instead of studying/working, which was the purpose of their stay, they had picked up an old hobby, or sport, or developed new esthetical interests, things that they had done in the past, and used these as relaxation and as free time activities. Now, instead of doing these things "after" study/work, it had become "instead" of study/work.

Most often we used the understanding of "positum" i.e. what is factual and given in order to help the client to create some distance from his problems. Thus in this way we let the client reconnect with his capacities to deal with challenges. The presumption is that every person carries enough of their own capabilities that provide them with an opportunity to adapt to any circumstances, but it takes time. Our first therapeutic task was to clarify a picture of their adaptation process. Towards this purpose, the following trans-cultural approach – and metaphors – proved to be very helpful: e.g. 1) cutting the roots of a young plant helps it to adapt better in a new soil; 2) a chameleon can change it's colour according to its surroundings, which makes it a better hunter and survivor; 3) connecting some parts of the stabilized, old and adding new strains, makes Dutch tulips so special, so unique.

Actual conflict (AC) in Contacts area:

31% of the clients in this group had actual conflict in this area of contact, with more reactive behaviours. They easily accepted a "helping hand" and successfully developed their initial contacts, showing a lot of "politeness/courtesy", instead of their less developed capability "sincere/openness" and also being able to draw good boundaries. On the one hand,

they were easily able to adapt to new environments and social groups, but their symptoms showed the opposite: (1) depressive, closing themselves down – stopping the contacts in the foreign country and frequent calls to the mother country – 71.4%; (2) actual conflicts – 28.6%

Actual Conflicts (AC) in Body area (10%)*:*

Having in mind that the people in our sample are young, it is not surprising that they perceive their body as a "successful instrument" in resolving conflicts in the other two areas: contacts and achievement. These are physically healthy young people, who up till now haven't suffered physically and/or psychologically. As a result, they find it very difficult to accept any manifesting symptoms. For 89.1% of the people from this group, the symptoms were somatic: in their body area (i.e. depression, dizziness, breathing problems, diarrhoea, etc.).

In order to explore the idea that a symptom is part of the language of the body, and functions as a reaction to the conflict, we asked the patients the following questions: "How does the symptom affect these four areas?" "If there is a message that your body wants to pass to you, what does your body wants to tell you?" "How the symptoms affect the things you do, your work/study?" "How have your contacts changed as a consequence of these symptoms?" "How your goals have changed since you experienced these symptoms?"

Additionally, in some cases (numbers are enclosed in brackets), the symbolics of the psychological problem (10), of the symptom (2) and both (5) have been given. Some examples are: there was an intense relationship to the body; depression –> the person was capable of reacting with deep emotionality; dizziness –> s/he was able to recognize the abundance of stimulus; breathing problems –> what do you hold on to? capable to call the attention that you need; diarrhoea –> capable to substitute emotionally for real performance (Alexander, 1950).

Inventory

We have tried to understand which of the adaptation strategies, depicted in the used metaphors, is closer to the existing psychological experience of every individual. The usage of the rhombus, "body-work-contacts-fantasy/future" and the pictures, plus the inheritance from the parents and mother-country experience, to adapt to other stressful situations (the rhombus: "I - you – we – primal we") has filled the condition. In 36.4% of the cases, the *Wiesbaden Inventory* for *Positive Psychotherapy* and *Family Therapy* (WIPPF is a personality questionnaire based on the theory of PP) (Peseschkian & Deidenbach, 1988) has been used. By stimulating the patient to go back to the forgotten/suppressed good previous experience, we supported him to get to the Basic Conflict (BC). The BC was formed in the fantasy/future area: "I would like to prosper here", "I have tried everything, but I do not succeed"; "Should I stay or should I go? The first, brings me difficulties, problems and physical discomforts. But if I go back, this would mean that I haven't succeeded. Just the idea of this makes me fall apart".

The patients also experienced anger towards their own decision about changes. They reported inferior feelings – "incapable", "good for nothing". Additionally, they were envious towards those native and foreign people who did succeed. They tried to protect themselves from the envious environment. They experienced social isolation with a deep wish to pull themselves together and made helpless attempts to adapt. The people from this group frequently fix their attention on the existential question: "Why am I here? What should I do with myself?"

Situational Encouragement

The people in this group predominantly have secondary capabilities, according to the definition of N. Peseschkian (Peseschkian, 1987). They are active and effective. In their activities they are good tacticians, but bad strategists. They have difficulties to work in a team.

Based on the differentiating analytical inventory (DAI), for clarifying the relationship between the primary and secondary capabilities, we found the gained successful psychological experience in the host country. With the help of the therapeutic tools - "visualization" of the conflict and "paradoxical intention", we let the client to realize the positive sides in the conflict contents of the relationships between "time-achievement-contact".

Verbalisation/Inventory

For the bridge between their past successful experiences and the current problem, we built on the foundation of what was accepted in the client's picture of themselves; that which was the most appropriate for him/her in order to visualise the problem. We commented on their capacity to use their secondary nature and be able to estimate the risk and make long-term plans, to be strategic. Most of the patients belonged to the courteous and vacillating reaction type.

Broadening of the goals

Living in a foreign country, and in a different culture, accompanied by the desire to realize one's goals faster, often leads to difficulties with adaptation. There is some misunderstanding that adaptation to a new country means leaving behind the old, known, established behaviours, thus substituting one with the other. Nearly every time, we managed to lead patients, step by step, to see their opportunities and to set concrete goals, and thus, in this way, we supported the patients to get in touch with their deeper understanding, so that they can use their old ways of functioning in the new circumstances; and we guided them towards setting up small steps in their process of adaptation. In 77.3% of the cases, the therapy lasted for 15 sessions; in 72.7%, the symptoms disappeared completely and, in the rest of the cases, they diminished dramatically.

Expectations in the area of contact/partnership towards host country

In total, 10 people belong to this second group, whose expectations towards the host country were in the area of contact. As much as 80% of these people, were women between the age of 25 and 54. 50% were Bulgarian, and the rest were equally distributed between Russia, Germany, Egypt, USA, and Australia. In 50% of the cases, the Netherlands was the (new) host country. Most of them were highly educated; all the relationships were trans-cultural; 20% of the sample had children; 50% had previous psychological problems. They all had an excellent command of the foreign language. In 80% of the cases the psychotherapy has been conducted in the mother tongue of the patient. Self-deficit was split between future (70%) and contact (30%). The patients in this group described themselves (orally, DAI, or WIPPH) as: loving (9), sensitive (7), idealistic (8), responsible (9), having emotional reactions with ideals and concepts (9), more reactive (9), and – in their social behaviour – more fixed to concepts and ideals (9). 90% of this group have been living the host country for between 1 to 5 years, before coming to therapy. 80% were motivated and ready to work with the therapist.

Observation and distancing

Most of the people in this group (70%) met their partners before they left their mother country. Though the relationship had been the main reason to move to a foreign country, a big part of this group state that the benefits of living abroad (security, financial, prestige) played a additional role in making their decision to migrate. The presented actual conflict (AC) of this group is related to contact, body, and future. The actual conflicts in the different areas are discussed separately, below.

AC in the contact area:

60% of the clients have actual conflict in this area. People showed good social skills and well-developed secondary capacities. However, the fixation to concepts and ideals makes their behavioural repertoire appear rigid and inflexible. They are fixated to the relationship with their partner and other contacts are very limited. Thus, their partner is expected to fulfil all of their needs. As a consequence, their needs were not satisfied and they have built up frustration and felt isolated and lonely, i.e. not loved. A positive interpretation of the expressed contacts' dissatisfaction was given: their capacity to search for the best; a way to follow their emotions. Further, their capability to be devoted to their partner and relationship, and being monogamous was emphasised.

AC in the body area:

20% of the patients came to therapy searching for a solution to their frightening body sensations and alcohol abuse problems. Thus, they were searching for a solution for their symptomatic issues. These were highly emotional people, who had suppressed their emotionality. We used the positive interpretation again: they were able, when there is no other safe way to feel, to use their body as an instrument. And, for those with alcohol abuse – they were capable to find a way to protect and warm themselves.

AC in the future area:

Some patients came to therapy due to problems in adapting to their mother country (reverse cultural shock) and/or trauma: death of a dear one. Additionally, to the psychological problems, we used metaphors also for their reported symptoms. Fears had been seen as an ability to distance oneself from things which are experienced as threatening. Paranoia as the capability to concentrate on one thing. As a reaction to the spontaneous words of the clients: "Who am I? I did not feel absolutely comfortable in the host country but now neither in my mother country.", "I cannot handle his loss. I am falling apart. How can I proceed my life without him?" we often used storytelling.

Inventory

Work on stage one and the inventory took around 3 sessions. In the inventory stage, the process of differentiation takes place. Here we came close to the basic conflict – most of the people of this group have learnt that they are loved, when they are accepted as they are. Consequently, when they come across situations when their partner stands his ground and draws boundaries, they perceive this as a lack of love, and then look for justice or retribution. The work with WIPPH and/or DAI helped to bring more understanding to these in the interaction partnership models. Furthermore, to help with the adaptation to more individualistic countries, the relationship to 'I (area of senses; parents/sublings-child) and Thou (area of achievement; parents between themselves)', instead of 'We' (area of contact; parents-environment) and 'Origin we' (area of intuition; parents religion) and a trans-cultural approach has been used in 50% of the cases. Further, the work with positum helped

to see the whole, not just the missing parts but also the existing ones. We worked with the capabilities and went to the origin of the problem by means of the balance model. Love/acceptance –justice, trust capacities showed relationship.

Situational encouragement

The patients shared their psychological experience of having love and stable contacts just when they are showing strong emotional reactions. The following misunderstandings played a role in the conflict formation: love-marriage, friendship-marriage, justice, trust, development-fixation.

In the verbalization stage, we paid special attention on the capacity of the patient to verbalize and communicate. Most of the patients were of the courteous type ("He knows that it is hurtful for me, but he doesn't care"; "He is interested just in himself") and the vacillating type ("I bottled up this for years until I could not bare it anymore"; "I could not control myself any more and I became hysteric"). We verbalized the fact that their positive experience is on the basis of an adult-child relationship, where they have been in the role of the child and that a balanced view is lacking. As they want to achieve something, their partner has a right for that as well. We worked through diverse conflict situations using 'What is - what ought to be' strategies. Furthermore, we talked about the three stages of interaction and the importance of differentiation.

Broadening of the goals

In this phase, we encouraged the patients to see the other aspects of life outside of the contact area, thus the conflict-free areas, thus broadening the fixed position they had. After the patients realised the restricted way that they interpret other people's actions, we guided them towards exploring new ways to relate.

In 70% of the cases, the duration of the therapy was reaching 23 sessions. 60% of the patients reported a complete disappearance of the symptoms: the other 40% had had a decrease in their symptoms.

Expectations in the area of future/fantasy towards host country

The third group are the people (n=12) who had general idealized expectations towards the foreign country for a better life and a great future. 75% of the sample are females from the 20 to 43 age group and were made up as follows: from Bulgaria (83.3%), Austria (8.3%), and Russia (8.3%). Those who were married (58.3%), more often than not had a partner from a different nationality.

Most of the people had a university degree. 41.7% had had previous international experience. Their command in the local language was very good. None of them had reported previous psychological problems. The therapist and patient were often from the same nationality and the therapy was conducted in the mother tongue of the patient.

The self-deficit areas were split between body (33%), contact (50%) and future (17%). People of this group described themselves as: "someone you can rely on" (9), "oriented to precision and perfectionism" (10), "impatient" (7), "doubtful" (10), "with unstable confidence" (10). 83% of this group had been living for a maximum of 6 years in the host country before coming to therapy. All the patients were motivated and showed a readiness to work with the therapist.

Observation and distancing

During the first interview, and the following 3 sessions, we provided some psychological safety and created a climate of understanding and trust. The people in this group had experienced themselves as successful in their mother country. For most of them, prestige was the driving force for migration. They had no concrete expectations, but had a more general positive expectation from the host country – for better jobs, income, fulfilling relationships, opportunities, thus a better future.

Active complaints (AC) in the contact area:

The patients in this group (n=6) reported their AC as repetitive, micro-traumatic, partnership/marriage problems. The patients were showing good social skills for initiating, or establishing a contact, even though what restricted their contacts was their perception that all contacts should be perfect and they should be perfect in their interactions. Furthermore, due to the fact that most had trans-cultural marriages/relationships, their perceptions for good, perfect contacts apparently differed from those of their partners. As Peseschkian (Peseschkian, 1987) claims, we could see that the tradition/future and reason components are all interconnected. We used symbols and story-telling, which helped the patients to take a look at the situation from some distance and get another perspective.

AC in the body area:

People of this group (n=4) presented as actual conflict: alcohol abuse, sexual identity, and psychosomatic complaints (gastric neuroses). Thus, the conflict symbolically manifested in the body. We have been working with the symptom: the meaning of it for the patient, the patient's relationship with the symptom, how the loved one and surroundings react on it. Use of story telling: Identity story (Kaniok & Kaniok, 2008) and the Greeks myth of Hermaphrodite proved very helpful.

People who reported actual conflict in the area of future (2) expressed difficulty to function due to feelings of inadequacy and hopelessness (e.g. "I do not know what I should do?"; "I do not see a way out"). In 58% of the patients of this group, the self-deficit (n=7) is in the future area. Symbols and myths have been used and show that fantasy is a capacity to imagine and think creatively, but is also a way to cope with conflicts. To summarize, the actual conflicts for this group are: micro traumas and AC, which reactivated the sleeping BC.

Inventory

The patients experienced high distress due to identity disturbance, sexual identity problems, and psychosomatic complaints. We went on searching, in which areas, in what circumstances, and with whom patients experienced distress and we reviewed the learned coping skills to deal with it. In order to understand presented self-worth problems, we aimed to uncover the generalised capacity self-evaluations. We raised patients' consciousness by using the 'balance' model and WIPPH. Following this, their actual capacities showed issues about relationship: prestige, contact and sexuality.

On the stage of situational encouragement, we taught the patients relaxation techniques (Schultz's autogenic training and mindfulness exercises) which helped them better manage their distress and became more aware of the present moment. Further, we worked for resource-activation of the patient: the ability to use past successes in conflict solution.

Verbalization

In the verbalization stage, we observed the communicative capacities of the patients, their ability to express conflicts and problems in the four qualities of life. Most of them are courteous type of people. They are disappointed that their expectations are not met and withdraw, often react with psychosomatic complaints. We asked, "With whom it is most difficult to be sincere/open?" and used trans-cultural examples to develop a counter concept: being occupied by fantasies and thoughts allows people to return to the past. Stepping away from analytical thinking, the patients behaved as a child, unable to make a distinction between reality, imagination and causal relationships. We often used: storytelling, verbalization, and the 'balance' model to empower the understanding of the client's conflicts and their underdeveloped capacities.

Bearing in mind that people from this group habitually used fantasy as an escape, it has been essential repeatedly to go through the broadening of their goals. In particular, we tried to help patients to make practical decisions and concrete plans (daily, weekly, narrowing of the goals in the future area). Together with the patients we went on a trip in the past to rediscover their capacities to deal with distress by looking how they managed distressful situations in the past. We often asked: "What would you do if our plan of broadening of the goals would not work?" This led to a general improvement of quality of life and self-esteem.

Summary of the results

In 75% of the cases, the duration of the therapy was reaching 23 sessions. In 66.7% of the cases, the symptoms disappeared completely and the rest of the cases diminished dramatically. Working with all three groups periodically, we have been examining our psychotherapeutic work as an aid for self-help. This in itself helped the clients to develop further their adaptation capabilities in the following behavioural steps:

- Body – searching for common ways to take care of the body with the native people. For the patients with symptomatic, this was the first area where they observed an occurring change. During the therapy, they shared the release they experienced due to the positive interpretation of the symptom as a capability of their body to let them know that it needs better care.
- Achievement – going on with the past proven successful strategies in new circumstances; searching for "niche" to show own uniqueness and individuality and not depersonalization; searching for the similarities with the native people. The patients experienced, as a release, the idea that they have a right to be different and, in this sense, to earn the respect of the others when allowing themselves to do things in their own old ways. This created space and allowed them to show creativity and be more successful in their activities.
- Contact – my communicative capabilities – How do I give a helping hand? How do I accept a helping hand? The patients' gave satisfactory feedback about the fact that they realised what they had achieved when behaving in a certain way and, in this way, needed to keep their communication capabilities in the conscious field. For some of them, it was essential to realise that it was not the change of the country and/or partner that will solve their problems, but working on their own communication capabilities.
- Fantasy/Future – How can I contribute to the hosting country? Which are my valuable personal characteristics that make me unique? Where I can invest them most adequately? What new steps would I like to take? What would I like to achieve in the short and long term?

- The patients had been sharing that they were happy when they could integrate their own emotional and rational needs and, in order to achieve a better adaptation in the host country, was due to the fact that they got in touch with the entity and richness of their own personality.

Discussion and conclusion

The aim of this study was to bring more understanding to the problems that the three groups of migrants faced and to develop a therapeutic approach for these groups, based on PP principles. We highlighted the problematics of the groups. Further, the psychotherapy method showed disappearance (68%) and lessening (32%) of their symptoms during the conducted short-term therapy (mean=15 sessions).

The results of this paper may be interesting, not just for therapy purposes, but also for prevention. In our opinion, the presented approach is a good prevention strategy because:

- it works trans-culturally and in this way supplies a bridge for the foreigner
- it provides new understandings about what it means to be a foreigner, of the whole as assimilation of both the positive and negative
- it helps to clean up cross-cultural mis-understandings
- it works motivationally on the basis of finding and activating the person's internal reserves and those that are not being used, or are subconscious and perceived as less essential capacities.
- Further, on the following levels it might be beneficial to include a mental health professional to work preventively and support those experiencing trans-cultural adaptive problems, in order to help them to reach the feeling of 'being a foreigner means to be a magnificent nuance of a colour spectrum':
- on the municipality level: where any integration programs are most often running and information about the number of trans-cultural marriages/relationships is available;
- on company levels (with HR departments, unions or company doctors);
- on higher educational settings – e.g. in universities, colleges, etc.

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