

# 'Positive psychotherapy' according to Seligman and 'Positive Psychotherapy' according to Peseschkian: A Comparison

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## Abstract

'Positive psychotherapy' (Seligman, Rashid & Parks, 2006) is an upcoming new approach and spreading into different branches of psychiatry, psychology and psychotherapy. It evolved from Seligman's Positive Psychology interventions. Both of these terms are used fairly interchangeably in the world of 'Positive Psychology' by researchers working in the field of divisions and aspects of Clinical Psychology. The terminology of "Positive Psychotherapy" is also known in a different context as an intervention founded by Nossrat Peseschkian in 1977: thus this term designates two significantly different approaches.

In other words, it can be stated that one single term has been used for two different methods. Efforts have been made by the World Association of Positive Psychotherapy (WAPP) towards the clinical branch of Positive Psychology to convince them to use a different term for their application in psychotherapy in order to have a better differentiation, since the term Positive Psychotherapy has been used for decades by Peseschkian's approach. However, no agreement has been achieved.

Nevertheless, Positive Psychotherapy is a scientific term, not a trademark. Therefore, a better understanding of the terminology, backgrounds and specific approach features and qualities of this term could be helpful. The following article describes both approaches; differentiates between them; shows their similarities as resource-oriented approaches; and indicates their capabilities in scientific work and possible cross-approach inspirations.

**Keywords:** Positive Psychotherapy, Positive Psychology Interventions, Positive Psychology, meta-theoretical approach, trans-cultural psychotherapy

## Introduction

Positive psychotherapy (Seligman, Rashid & Parks, 2006) is a direct application of Positive psychology (Seligman, 1998) in the clinical field. It was developed and empirically validated at the University of Pennsylvania. This modality was first applied by Dr. Tayyab Rashid for depressed patients seeking treatment at the University Counselling and Psychology Services. The author of the first six-week package of six exercises was Acacia Parks (then a graduate student of Seligman, now a teacher at Hiram College). Over the past decade, the Positive Psychology Association has become one of the most extensive research networks in the world (IPPA: [www.ippanetwork.org](http://www.ippanetwork.org), 2009; Bolier *et al.*, 2013). There are many studies investigating the efficacy of Positive Psychology Interventions like: working with

personal strengths (Seligman, Steen, Park & Peterson, 2005); counting blessings (Emmons & McCullough, 2003); (Seligman, Steen, Park, Peterson, 2005); practicing kindness (Otake *et al.*, 2006); setting personal goals (Sheldon *et al.*, 2002; Green *et al.*, 2006); or expressing gratitude (Seligman *et al.*, 2005; Sheldon & Lyubomirsky, 2006).

Positive Psychotherapy (Peseschkian, 1977) is a psycho-therapeutical, meta-theoretical approach, developed in Germany in 1968 (Peseschkian, 1987). The European Association for Psychotherapy (EAP) and The World Council for Psychotherapy (WCP) has accredited this approach as an inherently and systematically integrative method. For over five decades of its development, mainly in the clinical field of psychiatry, psychosomatic medicine and psychotherapy and the global network of about 33 regional and national centres were later created. The Wiesbaden Academy for Psychotherapy and Wiesbaden Training Institute for Psychotherapy and Family Therapy has been operating since 1971, and has been accredited by the State Medical Chamber for the post-graduate training of medical doctors in psychotherapy.

Dr. Nossrat Peseschkian developed this approach as a resource-oriented, trans-cultural method in 1968, and he introduced the term into the scientific world in his book, “Positive Psychotherapy” in 1977. He has published 25 books (*viz.*: Peseschkian, 1986a; Peseschkian 1986b; Peseschkian 1986c; Peseschkian 1987; Peseschkian, 2013) and over 250 articles in this area (e.g. Peseschkian, 1988; Peseschkian, 1988; Peseschkian, 1990; Peseschkian & Tritt, 1998; Peseschkian, 2004; Peseschkian, 2012).

Many published articles have been about the efficacy of Positive Psychotherapy and the ‘tools’ that have been created and described within this approach (*viz.*: Pankow, 1997; Hardt & Andreas, 1988; Hübner, 1994; Chebotareva, 2001; Marinov, 2003; Anzoategui, 2005; Cho, 2005; Jabbarian, 2008; Cope, 2010; Marinova, 2010; Eryilmaz, 2011; Goncharov, 2012; Boncheva & Misheva, 2012; Henrichs, 2012; Naghashian, 2012; Boncheva, 2013; Huysse-Gaytandjieva & Bondcheva, 2013)

### **Description of Approaches**

The founders of Positive psychotherapy (Seligman, Rashid & Parks, 2006) were Martin E.P. Seligman, who graduated from Princeton University in 1964 and earned his Ph.D. in psychology at the University of Pennsylvania in 1967. He was an assistant professor at Cornell University in Ithaca, New York; he then became a professor of psychology at the University of Pennsylvania. His first research was about redefinition of a view on depression by psychology and psychiatry. Then, he worked on the theory of learned helplessness and learned pessimistic attitudes in depression and – finally – he was into new ideas about optimism. Since 1980, he was also the Director of the Clinical Training Program of Psychology Department at the University of Pennsylvania. During the course of 14 years in that position, he had worked on various aspects of psychology: depression, helplessness, social behaviour and depression in children.

Seligman founded the field of ‘Positive Psychology’ in 1998. Since this time, he has been furthering the study of positive emotion, positive character traits, and positive institutions. He is also the director of the Positive Psychology Center at the University of Pennsylvania. He created the Masters of Applied Positive Psychology Program in 2003.

Tayyab Rashid graduated in Psychology in the Government College at Lahore in Pakistan, then in Clinical Psychology in the Fairleigh Dickinson University in Teaneck, and in the Pre- & Post-doc training at Counselling and Psychological Services and Positive Psychology

Center at the University of Pennsylvania. Since 2011, he has worked at the University of Toronto as a psychotherapist & clinical researcher. In the clinical field, he works especially with clients with symptoms of depression, PTSD, borderline personality disorder.

Acacia Parks, Assistant Professor of Psychology at Hiram College. Her actual research focuses on the efficacy of positive interventions, and the psychological and behavioural characteristics of individuals who use them. She was the author of the first six-week package of six exercises delivered in a group therapy, as means of treating depressive symptoms in mildly to moderately depressed young adults.

**Positive Psychotherapy** was founded by Nossrat Peseschkian in 1977; he was born in July 1933 in Kaschan, Iran. He became an M.D., Ph.D., neurologist, psychiatrist, psychotherapist and a doctor of psychosomatic medicine. Coming originally from Iran, he started his studies in medicine in Germany. He focused on differences between philosophy, traditions and professional differences in Oriental and Western cultures during his professional training and practical experiences. He has been developing his approach since 1968. His first book, "*Positive Psychotherapy*" was published in 1977. This approach takes into consideration: not only a correct diagnosis; an analysis of difficulties; as well as deficits and symptom-oriented developments of fitting interventions; but also strengths and resources of the patient, the activation of personal resources, social support (including family therapy) and the fantasies of the patient. All this culminated in a structured, evidence- and theory-based approach in psychotherapeutic application and the training of psychotherapists and medical doctors for decades.

Positive Psychotherapy (as founded by Nossrat Peseschkian, since 1977) has been accredited by several medical associations and psychotherapeutic institutions. For his research, he received: the Richard Merten Price in 1997; the Ernst-von-Bergmann-Badge in 1998; the Avicenna Price (for transcultural approach); and the "Bundesverdienstkreuz" in 2006. Nossrat Peseschkian passed away on 27<sup>th</sup> April 2010, in Wiesbaden, Germany.

### **Indications and Fields of Applications**

Positive Psychotherapy (Seligman, Rashid & Parks, 2006), as a direct application of Positive Psychology, was used firstly for depressed patients. It seems to be useful in psychotherapy for PTSD, anxiety disorders and borderline personalities. Positive Psychology interventions (Kaczmarek, 2016) could help in coping with both physical and psychological negative effects of medical diagnosis and treatment in many areas of medicine (Casillas-Grau, Vives, 2014; Proyer & Seligman, 2014; Saoedi *et al.*, 2015).

Positive Psychotherapy (as founded by Nossrat Peseschkian in 1977), as a structured approach, was developed for – and approved of within the field of psychopathology, psychosomatics and psycho-education; especially anxiety disorders, depression, obsessive-compulsive disorders and all areas of psychosomatic and functional disorders (Peseschkian, 1990; Peseschkian & Tritt, 1998; Peseschkian, 2004; Cho, 2005; Nagashian, 2012).

### **Limitations / Contra-indications**

In both approaches, an application in the field of psychotic disorders needs additional professional psychiatric knowledge. The differences between both approaches could be found at the limitation of the possible level of therapeutic changes during therapy.

### **Definition of ‘Positive’**

According to Martin Seligman and his positive psychotherapy / positive psychological interventions, “positive” denotes a constructive initiative in intention or attitude, showing optimism and confidence, a good affirmative, or constructive quality or attributes. Here the word “positive” focuses on the resource side: well-being; strengths and virtues; etc. that enable individuals, communities and organizations to thrive.

**Whereas**, Positive Psychotherapy (according to the definitions of Nossrat Peseschkian) defines “positive” in an etymologic way. “Positive” from its Latin meaning comes from “*positum*” - the things set in front of you in terms of the factual thing, the ‘whole’ thing. Here, it means the combination of good and bad things, strengthening and weakening aspects, etc. Therefore, “positive” here does not focus exclusively on the resource side: the resource side just completes the picture.

Psychotherapeutic interventions keep in mind both aspects: problem solving; and also sources of strength, coping and well-being. The ‘holistic’ meaning of “positive” contains: positive in concept of men; positive in believing in undeveloped capabilities; positive in functions and meaning of the symptoms; and positive in solution-orientated processes; etc.

### **The Concept of the Human Being**

Positive psychotherapy, in terms of Seligman & Rashid, sees human beings as a capable of growing, maturing and flourishing the person, who wants to lead a meaningful and fulfilling life; to cultivate what is the best and positive in it; and to increase his/her experience of love, work and play. The concept could be well described by understanding both through the authentic happiness theory and through the well-being theory, as a combination of five elements: pleasure, engagement, relationships, meaning and accomplishments (PERMA) in a single life and on the planet.

Positive Psychotherapy, in terms of Peseschkian, sees human beings as a basically good person, which means that he/she has the capacity of being social, empathic and altruistic; he/she is able to make a good contribution to family, social surrounding and mankind. It keeps in mind the dimension of future, meaning and spirituality as substantial parts of every human being.

### **Conceptual Description of the Approach**

The first description of the client’s process in positive psychotherapy for uni-polar depression was perceived, by the authors, as a good supplement to a more traditional way of treatment (Seligman, Rashid & Parks, 2006).

Since that time, research and studies have proven the effectiveness of positive psychotherapy as one of the possible treatment approach (Meyers *et al.*, 2012; Mongrain & Anselmo-Matthews, 2012; Seligman, Steen, Park & Peterson, 2005; Seligman, Rashid, Parks, 2006; Rashid & Anjum, 2007; Vella- Brodrick, Park & Peterson, 2009; Schueller, 2010; Akhtar & Boniwell, 2010).

The therapeutic process is based on three main pillars: (1) the inherited desire of every human being to grow, to fulfil ones needs, and to be happy; (2) understanding the role of positive resources (strengths) as real as symptoms and disorders; and (3) establishing an effective therapeutic relationship through the discussion of positive aspects of client’s life.

Positive psychotherapy (Seligman & Rashid) builds or develops within the client, congenial and positive relationship with signature strengths that he/she identifies with. The

role of the therapist is to coach him/her in their way to find practical ways of using these strengths more often in every area of their lives. The next important aspect of therapeutic process is re-educating the clients' attention and memory. This can direct the clients' focus on what is good in their life and what gives them more balanced context in which they can work on their problems.

Alternatively in Peseschkian's Positive Psychotherapy (PPT), although the clients might want to discuss their problems, the goal of PPT is not to stress these. On the contrary, PPT centres on the positive aspects of the client's life, it tries to open a space within a client for positive feedback from others, it increases awareness of strengths, and it helps to discover meaning in life.

Positive Psychotherapy (founded by Peseschkian since 1977) is a humanistic psychodynamic approach based on a positive concept of human nature, which was developed by Peseschkian and his co-workers in Germany in 1968. It is an integrative method that includes humanistic, systemic, psychodynamic and CBT-elements.

Positive Psychotherapy (in the terms of Peseschkian) describes the activation of personal resources of the patient in five different stages: (i) the stage of observation/distancing (e.g. listening, perception of the whole person included a clarification of actual situation and problem constellation); (ii) the stage of taking inventory (e.g. life events, positive- and negative-coping strategies and priorities in their life-balance); (iii) the stage of situational encouragements (e.g. a close view on solution strategies, possibilities of strength and well-being, and already-solved problems); (iv) the stage of verbalization (a diligent identification, planning and going through problems to be solved); and (v) the stage of a goal expansion (e.g. open perspectives and questions that occur when problems are solved). In each stage, specific tools of resource activation and reframing are described, which are adapted to the stage of development and to the problem and symptom constellation. It can be seen that the approach is a mixture of problem- and content-focused strategies. At the same time, it is crucial to notice resource orientation of this modality.

### **Basic Elements of the Approach**

The subject of the Positive Psychology, which could be understood as an umbrella term both for positive psychotherapy (Seligman & Rashid, 2006) and Positive Psychology Interventions, is based on three main domains reflecting three aspects of life. These domains are called: "pleasant life", "engaged life" and "meaningful life".

"Pleasant life" according to Positive Psychology, could be recognized as the life increasing positive emotions and decreasing the negative ones. These basic elements of positive psychotherapy (Seligman & Rashid, 2006) are based on understanding the Positive Emotions and Traits (PET) as having the same authenticity as symptoms. "Engaged life" is reflected by the positive individual characteristics like strengths and virtues. "Strengths and Virtues" are connected with each person's values (Table 1).

Wisdom & Knowledge	Courage	Humanity	Justice	Temperance	Trascendence
Creativity	Bravery	Love	Teamwork	Forgiveness	Appreciation of Beauty and Excellence
Curiosity	Perseverance	Kidness	Fairness	Humility	Gratitude
Judgment	Honesty	Social Intelligence	Leadership	Prudence	Hope
Love of Learning	Zest			Self-Regulation	Humor
Perspective					Spirituality

**Table 1.** *Classification of Character Strengths & Virtues, Positive Psychology (Peterson & Seligman, 2004)*

“Meaningful life”, the third domain of Positive Psychology is connected with the feeling of belonging and giving service. In this understanding, “meaningful life” opens the possibilities for the best development of strengths of a human being. As a whole, these three domains are like three paths leading to happiness (Cope, 2010). According to Rashid, discussing with a client both about PET and Strengths is curative. It opens space in the therapeutic process to generate the changes, to work with a different mindset, relationships and better coping strategies. In positive psychotherapy (Seligman & Rashid, 2006), one can find applicable questionnaires (VIA, etc) to develop insights and exercises in the field of all three domains. There are many Positive Psychological Interventions that could be used in an adequate moment of the therapeutic process such as: a gratitude visit; three good things; three funny things; signature strengths; early memories, etc.

All these simple techniques can help improve people’s well-being and coping strategies or can contribute to a faster recovery from serious health problems (Peterson & Seligman, 2004; Seligman, Rashid & Parks, 2006). However, more research needs to be done for a better understanding and conceptualizing of its underlying processes and working mechanisms (Proyer *et al.*, 2014).

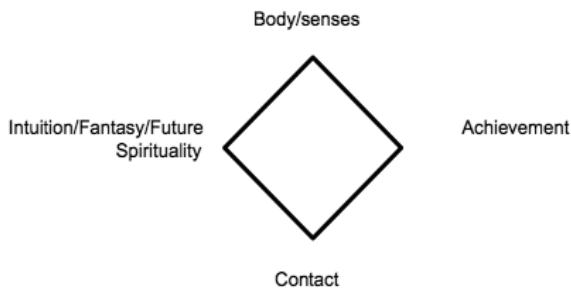
Positive Psychotherapy, (in the terms of Peseschkian), postulates three basic principles: the Principle of Hope (the positive conception of man); the Principle of Balance (conflict dynamic and conflict contents describe in preferences in life-balance and developed actual abilities); and the Principle of Consultation (five stages of therapy and self-help as described in the conceptual part).

This approach has developed several well-established psychotherapeutically procedures to give the patient a chance to discover the content of their psychical causes, leading to symptoms and suffering. During the psychotherapeutic process, “*the attention is directed to the capabilities surrounding the conflict area and tries to mobilize the existing re-integrative tendencies*” (Peseschkian, 1986) of the physical-spiritual-mental sphere of man. The whole process of treatment is written in five steps: (i) Observation and Description; (ii) Inventory; (iii) Situational Encouragement; (iv) Verbalization; and (v) Broadening of the Goal. These five stages are not a static stage model but “*dynamic and relational, depending upon the client needs, skills, level of functioning, and background*” (Cope, 2010). The conflicts, symptoms and disorders have their sources in the patient’s basic conflict and his specific conflict reaction and the way of solving conflict between politeness and openness.

Primary Capacities	Secondary Capacities
Love	Punctuality
Model	Cleanliness
Patience	Orderliness
Time	Obedience
Contact	Politeness
Sexuality	Openness
Trust	Loyalty
Confidence	Justice
Hope	Ambition/Achievement
Faith	Thrift
Doubt	Reliability
Certainty	Exactitude
Unity	Conscientiousness

**Table 2.** Primary and secondary capacities (Peseschkian 1968, 1977)

The basic conflict is described by primary and secondary capability (Table 2), and during therapy the personal meaning and development of every capability are reflected, differentiated, compiled by the patient. The basic tools that a therapist consciously invites in an adequate stage of process are: the balance model, stories, wisdoms, trans-cultural examples, the idea of capacities (basic and actual; active and passive dimensions of them), DIA, WIPPF, content of micro-traumas, macro-traumas, line of life, tree of the family, posituum, model dimension etc.



**Figure 1.** Balance Model (founded by Nossrat Peseschkian since 1977)

The Balance Model (Figure 1) accents that human life takes places and can be described in four areas: body/senses, achievement, contact, and future/fantasy. In conflicts, every person develops a preference for dealing with the problems in specific area. Stories, wisdoms and examples from other cultures in PPT (in terms of Peseschkian) are used as respectful mediators between therapist and patient, activating resources, encouragement for using fantasy in conflict resolution, and mnemonic aid for the future situations.

**Trans-cultural Approach and Worldwide Spreading and Networking**

Positive psychotherapy (Seligman, Rashid & Parks, 2006) is a very young but fast-developing approach (IPPA, [www.ippanetwork.org](http://www.ippanetwork.org); Bolier *et al.*, 2013). The main goal of founders of this approach is broadening the scope of traditional psychotherapy. There has been a good resonance in many countries and a good compatibility of this approach with different cultures

and traditions. PPT is a therapeutic movement based on knowledge and research of Positive Psychology: a well-known branch of psychology, very active on the scientific field.

Positive Psychotherapy (founded by Peseschkian) focuses on cultural differences, values and potentials, via traditions, stories, wisdom and examples given in several kinds of cultures. Hence, it addresses to the specific concepts, norms, values, behavioural patterns, motives and viewpoints that are valid in a given culture and are therefore influential for an individual's socialization.

Due to its accessibility, Positive Psychotherapy has also been applied to education and training. It is now widely spread across the world: it has been introduced in more than 70 countries and territories; institutions have been established in 26 different countries and the major books have been translated into more than 23 languages.

### III SUMMARY

#### 1. Positive approach and resource orientation

Positive psychotherapy (in terms of Seligman and Rashid), focuses consequently and exclusively on resources and positive attitudes, interventions and philosophy. Classical psychotherapeutic interventions are not in the focus of this approach or can be supplemented by other approaches if in need.

On the other hand, Positive Psychotherapy, in terms of Peseschkian, is both resource-oriented and conflict and problem-solving psychotherapy. Here, the strategies of problem- and conflict-solving follow a distinct concept where problem focusing – and problem-solving aspects of the psychotherapeutic strategy are commingled with resource and fantasy activating aspects.

#### 2. Clinical and psychotherapeutic background

Positive psychotherapy (in terms of Seligman and Rashid), is an aspect of Positive Psychology. As a consequence, the technique philosophy and strategy are taken from the set of tools of Positive Psychology, which was connected – from the beginning – with the clinical aspects of perception, attitude and behaviour. In several clinical contexts, the effects of positive interventions have been tested and proven as effective. Some clinical aspects of this approach have been developed long before the (re)invention of the term 'positive psychotherapy'. Nevertheless, positive psychotherapy is a young discipline and, as far as the authors can see, is not yet a full psychotherapeutic approach, but a set of techniques, strategies and philosophy which has the potential to enrich many conventional approaches.

Positive Psychotherapy (in terms of Peseschkian) is a fully developed psychotherapeutic approach, which has been tested and proven for decades, both in clinical and ambulant settings. It includes a psychotherapeutic process, problem- and conflict-solving strategies, and resource- and fantasy-activating techniques and strategies, which are taught to candidates in a didactically developed full psychotherapeutic training program.

Nevertheless, this inclusion in a full program might lead to smaller compatibility with other approaches than a set of psychotherapeutic techniques, which might be integrated easier than a fully developed approach.



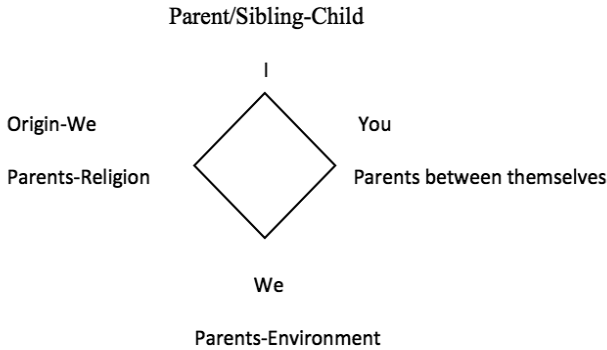


Figure 2. The four model dimensions (founded by Peseschkian 1977).

**3. Trans-cultural Flourishing**

Positive psychotherapy (in terms of Seligman and Rashid) is widespread in the world and because of its roots in intercultural wisdom and philosophy is very compatible with different cultures.

Positive Psychotherapy, in terms of Peseschkian, places the trans-cultural examination into the centre of its considerations, including the integration of different sets of popular wisdom and tales that might be unique for the specific culture. Thus, a reflection of cultural attitudes and their psychosocial meaning is a main aspect of this approach. This trans-cultural aspect has proved to be beneficial for integration of this approach into different cultures.

**4. Popularity**

Positive Psychotherapy (in terms of Seligman & Rashid) is currently a very popular approach with a very good resonance in the public press and in professional circles. It seems to have become a widespread approach extending insight and basic research in psychotherapy.

Positive Psychotherapy (in terms of Peseschkian) is an established approach in the professional world and because of the strategy of the “World Association of Positive Psychotherapy”, and it has brought psychotherapeutic training and psychotherapeutic infrastructure to countries, which have not fully developed psychotherapeutic services yet. The public resonance on this approach is mostly in professional circles and readers of Peseschkian’s publications.

**5. Publications and Research**

As the approach of Positive Psychotherapy (in terms of Seligman and Rashid), is new and has spread in many universities, a large body of research both in Positive Psychology in the clinical field and positive psychotherapy has been made.

Some of these research projects follow the effects of positive interventions on students with clinically remarkable features and have not been made in the whole field of psychological, psychosomatic and psychiatric symptoms. But since the university resonance of this approach is broad, it is only a question of time to the implementation of middle- and long-term clinical studies. Publications on concepts of this approach in several applications have been widely made and will, no doubt, extend.

Positive Psychotherap (in terms of Nossrat Peseschkian) is not as rooted in the university-based research circle as Seligman & Rashid’s approach. As a result, not as many studies on effects and outcome have been carried out on this approach, yet the studies that exist focus on whole clinical, psychopathologic psychosomatic and psychiatric case studies. One of these

studies received a quality award of a medical society. So, it is to be hoped that more university studies will apply to this specific psychotherapeutic approach.

## 6. Conclusion

The two kinds of Positive Psychotherapy as described above are separate approaches that differ in many aspects. Therefore, in a professional discussion it is important to differentiate which approach is meant while using the term “Positive Psychotherapy”.

PPT (in terms of Peseschkian) can claim – by far – the earlier right to the name (of ‘Positive Psychotherapy’) than the ‘positive psychotherapy’ (in terms of Seligman & Rashid) can currently claim the broader public resonance. Nevertheless, it is not possible to put a claim for this term, since it is a scientific term, not a trademark.

But these approaches have many similarities and parallels, as well. Peseschkian pointed out the importance of a positive view – and of positive coping strategies – concerning clinical psychological symptoms in a time where psychotherapy was yet deeply rooted in ‘deficit-centered’ concepts and interventions. Seligman and Rashid could prove that the seemingly complicated healing process of clinical psychological phenomena can be accelerated, and even revolutionized, by – at first appearances – simple techniques that focus on personal resources.

These two approaches: one approach, focusing on effective positive techniques, that can facilitate and make the complicated psychotherapeutic process more effective; and the other approach, developing a fully-elaborated approach that works even on chronic and complicated psychological symptoms, by the use of both resource-oriented and conflict-solving strategies have a lot to offer for each other, and should be closer examined, compared, combined and even mixed with each other.

A process that already has been started on different conferences and that hopefully will result in a common goal: the discovery and promotion of human potentials even in the complicated field of psychological symptoms.

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### Contributors

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### Conflict of interest

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