

Strategic Application of Human Development Applying Positive Psychology

1.1 Introduction

In this lesson, we summarize advances in the field of positive psychology and propose a complementary relationship between positive psychology and clinical psychology “as usual.” We begin with a brief history of positive psychology and its influences. We then propose a conceptual framework and review recently developed measures of well-being, strengths, engagement, and meaning. We consider explicit positive interventions aimed at preventing and treating psychopathology, and we explore the possibility that positive psychology is covertly one central component of good psychotherapy even as it is done now.

Finally, we offer a vision of the future and the criteria by which, a decade from now, the usefulness of positive psychology in clinical practice might be judged. We attempt some generalizations about the definitions, assumptions, and future of positive psychology, and we use the locution “positive psychologist” frequently. However, we emphasize that this, like all growing scientific disciplines, is a woolly field with diverse and conflicting views, and our opinions are simply our own.

1.2 Positive Psychology Defined

Positive psychology is the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development. A field concerned with well-being and optimal functioning, positive psychology may at first glance seem peripheral to mainstream clinical psychology. We believe otherwise. That is, we believe that persons who carry even the weightiest psychological burdens care about much more in their lives than just the relief of their suffering.

Troubled persons want more satisfaction, contentment, and joy, not just less sadness and worry. They want to build their strengths, not just correct their weaknesses. And, they want lives imbued with meaning and purpose. These states do not come about automatically simply when suffering is removed. Furthermore, the fostering of positive emotion and the building of character may help—both directly and indirectly—to alleviate suffering and to undo its root causes.

1.3 Psychology Since World War II

American psychology after World War II took as its main mission the assessment, understanding, and treatment of mental illness. We have made admirable progress with this mission. We now measure previously fuzzy concepts such as depression, schizophrenia, and anger with considerable precision. Empirically validated treatments exist for at least a dozen mental disorders and near cures for two others (i.e., panic disorder and blood-injection-injury phobia) (Barrett&Ollendick 2004, Hibbs & Jensen 1996, Kazdin & Weisz 2003, Nathan & Gorman 2002, Seligman 1994). Rigorous random assignment studies have shown certain psychotherapies to be as effective as, and perhaps longer-lasting than, most medications. More recently, clinical psychologists have tried to prevent mental illness, and here, too, several interventions have been validated empirically (e.g., Evans & Seligman 2004; Weissberg et al. 2003).

Over the past half century, there has been an explosion in research on the root causes of psychopathology. In particular, we have learned a great deal about the genetics of mental disorder, for example linking specific genes to the regulation of dopamine and serotonin activity (DiMaio et al. 2003, Malhotra et al. 2004, Sen et al. 2004, Turakulov et al. 2004). We have identified acute environmental stressors such as parental divorce, job loss, and the death of a spouse, as well as chronic stressors such as poverty and prejudice. More broadly, the nature-nurture debate has evolved into a far more complex and productive endeavor, involving the investigation of dozens of genes, hundreds of possible gene-gene interactions, and innumerable gene-environment co-variations and interactions that together create mental disorder.

By focusing on bad events and innate vulnerabilities, researchers and practitioners have taken a fruitful head-on approach to understanding the etiology of mental disorder. It is possible, however, that a “build-what’s-strong” approach to therapy may usefully supplement the traditional “fix-what’s-wrong” approach. Although good therapists likely both remediate deficits and build competencies in their clients, historically there has been more empirical attention and explicit training given to the former than to the latter.

Consider, for example, cognitive behavioral therapy (CBT), which teaches clients to identify and fight negative automatic thoughts. This particular fix-what’s-wrong approach has been proven scientifically to be effective: Hundreds of clinical trials and more than a dozen meta-analyses have compared CBT favorably with alternative psychotherapies, some medications, and no-treatment, wait-list, and placebo control conditions (see Butler & Beck 2000 for a review).

In contrast, very little empirical research has explored the role of positive emotions and of strengths in prevention and treatment. For instance, no published study has tested whether savoring high moments undoes ruminating over low ones. No randomly assigned experiment has quantified the therapeutic effect of identifying one's highest talents and strengths of character. There are no hard data on whether humor would be an effective adjunct treatment to CBT or whether increased gratitude exercises decrease depressive disorder. Positive psychology aims to broaden the focus of clinical psychology beyond suffering and its direct alleviation. Introduced as an initiative of Martin Seligman in 1998, then president of the American Psychological Association, positive psychology is the scientific study of strengths, well-being, and optimal functioning.

Viewing even the most distressed persons as more than the sum of damaged habits, drives, childhood conflicts, and malfunctioning brains, positive psychology asks for more serious consideration of those persons' intact faculties, ambitions, positive life experiences, and strengths of character, and how those buffer against disorder.

1.4 Distinguished Ancestors and Contemporary Cousins

Positive psychology has many distinguished ancestors and modern cousins. Since at least the time of Socrates, Plato, and Aristotle, the “good life” has been the subject of philosophical and religious inquiry. And, as the field of psychology took shape over the eighteenth and nineteenth centuries, all of the great psychological traditions—psychoanalysis, behaviorism, cognitive therapy, humanistic psychology, and existential psychology—contributed to our current understanding of the positive aspects of human experience. Consider, for example, the influence of Freud's (1933/1977) notion of the pleasure principle, Jung's (1955) ideas about personal and spiritual wholeness, Adler's (1979) conceptualization of “healthy” individual strivings as motivated by social interest, and Frankl's (1984) work on finding meaning under the most dire human circumstances.

Humanistic psychology is the field most identified with the study and promotion of positive human experience. In a special positive psychology edition of the *Journal of Humanistic Psychology*, contributors traced the roots of positive psychology to the academic humanist psychology movement (cf. Resnick et al. 2001). The grandparents of humanistic psychology—Carl Rogers, Abraham Maslow, Henry Murray, Gordon Allport, and Rollo May—all grappled with many of the same questions pursued by positive psychologists (Sheldon & Kasser 2001). What is the good life? When are individuals at their best? How can we encourage growth in

ourselves and in others? What does it mean to be authentic? How can therapists build personal responsibility? Carl Rogers's client centered therapy developed from his belief that individuals have the power to move themselves toward better functioning by discovering and expressing their authentic selves (Rogers 1961). Of central interest to Maslow (1962) was the process by which individuals could become self-actualized, a state in which they had access to the full range of their talents and strengths. These talents and strengths, which Maslow cited as characteristic of a self-actualized person, are very much the subject of current positive psychology research (Peterson & Seligman 2004). Indeed, Maslow included a chapter entitled "Toward a Positive Psychology" in his landmark *Motivation and Personality* (1954; cited in Resnik et al. 2001).

We are optimistic that contemporary humanistic psychologists will usefully adopt the methods of mainstream psychological science to test their assumptions. Challenging the assumption that humanistic theories are not compatible with rigorous science, Sheldon & Kasser (2001) showed how rigorous research on motivation (Deci & Ryan 2000, 2002; Sheldon & Elliott 1998, 1999) supports the premises of humanistic psychology. Using causal path modeling, motivation researchers (e.g., Sheldon & Elliott 1999, Sheldon & Houser-Marko 2001) demonstrated that growth occurs when individuals pursue goals that are consistent with their core values and beliefs. In these studies, growth was operationalized as increased well-being, increased adjustment, and improved ability to set and attain self-concordant goals in the future (Sheldon & Elliott 1998, 1999; Sheldon & Houser-Marko 2001).

1.5 Assumptions of Positive Psychology

Positive psychologists did not invent positive emotion or well-being or good character, nor were positive psychologists even among the first to usher in their scientific study. Rather, the contribution of positive psychology has been to champion these topics as worthy of mainstream scientific investigation, to bring them to the attention of various foundations and funding agencies, to help raise money for their study, and perhaps to provide an overarching conceptual structure.

If the positive were just the absence of the negative, we would not need a positive psychology, just a psychology of relieving negative states. Similarly, if the positive were just the obverse of the negative, we could deduce everything we needed to know about the positive merely by attaching a negation sign to what we discover about the negative.

An underlying assumption of positive psychology is that positive experiences and traits are not necessarily slave processes to some negative state or trait. Sometimes, of course, positive emotions and traits are simply the other end of some bipolar dimension (e.g., agony and relief), but often the positive is not yoked to the negative (cf. Chang et al. 1994, Watson et al. 1988). As early as 1959, Herzberg et al. (1959) showed that although low pay and poor work conditions led to job dissatisfaction, the absence of these factors did not lead to job satisfaction. Similarly, Bradburn (1969) showed in a series of longitudinal studies using cluster analysis that positive and negative affect represent stable, independent factors. We review more recent, compelling evidence that positive emotion represents an entirely separate psychological process, mediated by a separate neural substrate and serving an evolutionary function distinct from negative emotion (Frederickson 1998, 2001, 2003; Davidson et al. 2000).

Perhaps an example will help: Incivility leads to anger and vengeance. The opposite of incivility is the absence of incivility, which leads to no anger or vengeance. Civility, on the other hand, has positive consequences over and above the absence of incivility; it leads to cooperation, friendly alliances, and loyalty. We believe that many of the positive states and traits add factors that cannot be deduced from the mere absence of their negative counterparts. Most centrally, we suggest that the mere relief of suffering does not lead to well-being; it only removes one of the barriers to well-being. Well-being is a process over and above the absence of depression, anxiety, and anger.

The methodological approach of positive psychology is simple: normal descriptive science of just the sort that made clinical research scientifically respectable. Positive psychologists strive for parallel classification systems, reliable, stable, and valid methods of assessment, prospective longitudinal studies, experimental methods, and efficacy and effectiveness studies of interventions. There is one important difference: Empirically, positive psychology is about where clinical research was in the early 1970s.

For many constructs of interest to positive psychologists, assessment tools are still in development, longitudinal studies have just begun, and interventions are in pilot form. Recognizing the relative youth of the field, leaders of the Positive Psychology Network (M.E.P. Seligman, chair) have sought to create a critical mass of academic interest and funding. The purpose of these efforts is twofold: first, to accelerate progress, and second, to promote cross-fertilization of ideas. Several annual conferences are now held, including an International Positive Psychology Summit cosponsored with the Gallup Organization (now in its sixth year), a

Positive Psychology Summer Institute for assistant professors and advanced graduate and postdoctoral students (no win its fifth year), and the European Positive Psychology Summit (with its third meeting to be held in Portugal in 2006).

1.6 The Pleasant Life, the Engaged Life, & the Meaningful Life

We believe the word “happy” is scientifically unwieldy. We parse the subject matter of positive psychology into three domains; three kinds of lives exemplify each domain (Seligman 2002). We do not believe that these three kinds of happiness are either exclusive or exhaustive, but we consider them a beginning and scientifically useful. The first domain, the pleasant life, concerns positive emotion about the past, present, and future. Positive emotion about the past includes contentment, satisfaction, and serenity. Positive emotion about the present includes the somatic pleasures (i.e., immediate but momentary sensory delights) and the complex pleasures (i.e., pleasures that require learning and education). Positive emotion about the future includes optimism, hope, and faith. The pleasant life is a life that maximizes positive emotions and minimizes pain and negative emotion.

This captures what is usually intended by the class of hedonic theories of happiness. The second domain is the engaged life, which consists of using positive individual traits, including strengths of character and talents. By strengths of character, we mean qualities considered virtuous across cultures and historical eras (e.g., valor, leadership, kindness, integrity, originality, wisdom, and the capacity to love and be loved). Strengths are distinguished from talents insofar as they appear more malleable and subject to volition, and insofar as they are worthy ends in themselves and not just means to a greater end. A life led around these traits comes close to what Aristotle called “eudaimonia” or the “good life,” but because of the confusion of this concept with that of champagne and Porsches, and because the wise deployment of strengths and talents leads to more engagement, absorption, and flow, we call this life the “engaged life.”

The third domain of positive psychology is the meaningful life, which entails belonging to and serving positive institutions. Historically, sociologists, anthropologists, and political scientists have studied these, but have taken greater interest in the disabling institutions and conditions such as the “isms”—racism, sexism, and ageism. Positive psychology asks, “What are the institutions that enable the best in human nature?” An incomplete list of institutions that can cultivate positive emotion and positive traits includes mentoring, strong families and communities, democracy, and a free press. We believe that positive traits and

positive emotions flourish best in the context of positive institutions. Because meaning derives from belonging to and serving something larger than oneself, a life led in the service of positive institutions is the meaningful life.

Again, the term “happiness” has no theoretical place inside this conceptual structure, except as the name of the field (just as “cognition” names a field, but plays no theoretical role). We see each of these three lives, the Pleasant Life, the Engaged Life, and the Meaningful Life, as three different roads to happiness, each with its own respectable provenance. We turn next to assessment in the clinical setting of pleasure, engagement, and meaning, and then to relevant interventions.

1.7 Assessment

The conclusions of positive psychology research are only as valid as their measures. Recognizing this fact, positive psychology has devoted considerable energy toward the development of reliable, stable, and valid assessment. In some cases, such instruments predated the positive psychology endeavor, but, for the most part, the validation and dissemination of these measures has been accelerated by a community of positive psychologists eager to make use of them in their own areas of interest. We review below assessment strategies for positive psychology constructs of particular relevance to clinical psychology; for a more exhaustive review, see Lopez & Snyder (2004).