

04 - 4.4 Positive Psychology

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Penguin; 2010. Mohl PC, Brenner AM. Other psychodynamic schools. In: Sadock BJ, Sadock VA, Ruiz P, eds. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 9th ed. Vol. 1. Philadelphia: Lippincott Williams & Wilkins; 2009:847. Palombo J, Bendicson HK, Koch BJ. Guide to Psychoanalytic Developmental Theories. New York: Springer; 2009. Pattakos A, Covey SR. Prisoners of Our Thoughts: Viktor Frankl's Principles for Discovering Meaning in Life and Work. San Francisco: Berrett-Koehler; 2010. Paul HA. The Karen Horney clinic and the legacy of Horney. *Am J Psychoanal.* 2010;70:63. Revelle W. Personality structure and measurement: The contributions of Raymond Cattell. *Br J Psychol.* 2009; 100(S1):253. Schwartz J. The vicissitudes of Melanie Klein. Or, what is the case? *Attach New Direc Psychother Relation Psychoanal.* 2010;4(2):105. Stein M, ed. *Jungian Psychoanalysis: Working in the Spirit of Carl Jung.* Chicago: Open Court; 2010.

4.4 Positive Psychology

Positive psychology is an umbrella term describing the scientific study of what makes life most worth living. Research findings from positive psychology are intended to provide a more complete and balanced scientific understanding of the human experience. The new field of positive psychology calls for as much focus on strength as on weakness, as much interest in building the best things in life as in repairing the worst, and as much concern with making the lives of normal people fulfilling as with healing pathology. Positive psychology does not replace business-as-usual psychology, which often focuses on people's problems and how to remedy them. Rather, positive psychology intends to complement and extend a problem-focused psychology. The attention of positive psychologists is increasingly turning to deliberate interventions that promote the well-being of individuals and groups, and again, these should be regarded as supplements to existing therapies. Positive psychology studies what goes right in life, from birth to death. It is concerned with optimal experience—people being their best and doing their best. Everyone's life has peaks and valleys, and positive psychology does not deny the low points. Its signature premise is more nuanced: What is good about life is as genuine as what is bad and therefore deserves equal attention from psychologists. Positive psychology assumes that life entails more than avoiding or undoing problems and that explanations of the good life must do more than reverse accounts of distress and dysfunction.

EMPIRICAL FINDINGS

Although still a young field, positive psychology already has a canon of established findings worth considering. Indeed, positive psychology is a bottom-up field, very much defined by its empirical results. Discussed below are some of the things that have been learned about positive experiences, positive traits, positive relationships, and positive institutions. When psychologists study self-reported happiness and life satisfaction, usually under the rubric of subjective well-being, they administer numerical rating scales. The

consistent and perhaps surprising result is that most people in most circumstances most of the time score above the scale midpoint, whether they are multimillionaires in the United States or

pavement dwellers in Calcutta. This conclusion holds across demographic characteristics like age, sex, ethnicity, and education, each of which has a surprisingly small association with avowed happiness. The important correlates of happiness are social in nature. In contrast to the modest demographic correlates of happiness and well-being, consider the following robust correlates: Number of friends Being married Being extroverted Being grateful Being religious Pursuing leisure activities Employment (not income) In a study that compared happy people to very happy people, there was one striking difference: good relationships with other people. Of the very happy people in the sample, all had close relationships with others. Psychology research documents very few necessary or sufficient conditions, but these data suggest that good social relationships may be a necessary condition for extreme happiness. People who are successful in life's venues are of course happy, but the less obvious and more interesting finding from experimental and longitudinal research is that happiness actually foreshadows success in academic, vocational, and interpersonal realms. Having good relationships with other people is the most important contributor to a satisfied life and may even be a necessary condition for happiness. Having a "best friend" at work is a strong predictor of satisfaction and even productivity. A good relationship is one in which the amount of positive communication considerably outweighs the amount of negative communication. Positive psychologists have taken a close look at the features of positive communication, describing four ways in which a person can respond to someone else when something happens, including good events such as a raise at work: Active-constructive responding—an enthusiastic response: "That's great; I bet you'll receive many more raises." Active-destructive responding—a response that points out the potential downside: "Are they going to expect more of you now?" Passive-constructive responding—a muted response: "That's nice dear." Passive-destructive responding—a response that conveys disinterest: "It rained all day here."

Couples who use active-constructive responding have good marriages. The other responses, if they dominate, are associated with marital dissatisfaction. Although this research has only been done in the context of marriage, it may well generalize to other relationships. Psychology and psychiatry have a long history of either ignoring religion or regarding it with suspicion. However, research findings have begun to accumulate showing that religion has certain benefits in a variety of psychological domains. Internalized religious beliefs may help a person to cope with problems and even avoid physical illness in the first place. Religiousness is robustly associated with longevity, happiness, and other indices of the life lived well. People who are so poor that they cannot meet their basic needs of course are unhappy, but above extreme poverty, increased income has a surprisingly small relationship with life satisfaction. Despite the small contribution of income to well-being, whether or not someone is working is much more strongly related to happiness. People who are employed and engaged in what they do are happy, regardless of the status or compensation associated with their job. Happiness and engagement lead people to regard their work as a calling and to be more productive at whatever they do, take fewer sick days, and even postpone their retirement. According to Aristotle's notion of eudaimonia—being true to one's inner self (demon) —true happiness entails identifying one's virtues, cultivating them, and living in accordance with them. Contrast this notion with the equally venerable idea of hedonism —pursuing pleasure and avoiding pain—that is the foundation for utilitarianism, which in turn provides the underpinning of psychoanalysis and all but the most radical of the behaviorisms. Research shows that eudaimonia consistently trumps pleasure as a predictor of life satisfaction. Those who pursue eudaimonic goals and activities are more satisfied than those who pursue pleasure. This is not to say that hedonism is irrelevant to life satisfaction, just that all things being equal, hedonism

contributes less to longterm happiness than does eudaimonia. Although the study of positive institutions is in its infancy, there is agreement that institutions that allow people to flourish—whether families, schools, workplaces, or even entire societies—share a core of common characteristics: Purpose—a shared vision of the moral goals of the institution, one reinforced by remembrances and celebrations Safety—protection against threat, danger, and exploitation Fairness—equitable rules governing reward and punishment and the means for consistently enforcing them Humanity—mutual care and concern Dignity—the treatment of all people in the institution as individuals regardless of their position Psychologists, at least in the United States, have long believed that the human

condition can be improved by the intelligent application of what they have learned. Positive psychologists are no exception, and many have turned their attention to interventions that make people more happy, hopeful, virtuous, accomplished, and socially involved. In some cases, these applications are running in front of data that would support them, but in other cases, outcome research has been done. Even the most compelling research is not based on follow up that extends beyond a few years, and the research participants are usually motivated and willing volunteers. How well these interventions will generalize—across diverse people and over time—is therefore a research topic of high priority. **POSITIVE PSYCHOLOGY AND CLINICAL WORK** When positive psychology was first described, its stated goal was not to move people from -5 to zero—the goal of conventional psychology and psychiatry—but rather from +2 to +5, within the upper right-hand quadrant of Figure 4.4-1. This emphasis on promotion as opposed to remediation is an important feature of a positive psychology perspective, but it does not do justice to this new field and its potential role in clinical work. **FIGURE 4.4-1 Mental health and mental illness.** These are dimensions. Quadrants are shown for the purpose of illustration only. (From Sadock BJ, Sadock VA, Ruiz P, eds. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2009:2942, with permission.)

Positive Psychology's Vision of Psychological Health In its 1948 constitution, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In more recent years, this statement has been expanded to include the ability to lead a life that is socially and economically productive. This definition is an important declaration that health entails more than the absence of illness, but it is circular, inasmuch as "well-being" is a synonym for "health." Work by positive psychologists makes this definition more concrete and thus useful as a guide for research and intervention. If one can extrapolate from the sorts of topics that have been studied, positive psychology assumes that people are doing well when they experience more positive feelings than negative feelings, are satisfied with their lives as they have been lived, have identified what they do well and use these talents and strengths on an ongoing basis, are highly engaged in what they do, are contributing members of a social community, and have a sense of meaning and purpose in their lives. Physical health and safety, of course, provide an important context for psychological well-being. It is difficult to imagine a cultural group in which these components of the good life are not valued. Respect for human diversity need not entail extreme cultural relativism. Note that this fuller characterization of health reflects the WHO definition and is drawn from research in all of the domains of concern to contemporary positive psychology. The relevant research cautions that health so defined is not unitary. No one can have it all, at least at the same time, given tradeoffs among the psychological states and traits that reflect doing well. Psychological health, therefore, needs to be described with

a profile of features and not a single summary score. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-5] describes hundreds of psychological problems, however there may be just as many different manifestations of the good life. Theory of Psychopathology As a perspective on topics that deserve scientific study, positive psychology has no single theory. Like much of contemporary psychology, it instead relies on midrange theories that draw on a variety of larger perspectives, from evolutionary to behavioral to cognitive to sociocultural models, to make sense of specific phenomena. Different topics are explained with different theories. The eventual integration of psychology may be a worthy goal, but it has not yet been achieved. At this early point in the development of positive psychology, the lack of a consensual or integrated theory is not a problem. The psychological good life is not yet understood, and positive psychologists are still grappling with the right vocabulary to describe it. Accordingly, championing a single theory at the present time would be premature, even counterproductive. It has been argued that positive psychology is a descriptive endeavor, not a

prescriptive one. If this means that positive psychology should be an empirical science— informed by replicable facts—then this claim is reasonable and a defining feature of the entire field. If this means that positive psychology is assumption free or value neutral, the claim becomes much more difficult to defend. After all, positive psychologists make the value judgment that the “good” life is indeed good—that is, desirable, morally and otherwise—and the metatheoretical assumption that the good life can be studied with the conventional methods of psychology. In any event, positive psychology seems no more prescriptive than clinical psychology or psychiatry. It may even be less so, given the theoretical diversity of positive psychology as it now exists. Positive Psychology Assessment Assessment has long been a staple of psychology, and much of it has been tilted— understandably—toward identifying weaknesses, deficiencies, and problems. The positive psychology perspective is that business-as-usual assessment should be expanded (not replaced) by attention to areas of strength and competence. Low life satisfaction can occur in the absence of psychopathology, but it is nonetheless related to psychological and social problems. Conversely, high life satisfaction is linked to good functioning even in the presence of symptoms. Positive psychologists have developed an impressive set of measurement instruments that allow someone doing assessment to break through the zero point of deficiency measures. For example, the healthiest that one can score on a typical measure of depression is zero, but this lumps together people who are blasé with those who are filled with zest and joy. The distinction seems well worth making, and the self-report surveys and interviews developed by positive psychologists allow it. Most of the existing positive psychology measures were developed for research purposes, and they are most valid when aggregated to yield conclusions about groups of people. They can also be used ipsatively (i.e. forced to choose between two options), to describe the psychological characteristics of an individual and how they stay the same or change over time, but the cautious use of these descriptions is a point of discussion and a departure in treatment. None is a strong diagnostic test, and none should be treated as if it were. Such prudence is appropriate for all psychological assessment, but it is worth emphasizing in the special case of positive psychology measures. Positive Psychology Techniques Positive psychologists have demonstrated that brief interventions in the short term can increase happiness, satisfaction, and fulfillment. In some cases, there is also evidence that they can alleviate depression. For example, patients or clients can be asked to count their blessings: Every night for 1 week, set aside 10 minutes before you go to bed. Use that time to write down three things that went really well on that day and why they went well. You may use a journal or your computer to write about the events, but it is important that you have

a physical record of what you wrote. It is not enough to do this exercise in your head. The

three things you list can be relatively small in importance or relatively large in importance. Next to each positive event in your list, answer the question, "Why did this good thing happen?" They can also be asked to use their strengths in novel ways. They take the Values in Action Inventory of Strengths (VIA-IS) questionnaire online and identify their most signature strengths of character. Then they are instructed to use these strengths in their daily life: Every day for the next 7 days use one of your top five strengths in a way that you have not before. You might use your strength in a new setting or with a new person. It's your choice. Outcome research shows that a variety of psychotherapies are effective in alleviating problems and usually equally so, despite the different forms they take. One interpretation of the equal effectiveness of different therapies is that nonspecific factors common to all treatments are responsible. Perhaps the types of strategies being studied by positive psychologists reflect these common factors and give names to them. Strategies like instilling hope and building strengths may be the critical factors in the effectiveness of any therapy. Some qualifications are in order if these techniques are used in the context of treatment. First, the therapist must ascertain a client's readiness to change in the particular ways requested in the exercise as well as the client's capacity to make the change. Like any psychotherapeutic procedure, these techniques cannot be imposed on the unwilling or the unable. Second, none of these techniques is akin to a crash diet or an antibiotic. The degree to which they have lasting effects is related to how patients or clients integrate them into their regular behavioral routines. Counting blessings for a week will make a person happier for that week, but only if the person becomes habitually grateful will there be a more enduring effect. Research finds—not surprisingly—that the people who showed lasting benefits were those who continued to use the exercise. Third, these exercises are typically presented as one size fits all, but there is no reason to think that they are equally useful for all patients or clients. Nothing is known about the match of an exercise with a client's particular presenting problems or goals or with a client's age, sex, social class, or ethnicity. Fourth, little is known about the parameters of these interventions. For example, how many blessings should one count, and how frequently should this be done? With college students, counting blessings three times a week may be more effective in increasing happiness than counting them more frequently. Is this a general phenomenon or one specific to young adults attending college? Fifth, all interventions run the risk of unintended harm, and although positive psychologists would like to believe that their techniques avoid iatrogenic effects, this assertion cannot be made with thorough confidence. For example, although optimism is related to mental and physical health, it would be simplistic and potentially hazardous to tell patients or clients that positive expectations will solve all their difficulties. Along

these lines, if a positive psychology intervention overemphasizes a client's choice and responsibility, considerable damage could be done in cases of abuse and victimization, in which self-blame needs to be undone and certainly not encouraged. Interventions based on positive psychology should not preclude the use of existing therapeutic strategies when these are indicated. Positive Psychotherapies Positive psychotherapies are beginning to appear: therapeutic interventions based on the theories and findings of positive psychology. What distinguishes these emerging positive psychotherapies from conventional treatments is that their stated goal is not symptom reduction or relief but rather enhanced happiness, life satisfaction fulfillment, productivity, and the like—one or more components of positive psychology's vision of the good life. These new therapies target people with psychological problems as well as those without them. In

the latter case, positive psychotherapies make contact with life coaching. The possible field of positive psychotherapies is so broad that it needs narrowing, and somewhat arbitrarily, the focus here is on approaches characterized by an explicit therapeutic alliance between the positive psychologist and the patient or client. This feature goes by many names and has been variously defined, but its recurring themes include collaboration between therapist and client, an affective bond between them, and agreement on the goals and tasks of the intervention. Asking people to write about their goals or to perform acts of kindness, despite beneficial consequences, may or may not be instances of positive psychotherapy—what matters is the relational context of the request. Taking Stock. The unique and explicit goal of emerging positive psychotherapies is to enhance well-being and to promote the good life among those with obvious psychological problems as well as those without them. They are also similar to more established therapies. Positive psychotherapies are short-term, structured interventions for individuals or small groups. Most can be placed in the cognitive-behavioral realm, although their techniques could be integrated easily into other treatment models. Most positive psychotherapies entail out-of-sessions exercises and homework assignments, the results of which are discussed in sessions. A number of positive psychotherapies rely on journal-keeping, and many of these therapies rely on ongoing assessment. Like other cognitive-behavioral interventions, positive psychotherapies take issue with assumptions of the medical model that people in treatment are ill and that their problems are best described as discrete (present-or-absent) entities as in DSM-5. According to positive psychology, people's weaknesses and strengths exist in degrees. As emphasized, research support is still accumulating. Enough outcome studies have been conducted to conclude that positive psychotherapies are more than just promising, with effect sizes in the small to moderate range typical of psychological interventions. Not known in most cases is how positive psychotherapies fare in direct comparison with

conventional treatments for anxiety or depression. In addition, as already mentioned, the boundary conditions of effective positive psychotherapy are unknown. Many positive psychologists would like to believe that a strengths-based approach to change is superior to one that focuses on the remediation of deficiencies, but this hypothesis has yet to be put to serious test. The even-handed suspicion is that attention to both strengths and weaknesses is critical and that no useful purpose is served by regarding these as mutually exclusive therapeutic strategies. REFERENCES Aviezer H, Trope Y, Todorov A. Body cues, not facial expressions, discriminate between intense positive and negative emotions. *Science*. 2012;338:1225. Efklides A, Moraitou D, eds. *A Positive Psychology Perspective on Quality of Life*. New York: Springer Science+Business Media; 2013. Giannopoulos VL, Vella-Brodrick DA. Effects of positive interventions and orientations to happiness on subjective wellbeing. *J Positive Psychol*. 2011;6(2):95. Huffman JC, DuBois CM, Healy BC, Boehm JK, Kashdan TB, Celano CM, Denninger JW, Lyubomirsky S. Feasibility and utility of positive psychology exercises for suicidal inpatients. *Gen Hosp Psychiatry*. 2014;36:88–94. Linley PA, Joseph S, Seligman MEP, eds. *Positive Psychology in Practice*. Hoboken, NJ: Wiley; 2004. Peterson C. *A Primer in Positive Psychology*. New York: Oxford University Press; 2006. Peterson C, Park N. Positive psychology. In: Sadock BJ, Sadock VA, Ruiz P, eds. *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2009:2939. Reynolds HR. Positive behavior intervention and support: Improving school behavior and academic outcomes. *N C Med J*. 2012;73(5):359. Sheldon KM, Kashdan TB, Steger MF. *Designing Positive Psychology: Taking Stock and Moving Forward*. New York: Oxford University Press; 2011. Snyder CR, Lopez SJ. *Oxford Handbook of Positive Psychology*. 2nd ed. New York: Oxford University Press; 2009. Snyder CR, Lopez SJ, Pedrotti JT. *Positive Psychology: The Scientific and Practical Explorations of Human*

Strengths. 2nd ed. Thousand Oaks: Sage; 2010.

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