

## Positive Psychology: A Belief in Human Strengths

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Given my keen interest in the concept of resilience and my longstanding advocacy for an approach to parenting, education, and therapy practices that is based upon identifying and nurturing each person's strengths or "islands of competence," I have been drawn to a relatively new and promising area of study in psychology. It is subsumed under the label of "positive psychology" and represents a perspective of human behavior that places the spotlight on strengths and virtues rather than on weaknesses and pathology. A foremost spokesperson for positive psychology is Dr. Martin Seligman, author of *Learned Optimism*, *The Optimistic Child*, and *Authentic Happiness*.

In the past month, I purchased two books about positive psychology, *A Psychology of Human Strengths* edited by Drs. Lisa Aspinwall and Ursula Staudinger and *Handbook of Positive Psychology* edited by Drs. C.R. Snyder and Shane Lopez. As I reviewed the chapter headings and skimmed a number of chapters, I was impressed with the breadth and scope of this new field of study. For example, Snyder and Lopez's book, which contains 55 chapters, addresses such topics as subjective well-being, resilience, the concept of "flow," emotional intelligence, creativity, optimism, hope theory, wisdom, authenticity, humility, compassion, love, empathy and altruism, forgiveness, meaningfulness, humor, spirituality, and ethics.

An emphasis on these and related themes is a welcome addition to the psychological arena and one that was sorely lacking when I first trained as a clinical psychologist in the late 1960s (some would argue that in 2004, it is still lacking). At that time the field of mental health was dominated by beliefs and practices that primarily examined what was wrong with people. With few exceptions, the study of human strengths was relegated to a position far behind that of human weaknesses. Even seemingly positive emotions and behaviors such as satisfaction, caring, and altruism were often interpreted as compensations for or reaction formations against negative feelings.

I vividly remember a discussion I had in supervision as a psychology trainee about a patient who was in her 30s. She had grown up in an abusive home and was recently divorced after a brief marriage. She did not have any children. When she entered therapy she was depressed and anxious and dissatisfied with her job in sales at a department store. Although burdened by a very pessimistic attitude, during the course of treatment this woman slowly moved from a "helpless, victim's position" to assuming greater responsibility for her life and her own happiness. In one memorable session she reported that she had signed up to volunteer at a local community agency to tutor children. She noted, "It's something I've wanted to do for a while. I like kids. I think it's something I will enjoy doing."

Although at that point of my career I knew little, if anything, about the components of resilience (it was not a concept addressed in my coursework or clinical training), I intuitively sensed that this woman's decision to tutor children represented a healthy step in her life. However, when I reported this to my supervisor, he dismissed the positive aspects of her actions with the comment, "She is probably compensating for her own feelings of deprivation as a child by trying to help children now."

I was somewhat taken aback by his remark. With some reservation, I accepted his assessment of her behavior (I must admit that as a beginning psychologist I assumed that supervisors were always correct; years later when I became a supervisor, I realized the fallibility of this assumption). However, I did ask with some hesitation, "How does one know whether positive behavior is compensating for negative feelings or is simply positive behavior?"

My supervisor answered honestly, "Sometimes we don't know, but given this woman's history of pessimism and helplessness, it's likely that what seems to be a positive step such as tutoring children is an attempt to compensate for her own feelings of neediness."

I pursued the topic by asking, "Even if a positive activity like tutoring children is prompted by feelings of neediness and inadequacy, isn't there some benefit to her if she helps others?"

"Yes, but the danger is that it is a fragile benefit. Doing tutoring might help her temporarily, but at some point she will become dissatisfied since

the tutoring will not satisfy her neediness. If anything, it may keep her from confronting and dealing with her negative feelings."

I felt confused. "Should I spend time talking with her about her tutoring? Should I encourage it?"

"There's nothing wrong with doing that as long as you keep the focus on what the tutoring probably represents, an attempt to fill her own unmet needs."

I recognize that this dialogue with my supervisor may come across as "psychobabble." A reader might rightfully and cynically conclude, "Even if a person engages in healthy behavior, it is promptly understood in terms of pathology. You just can't win with these therapists." I cannot really argue with such a conclusion. However, it is important to remember that my supervisor's observations were a reflection of the times. Fortunately, the last decade has seen an emerging awareness and appreciation of the importance of human strengths as the foundation of our lives. Positive emotions such as joy, contentment, love, and happiness, behaviors such as forgiveness, compassion, caring, and humor, and outlooks permeated by optimism and hope are increasingly accepted as primary forces and not as compensations for negative feelings and beliefs.

My own quest to define and apply the concept of resilience, a quest that began about 25 years ago, fits very comfortably with positive psychology. The writings I have done with my close friend Dr. Sam Goldstein embrace many of the themes of this new field. Given the profound impact that positive psychology can have on our lives, I plan to address different topics housed within this field of psychology in future articles. In the remainder of this article, I would like to highlight one such theme, a theme I have discussed in previous writings that is relevant to the patient I mentioned earlier, namely, the salutary power of giving to others.

Although my supervisor interpreted this patient's desire to tutor children in a negative context and questioned whether her tutoring would have any longstanding benefits, I have come to realize that such acts of kindness and caring are best understood as rooted in positive emotions and beliefs. Seligman argues, "There is not a shred of evidence that strength and virtue are derived from negative motivation. . . . Authentic

happiness comes from identifying and cultivating your most fundamental strengths and using them every day in work, love, play, and parenting."

I believe that the act of giving enhances our emotional and physical well-being and is not a mask for our weaknesses. Research supports this belief. For instance, the benefit of giving to others was highlighted in a study undertaken by Dr. Stephanie Brown and her colleagues at the Institute for Social Research at the University of Michigan. Brown followed 423 older couples over a five-year period as part of a larger community-based project examining the changing lives of older couples. As noted in the American Psychological Association's publication *Monitor*, Brown found that people who reported giving no support to others were more than twice as likely to die during the five years of the study as those who helped spouses, friends, relatives, or neighbors. The support provided to friends, family, and neighbors included transportation, errands, housework, and child care, while that given to spouses included being available to talk or demonstrating love.

One might wonder if these somewhat astounding findings represent the ability of healthier individuals to assist others rather than helping behaviors contributing to longevity. However, the results were supported even after the researchers controlled for such factors as "functional health, health behaviors, mental health, age, income, and education level." The act of giving "significantly predicted a reduced risk of mortality."

Brown's study as well as related research was reported in an article in the *Boston Globe* written by Carey Goldberg. Behavioral scientist Carolyn Schwartz studying 2,000 individuals found that "improved mental health seemed to be more closely linked to giving help than to receiving it." Schwartz hypothesized, "What happens, it seems, is when you open your heart to other people to listen and care about them, it changes the way you look at the world and you're happier."

The *Boston Globe* article noted that a biological mechanism may be involved in the link between the act of giving and enhanced mental health. Dr. Esther Sternberg, author of *The Balance Within: The Science Connecting Health and Emotions*, stated, "If there is going to be a mechanism for this, it's going to be through biological pathways that connect the immune system. It could be the stress response is reduced or could be other beneficial pathways that are enhanced. One beneficial

pathway that may be activated releases feel-good hormones called endorphins. If endorphins are activated, that could help explain what many describe as a 'helper's high.'" Dr. Stephen Post, a bioethics professor at Case Western Reserve University, commenting on the implications of these research findings observed, "Imagine a psychiatrist or cardiologist recommending that a patient cultivate kindness and helping activities." An intriguing idea that is compatible with the tenets of positive psychology.

And what of my patient from many years ago? To this day, I cannot say with certainty if her desire to tutor children was primarily rooted in a feeling of neediness and, quite honestly, I am not certain if it matters. What does matter is that she enthusiastically embraced her tutoring and it provided her satisfaction and accomplishment. She eventually returned to college to complete a degree in education and embark on a teaching career. Optimism and achievement replaced pessimism and helplessness.

What I learned from this woman and many other individuals whom I have been fortunate to meet during my career is that when we engage in positive behaviors such as helping others, demonstrating compassion and caring, and displaying playfulness and humor, we not only benefit these others, but ourselves as well. I am not suggesting that this is an easy task, but whatever effort is involved seems far better than the alternative of leading lives characterized by negativity and hopelessness.

We can spend countless hours analyzing what prompts someone to contribute to the betterment of others, but perhaps it is wiser to spend most of these hours encouraging and implementing such behavior in ourselves and others and then observing the positive impact that ensues. Hopefully, at some point the field of positive psychology will achieve the level of prominence it deserves so that health care professionals will regularly offer a recommendation such as "a patient cultivate kindness and helping activities." I am reminded of what Snyder and Lopez wrote in the preface of their book: "No science, including psychology, looks seriously at this positive side of people. It is this latter troubling void that positive psychology addresses."

We must never minimize or deny the presence of obstacles, problems, and negative situations, but at the same time we must never lose sight of the strengths and virtues that reside within each person. If we do, we

invite pessimism rather than optimism and we limit our capacity for hope and resilience. The void that positive psychology fills must never be underestimated.

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