

**Being Optimistic while Considering the Possibility of Failure:
Are They Mutually Exclusive Beliefs?**

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During the first several years of my career I became increasingly disillusioned by what I considered to be an almost exclusive focus on listing symptoms and providing psychiatric diagnoses as the ways in which to describe my patients. A so-called “deficit model” dominated the mental health landscape with far-too-little energy directed towards identifying the positive attributes and strengths of an individual. It wasn’t that I believed that clinicians should ignore or minimize the problems faced by their child or adult patients. Rather, I saw the need to pay equal attention to identifying and reinforcing each patient’s strengths or “islands of competence.”

In the late 1970s I incorporated the concept of “self-esteem” as a key principle in the strength-based approach I was developing. Many of my writings and lectures, especially those that pertained to working with or raising children, highlighted this concept. For example, one of my most requested presentations was titled “Reinforcing Self-Esteem in Children: The Search for Islands of Competence.” One of my first books, which examined the school environment, was *The Self-Esteem Teacher*. I advanced the belief that the self-esteem of children was rooted in great part in the quality of their relationships with significant adults in their lives. I emphasized that the reinforcement of self-esteem was associated with the emergence of such attributes as empathy, caring, responsibility, self-discipline, and the capacity to manage effectively both the successes and setbacks we experience.

A Different View of Self-Esteem

As I continued to highlight the importance of self-esteem in our daily lives, I learned that some people held a very different interpretation of the meaning of self-esteem and how it should be reinforced in children than I did. Their perspective, which could be traced to what I considered to be a misinterpretation of the so-called “self-esteem movement,” contributed to actions on the part of caregivers that actually served as a barrier to a child developing the qualities associated with self-esteem that I advocated.

Many parents and other caregivers began to subscribe to a view that tied the development of self-esteem to a protect-your-child-at-all-costs mentality—a mentality that unintentionally was predicated on the belief that children are more fragile than we realize, that they are not capable of managing challenges, setbacks, and failures. This belief found expression as caregivers expended notable time and energy to protect children from experiencing negative situations that as one mother told me “might damage my child’s self-esteem for life.”

To keep children from being “damaged,” parents created shields to protect a child’s self-esteem, shields that assumed different forms but had one thing in common—they were counterproductive. For example, all children on a team were awarded trophies whether deserved or not; parents requested teachers to give their child or adolescent a higher grade even if undeserved; each child’s accomplishments were elevated to superstar status; the establishment of limits and having children experience fair and justified consequences for their behaviors took a back seat in some homes to not wanting to hurt their child’s psyche.

In attempting to boost a child’s self-esteem, many caring adults engaged in behaviors that in actuality diminished the child’s sense of dignity and competence and rendered it more difficult for the child to develop such crucial attributes as responsibility, accountability, and self-discipline. False praise, false grades, and other falsehoods communicated the message to children that they were not capable of handling challenges and setbacks on their own, that they lacked such resources as advocacy and problem-solving skills. However, the question that was often forgotten was how were children to learn these skills in the absence of having any experience in dealing with negative outcomes?

Not surprisingly, a backlash ensued against what were interpreted to be the goals of the self-esteem movement. Reinforcing a child’s self-esteem was soon perceived as the root of all that was wrong with child rearing. Even in the face of this criticism, I continued for a time to focus my writings and presentations on ways in which to reinforce self-esteem, but it became more apparent that others interpreted efforts to protect a child’s self-esteem as contributing to the emergence of narcissistic, undisciplined,

ungrateful children who lacked the ability to negotiate the typical demands of childhood and adolescence.

In my presentations about “self-esteem” I felt increasingly obligated to spend the first 5-10 minutes acknowledging the negative views that existed about this concept. I informed the audience in advance that they would learn that my philosophy embraced a view of self-esteem that encouraged children to become more caring, responsible, self-disciplined, and resilient. I expressed the importance of allowing children to confront challenges as long as adults provided support when indicated—support that enriched rather than diminished a child’s emotional growth.

A Shift from Self-Esteem to Resilience

Although I have continued to advocate for a strength-based approach, I stopped emphasizing the concept of self-esteem years ago. There were several reasons for my decision. What might seem the most obvious was that I grew tired of explaining in my writings and lectures that my use of the concept differed from the ways in which many critics perceived it. A second and more important catalyst for the change was my increasing interest in the concept of resilience. I began to understand self-esteem as one component of resilience, as one feature of a “resilient mindset,” a concept that my colleague Sam Goldstein and I were to elaborate upon even further in our collaboration.

In placing the spotlight on resilience I expressed the belief that an essential feature of this concept is the ability to bounce back from adversity. I cautioned that being resilient should not be interpreted to imply that we will not experience mistakes and setbacks. Rather, resilient individuals when confronted with setbacks and failure display a positive mindset with accompanying skills to manage, learn, and grow from these negative situations.

As I shifted my emphasis to the concept of resilience and began to apply the tenets of this concept to my clinical interventions and consultations, I discovered that I often neglected to introduce another crucial step in the process of helping others to change the “negative scripts” that pervaded their lives. I did not prepare them to consider the possible obstacles they might encounter as they attempted to change negative scripts into more positive, constructive behaviors. Strategies I helped to create with parents and teachers to use with their children and students, or with my adult patients to apply to

different features of their lives, or with managers/leaders to incorporate in their interactions with staff, often appeared as if they would have successful results; however, at times, the assumed success was not realized in the so-called “real world.” When hopes and dreams are dashed, they are often replaced by self-doubt, pessimism, accusations, and anger.

I witnessed many examples of how quickly hope could dissolve into despair and anger in the face of failure. Parents or teachers commented on how they had “gone out of their way” to change their approach with their child or student, but when things did not work out as expected they expressed anger, believing that the child was not willing to assume responsibility for modifying his or her behavior. One teacher opined, “Against my better judgment I was willing to lessen some class requirements for this student and it still didn’t help. He just doesn’t want to change.” I will always remember the comment of a teacher who directed her anger at me for recommending a change in strategies with a student by asserting that “your philosophy leads to spoiled children.” You can imagine my emotions at this statement.

Similarly, parents who restrained themselves from asking their adolescent daughter about her homework felt taken advantage of when they discovered that although she told them she was doing her work, in fact she was not. One mother blamed herself when her new script towards her oppositional son was ineffective, noting, “I bet other parents are successful when they make changes. I feel even more inadequate as a mother now than before I tried a new approach.”

The Need to Prepare for Mistakes and Setbacks

These and similar comments prompted me to consider applying a new strategy in my therapy and consultation activities. I wondered what would occur if after planning for but not yet implementing a particular course of action with patients or individuals with whom I was consulting, I posed the following kind of question:

“This plan seems very well thought-out, but I think it may be important to consider the question, ‘what if it doesn’t work?’”

Even as I contemplated asking this question, I was beset by doubts. I wondered, “Wouldn’t asking such a question represent a self-fulfilling prophecy for failure? Wouldn’t it diminish optimism and create pessimism towards the successful outcome of

the intervention? Might it convey the message to my therapy patients as well as clients with whom I consulted that even prior to their implementing a new strategy that I was already questioning whether they had the ability to be successful?”

In pondering these questions, I reflected about the essential need to prepare people for setbacks and failure so that they would be better equipped to cope successfully with such events. But the preparation had to be conveyed in a way that minimized the emergence of a self-fulfilling prophecy for failure.

As I look back, the solution for avoiding this prophecy was in many ways simpler and more powerful than I anticipated. Once I posed the question about “what if it doesn’t work?” I added several other questions, including:

“If it doesn’t work, what thoughts and feelings might you experience and how might you react?” (I found this question very helpful in prompting people to anticipate what might be their usual negative, pessimistic response to failure so that they were better able to prepare for and change it.)

“If this strategy doesn’t work, do you think there are things you might learn from the setback to use in developing a new course of action?” (As obvious as the answer to this question might seem, when we instantly experience a strong negative reaction to failure, emotional barriers appear that prevent us from gaining insights into what went wrong—insights that could be applied to future actions.)

“If it doesn’t work, can you already think of another possible strategy to use?” (This question is related to the previous one, but can be helpful in conveying the message that there is more than one approach when solving a problem.)

Obviously, these questions are not confined to a therapeutic or consultation experience. All of us can consider these and similar questions in any of our roles or activities at any time. We can learn that maintaining optimism for success need not exclude preparing for possible setbacks. If anything, I believe that being more aware of one’s possible reactions to both success and failure and possessing effective ways of coping will actually increase the probability of success. To be prepared provides an increased sense of what I label “personal control,” which is rooted in the belief that while events may occur in our lives over which we have little, if any, influence, what we do

have more control over than we realize is our attitude towards and response to such events.

Several Additional Reflections

Just as we as adults can teach ourselves to develop a healthier attitude and response towards mistakes and failures without relinquishing our dreams and goals, I believe we can nurture a similar attitude in our children. This view has found support and expression in a number of noteworthy books such as Jessica Lahey's *The Gift of Failure*, Julie Lythcott-Haims' *How to Raise an Adult*, Wendy Mogel's *The Blessing of a Skinned Knee*, Paul Tough's *How Children Succeed*, and I might add two books I co-authored with Sam Goldstein, *Raising Resilient Children* and *The Power of Resilience: Achieving Balance, Confidence, and Personal Strength in Your Life* (the latter focuses on what we can do to manage setbacks and become more resilient in our adult lives).

And one final reference to cite. Psychologist Gabrielle Oettingen, on the faculties of New York University and the University of Hamburg and author of *Rethinking Positive Thinking*, has proposed an important model bolstered by research data to demonstrate the need to “combine positive thinking with realism.” She advocates not only reflecting upon one's wishes, but also considering the obstacles that represent barriers to realizing these wishes. A focus on both wishes and obstacles, a technique that Oettingen labels “mental contrasting,” led participants in her studies to achieve better outcomes compared with those who focused solely on the wishes or dwelt on the obstacles.

Thus, to return to the question raised in the title of this article, namely, if being optimistic while considering the possibility of failure are mutually exclusive beliefs, I would answer in the following way: not only are they not mutually exclusive but in reality they complement each other in reinforcing resilience and producing successful outcomes in our lives.

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