



<http://www.health.harvard.edu/newsweek/positive-psychology-in-practice.htm>

Positive psychology in practice

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Positive psychology is sometimes dismissed as so much happy talk. But practitioners say that their techniques provide a much-needed balance to psychiatry's traditional focus on psychic pain and pathology.

The term "positive psychology" is a broad one, encompassing a variety of techniques that encourage people to identify and further develop their own positive emotions, experiences, and character traits. In many ways, positive psychology builds on key tenets of humanistic psychology. Carl Rogers' client-centered therapy, for example, was based on the theory that people could improve their lives by expressing their authentic selves. And Abraham Maslow identified traits of self-actualized people that are similar to the character strengths identified and used in some positive psychology interventions.

Although initially developed as a way to advance well-being and optimal functioning in healthy people, positive psychology techniques are now being promoted as a complement to more traditional forms of therapy. For example, University of Pennsylvania psychologist Martin E.P. Seligman, a well-known advocate of positive psychology, has described its core philosophy as a "build what's strong" approach that can augment the "fix what's wrong" approach of more traditional psychotherapy.

Another pioneer in the field, Harvard psychiatrist George E. Vaillant, sees positive psychology as a way to encourage patients to focus on positive emotions and build strengths, supplementing psychotherapy that focuses on negative emotions, like anger and sorrow. In a talk about positive psychology, Dr. Vaillant cited the example of a standard psychiatric textbook used by psychiatrists and clinical psychologists. The textbook, he says, contains roughly a million lines of text, with thousands of lines devoted to anxiety and depression, and hundreds discussing terror, shame, guilt, anger, and fear. But only five lines in the textbook discuss hope, only one mentions joy, and not a single line mentions compassion or love.

To counter the traditional focus on pathology, Seligman and another psychologist, Christopher Peterson, have formalized the tenets of positive psychology in a book, *Character Strengths and Virtues: A Handbook and Classification* (CSV), which they created as a counterpoint to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). Just as the *DSM-IV* classifies a range of psychiatric disorders, the *CSV* provides details and classifications for various strengths that enable people to thrive. The book identifies 24 character strengths, like curiosity and zest, organized according to six overarching virtues, such as wisdom and courage.

A number of different counseling and coaching strategies rely on aspects of positive psychology. Although it's impossible to review all of them in a single article, a few examples can help to provide a taste of how they may complement more traditional therapies.

Summary points

- Positive psychology focuses on positive emotions and personal strengths.
- It can complement rather than replace traditional psychotherapy.
- Studies evaluating outcomes of interventions using positive psychology have mostly been small and short term.

Well-being therapy

As its name implies, well-being therapy tries to promote recovery from depression and other affective disorders by having a patient focus on and promote the positive, as well as alleviating negative aspects of life. Developed by Giovanni Fava at the University of Bologna in Italy, well-being therapy is based in large part on the work of psychologist Carol Ryff and her multidimensional model of subjective well-being. Ryff's model consists of six tenets: mastery of the environment, personal growth, purpose in life, autonomy, self-acceptance, and positive relationships.

In practical terms, well-being therapy is much like cognitive behavioral therapy. A patient keeps a journal to keep track of and recognize the positive events that occur each day. Next the patient starts recognizing negative thoughts and beliefs that distract from or disrupt positive events. The ultimate goal is to challenge and eventually change negative ways of thinking, to enable positive events to have more of an impact on the patient's life.

Positive psychotherapy

Seligman and colleagues at the University of Pennsylvania developed positive psychotherapy as a way to treat depression by building positive emotions, character strengths, and sense of meaning, not just by reducing negative symptoms such as sadness. This therapy uses a combination of 12 exercises (such as the following) that can be practiced individually or in groups.

Using your signature strengths. Identify your top five strengths (see "Resources" for a free online questionnaire) and try to use them in some new way daily.

Three good things. Every evening, write down three good things that happened that day and think about why they happened.

Gratitude visit. Write a letter to someone explaining why you feel grateful for something they've done or said. Read the letter to the recipient, either in person or over the phone.

This is one of the few forms of positive psychotherapy that has been tested in a randomized controlled trial. The study found that some exercises are more beneficial than others (see "Does positive psychology work?" for details).

Integrating positive psychology in practice

Psychologist Carol Kauffman, director of the Coaching and Positive Psychology Initiative at Harvard's McLean Hospital, discussed four techniques for integrating the principles of positive psychology into more traditional types of individual or group therapy.

Reverse the focus from negative to positive. Most people tend to dwell on negative events or emotions and ignore the positive ones — and therapy can encourage this. One way to reverse the focus is to use techniques aimed at shifting attention to more positive aspects of life. For example, take a mental spotlight each night and scan over the events of the day, thinking about what went right. Another tip is to compile “I did it” lists instead of only writing down what needs to be done.

Develop a language of strength. Therapists and patients often talk about pain, conflict, and anger. Although these are all aspects of life, it may be harder for people to talk about or even identify more positive qualities and personal strengths.

Kauffman and other positive psychology practitioners often use strength coaching while advising patients. Just as an athlete exercises certain muscles to become stronger, the theory is that people who use their strengths regularly will function better in life. To boost mental facility, Kauffman recommends that people identify one top strength and then use it at least once a day.

Balance the positive and negative. It's also important for people to identify and foster the positive for themselves and others in order to provide a balance to the negative. For example, business executives may mix praise with criticism when evaluating employees to nurture their growth.

Build strategies that foster hope. Finding ways to foster hope in someone may increase that person's ability to deal with adversity and overcome a challenge. One way to cultivate hope is to reduce the scope of the problem — perhaps by breaking it down into components that can be tackled one at a time. Another way is to identify skills and coping mechanisms that would enable someone to overcome a particular challenge, and then provide a way to build them.

Does positive psychology work?

Proponents of positive psychology tend to cite studies showing that optimistic or happy people are healthier, more successful, and live longer than other people. Critics counter that people may have inborn temperaments that function a bit like set-points, and that interventions aimed at making them happier will only work for a limited time. Eventually, the critics claim, people return to their baseline level of happiness.

A 2005 review of the studies published about positive psychology interventions found that only one involved people with clinical depression — and that study was small, and the intervention was not tested against a control. The study enrolled 16 people who met the criteria for clinical depression according to their scores on the Beck Depression Inventory and the Hamilton Rating Scale of Depression. Participants met weekly for 15 weeks to discuss readings about topics such as how to increase satisfaction with health and improve

self-esteem. All 13 people who completed the study were reassessed at the end of the intervention; none of them met the criteria for clinical depression.

Since then, only one large randomized controlled trial of a positive psychology intervention for people with clinical depression has been published. After two preliminary studies found positive psychotherapy (PPT) to be promising, Seligman and colleagues conducted a randomized controlled trial involving 411 participants that compared five different PPT exercises with a control exercise, all of which were administered over the Internet and could be completed in one week. Participants were assessed before the intervention and then periodically afterward for six months.

At the six-month mark, participants were rated by the Steen Happiness Index and the Center for Epidemiologic Studies Depression Scale. Those completing the “using your signature strengths” and “three good things” exercises rated significantly happier and less depressed than the control group. The “gratitude visit” exercise also created positive changes, but only for one month. The two other exercises and the control exercise created briefer and transient effects.

Most other studies have been short-term in nature (several lasted six to 10 weeks, and one lasted three days) and have involved people who did not have psychiatric diagnoses. This means it remains unclear whether positive psychology techniques will help people suffering from depression and other psychiatric disorders.

Another limitation in the research so far is that investigators have evaluated mostly individual strategies, but positive psychology interventions usually combine several techniques at once. It’s also unclear how best to combine positive psychology interventions with more traditional types of therapy, such as cognitive behavioral therapy, or with medication. Although the jury is still out on the clinical impact of positive psychology, leaders in the field are encouraging patients and clinicians to give positive techniques a try. After all, there are few risks involved when someone discovers his or her strengths or focuses on the positive side of life — and there may be valuable benefits.

Resources

Books

Aspinwall LG and Staudinger UM, eds. *A Psychology of Human Strengths* (American Psychological Association, 2002).

Keyes CLM and Haidt J, eds. *Flourishing: Positive Psychology and the Life Well Lived* (American Psychological Association, 2002).

Lopez SJ and Snyder CR, eds. *Positive Psychological Assessment: A Handbook of Models and Measures* (American Psychological Association, 2003).

Web sites

Coaching and Positive Psychology Initiative

www.harvardcppi.org

This service, based at Harvard's McLean Hospital, supports research, trains professionals, and offers workshops on various aspects of coaching and positive psychology.

Authentic Happiness

www.authentichappiness.org

This online service of the University of Pennsylvania Positive Psychology Center offers free resources to anyone who registers, including a signature strengths questionnaire.

