Positive Clinical Psychology

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"My good sir, said the professor in remonstrance, "don't you believe that criminology is science?"

"I'm not sure," replied Father Brown.

"Do you believe that hagiology is a science?"

"What's that?" asked the specialist sharply.

"No; it's not the study of hags, and has nothing to do with burning witches," said the priest, smiling. "It's the study of holy things, saints and so on. You see, the Dark Ages tried to make a science about good people. But our own humane and enlightened age is only interested in a science about bad ones."

(from G. K. Chesterton's "The Man with Two Beards")

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The science of Positive Psychology (PP), as we see it, has three constituent parts: the study of positive subjective experience, the study of positive individual traits, and the study of institutions that enable the first two (Seligman & Csikszentmihalyi, 2000). We shall discuss the possible changes that a science of Positive Psychology, if successful in becoming a discrete approach within the social sciences, would likely wreak on the field of Clinical Psychology (CP). Our view is that PP will flourish only under benign social conditions: a society at peace, with wealth, and not marked by social turmoil. If the good
times do not continue to roll, if war breaks out, if the NASDAQ retreats below 1500, or if racial killings erupt en masse, our nation will rightly turn its scientific resources back to defense and damage and its sentiments back to victimology. Negative emotions generally trump positive emotions. When a society is at war, in poverty, or in turmoil, it fights fires, and it is dominated by the attempt to quench negative emotions. There is little time or resources left over for building what is best in life.

Further, we emphasize the qualification "if successful." Ten years from now, what criteria might we use to judge whether this fledgling movement, begun in 1998, succeeded? The first criterion is surely serious scientific discovery. Neither the present science nor the mere addition of well-intentioned armchair tracts (such as this one) about the importance of positivity will be sufficient to generate a field we would count as successful. A second criterion is the development of a well-accepted taxonomy of aspects of human excellence and reliable and valid means of measuring its taxons. A third criterion is useful and widespread applications of the scientific discoveries and the taxons-in industry, parenting, education, communications, and the clinic. Because we are optimistic about both the flourishing of the society and the likelihood of the science flourishing, we will turn toward the influences that PP would then have on CP, discussing in turn our thoughts about taxonomy, measurement, etiology, therapy, and prevention.

**Taxonomy**

The starting place for PP is the creation of an authoritative taxonomy, a set of categories reflecting areas of human excellence. Positive clinical psychology cannot progress too far so long as it uses the language of disease and deficiency. The positive taxonomy we envision can be thought of as the un-DSM-I, and by the time this volume is printed, there will be a full-blown infrastructure devoted to just this project. In February of 1999, a group of senior figures met to begin this daunting endeavor. The participants were Don Clifton, Mike Csikzentmihalyi, Ed Diener, Kathleen Hall Jamieson, Robert Nozick, Dan Robinson, Martin E. P. Seligman, and George Vaillant, with Derek Isaacowitz, the Recording Secretary.

The goal of this meeting was the enumeration of potential components of a good life, which would form the basis of a taxonomy and research agenda on positive psychology and positive social science. After discussing concerns about the culture-specificity of such an endeavor and how this project would relate to classical notions of the good life, the group devised a list of characteristics as a first approximation of such taxons. We called these taxons romantically "mansions," and then more neutrally "wellsprings," and now "strengths." Occasionally, we use "virtues," intending the connotations of excellence that adhere to Aristotle's term arete.

In July of 2000, The Telos Taxonomy project began, funded by the Mayerson Foundation and the Positive Psychology Network, and led by Christopher Peterson and George Vaillant. Here is a very preliminary report of this work, just two months into the three year project. Using the start forged at the 1999 meeting, we asked "What qualifies a human characteristic as a strength, a taxon in our nosology?"

1. A strength should be trait-like in the sense of having some generality across situations and stability across time. In keeping with the broad premise of positive psychology, strengths entail more than the mere absence of distress and disorder. They "break through the zero point" of psychology's traditional concern with disease and deficit and draw our attention to the quality of life.
2. A strength is celebrated when present and mourned when absent. A strength is valued in its own right, even in the absence of obvious benefits.
3. Parents try to inculcate strengths within their children. We found useful a thought experiment: What does a parent wish for his or her newborn? "I want my child to be kind, to be honest, to be prudent." Most parents would not say that they want their child to avoid psychopathology. They would not say that they want their child to work in middle management.
4. The larger society provides institutions and associated rituals for cultivating strengths. These can be thought of as simulations: trial runs that allow children and adolescents to display and develop a strength in a safe (as-if) context in which guidance is explicit. High school student councils presumably foster citizenship; Little League teams are thought to contribute to the development of teamwork; catechism classes attempt to lay the foundation for spirituality.

5. Cultures provide role models and parables that illustrate a strength in compelling fashion. These models may be real (Cal Ripken and perseverance), apocryphal (George Washington and honesty), or explicitly mythic (Luke Skywalker and flow).

6. There exist prodigies with respect to a strength: children who show a strength at a much earlier age than typical and/or at a much more sophisticated level than typical. Conversely, there might exist other children who are completely and strikingly devoid of a given strength. These criteria imply that the strength in question is discrete and lends itself to biopsychological explanation.

7. To include a strength in our taxonomy, it must be recognized and valued in almost every major subculture. Whether these will apply in Germany in 2005 or in mainland China in 1966 is an empirical matter, but at minimum if the Telos exercise is useful for the now, parallel endeavors should be useful at other times. One could try for a universal taxonomy of strengths to apply at all times and in all cultures. Such an ambitious project, if possible, is well beyond our first aim. The strengths on which we focus are also intended to be noncontroversial and apolitical, hence the requirement that all subcultures value each strength. We do not intend to list a strength adumbrated by a bunch of middle-aged white academics sitting in armchairs in Philadelphia—otherwise there would be no reason to take our taxonomy more seriously than Thomas Aquinas's virtues or the Boy Scout oath to be "trustworthy, loyal, helpful." This premise is an attempt to make the project descriptive and to free it from political, racial, ethnic, gender, and socioeconomic bias.

How can we distinguish "strengths" from "talents" and "abilities?" The line is fuzzy, and its placement depends on distinctions that are debatable. Nonetheless, we want to distinguish strengths and virtues (like honesty and hope) from talents and abilities (like fast-twitch muscles, facial symmetry, perfect pitch, verbal IQ, and immunocompetence). Here are some of the contrasts we are considering. First, talents and abilities on the face of it seem more innate, more immutable, and less voluntary than strengths and virtues. Second, talents and abilities seem valued more for what their tangible consequences (acclaim, wealth) than in their own right. Indeed, someone who "does nothing" with a talent like a high IQ courts eventual disdain. In contrast, we never hear the criticism that a person did nothing with his or her kindness or authenticity.

This chapter is not the right forum for a discussion of free will and determinism, so we will just note in passing our strong suspicion that positive psychology, as the field evolves, will necessarily lead social scientists to grapple anew with the crucial role in human activity that is played by choice. If we cannot speak of ostensibly virtuous activity as voluntarily chosen, then it is only masquerading as virtue. And so we have a third possible distinction: The identification of talents and abilities does not need the qualification of freely chosen.

How can we distinguish strengths from the "fulfillments," the outcomes that result from activity in accordance with the strengths? These fulfillments, likely consequences of the strengths, include: (a) positive emotions (happiness, joy, contentment); (b) rewarding intimate relationships (love, friendship); (c) approval by self and others; (d) mental health and quality of life; (e) vocational satisfaction and success; (f) satisfying leisure and recreational activities; (g) positive families; and (h) positive communities.

Table 1 provides a very tentative enumeration of the strengths and virtues. These are not intended to be exclusive or exhaustive, just a useful beginning. This list will undoubtedly change several times over the course of the taxonomy project. For the sake of convenience, we began with two superordinate
categories of strengths (individual versus relational/civic), subdividing the former category into three supergroups (cognitive, emotional, and will).

Insert Table 1 about here

More specifically, individual strengths are virtues that are unambiguously psychological. They reside, as it were, within the individual and refer to the positive ways in which the individual thinks, feels, or acts. Accordingly, the individual strengths include:

- cognitive strengths - virtues made possible by knowledge, both semantic (knowing that) and procedural (knowing how)
- emotional strengths - virtues entailing positive emotions in appropriate context.
- strengths of will - virtues of conation allowing sustained positive activity in the absence of immediate payoffs or even in the face of adversity.

Relational and civic strengths are evident in social interaction, either with specific others-i.e., friends, acquaintances, family members, or strangers (relational)-or with generalized others-i.e., groups, collectivities, communities, and nations (civic). At one point, we split these into separate clusters, but the line is sufficiently fuzzy that we have lumped them together in this version of the taxonomy.

Finally, strengths of coherence began as a grab-bag but may end up as the most important of all, because the locus of the strengths of coherence is the person as a single entity. These can be labeled higher-order strengths, integrative strengths, or master virtues.

Such a taxonomy, of course, bears on DSM-IV. How does a patient rank on each of the strengths? How do these strengths buffer against or feed into pathological categories? How does treatment change these strengths, and how does building the strengths change the disorders? The fields of psychology and psychiatry have come to accept the notion that the "real" mental disorders are those entities enumerated in DSM: unipolar depression, caffeine intoxication, dissociative identity disorder, and the like.

Perhaps the Telos Taxonomy will provide a better alternative: What, after all, is the absence of a Telos strength? Consider a person without a shred of honesty, or with no hope, or devoid of kindness. We want to venture the possibility that these absences may be the true disorders, the natural classes, and that the entities listed in DSM may be mere congeries, clumsily overlapping collections of these more elementary deficits.

**Measurement**

There are a large variety of measurement strategies for these taxons: behavioral, spouses' reports, biological correlates and the like. For the DSM taxons, two measurement strategies are most common: the structured interview and questionnaires. So we comment on these two strategies for the strengths. The first attempt at an interview strategy, which can be converted into a structured interview to parallel the Schedule for Affective Disorders and Schizophrenia (SADS) and Structured Clinical Interview for DSM (SCID), has been pioneered by Steve and Sybil Wolin (Wolin & Wolin, 1996). The Telos group will also try to create structured interviews for youth and for adults that map onto the taxons. There are numerous questionnaires that measure the putative taxons above, and part of the task of the Telos group will be to evaluate and make recommendations about the most useful questionnaires.

One attempt at a new questionnaire should be mentioned, however. The Gallup Corporation, along with
Edward Diener, Derek Isaacowitz, and Martin Seligman, have developed and tested a global questionnaire, the Wellsprings1, to measure many of the putative taxons across time, place, and political system. The existence of valid, stable, and reliable tools of measurement is crucial to asking the etiological questions of the strengths, and to asking about the etiological interactions of the strengths with the clinical disorders.

**Etiology**

The central hypothesis about the strengths and the causes of clinical disorders is that certain strengths buffer against the development of certain disorders. Optimism, for example, might buffer against depression, flow in sports against substance abuse, and work ethic and social skills against schizophrenia. Testing these hypotheses requires measurement of the strengths and of the disorders across time and the use of longitudinal and experimental strategies. In general, the perspective of PP suggests that the notion of buffering by protective factors, most particularly the Telos taxons, will illuminate the here-to-fore largely elusive etiology of the major disorders.

**Therapy**

We are going to venture a radical proposition about why psychotherapy works as well as it does. We suggest that PP, albeit intuitive and inchoate, is a major active ingredient in therapy as it is now done, and if recognized and honed, will become an even more effective approach to psychotherapy (Saleebey, 1992). But before doing so, it is necessary to say what we believe about "specific" ingredients in therapy. We believe there are some clear specifics in psychotherapy, such as Applied Tension for Blood and Injury Phobia, Cognitive Therapy for Panic, and Exposure for Obsessive-Compulsive Disorder (Seligman, 1994, documented the specifics and reviewed the relevant literature). But specificity of technique to disorder is far from the whole story.

There are three serious anomalies, however, on which specificity theories of the effectiveness of psychotherapy stub their toes. First, effectiveness studies (field studies of real world psychotherapy), as opposed to laboratory efficacy studies of psychotherapy, show a substantially larger benefit of psychotherapy. The Consumer Reports study, for example, showed that over 90% of the respondents reported substantial benefits, as opposed to about 65% in efficacy studies of specific psychotherapies (Seligman, 1995, 1996). Second, when one active treatment is compared to another active treatment, specificity tends to disappear or becomes quite a small effect (Elkin et al., 1989; Luborsky, Singer, & Luborsky, 1975; Smith & Glass, 1977). The lack of robust specificity is also apparent in much of the drug literature.

Methodologists argue endlessly over flaws in such outcome studies, but they cannot hatchet the general lack of specificity away. The fact is that almost no psychotherapy technique of which we can think (with the exceptions above) shows large, specific effects when compared to another form of psychotherapy or drug, adequately administered. Finally, consider the seriously large placebo effect found in almost all studies of psychotherapy and of drugs. In the depression literature, a typical example, around 50% of patients will respond well to placebo drugs or therapies. Effective specific drugs or therapies usually add another 15% to this, and 75% of the effects of antidepressant drugs may be accounted for by their placebo nature (Kirsch & Sapirstein, 1998).

So why is psychotherapy so robustly effective? Why is there so little specificity of psychotherapy techniques or specific drugs? Why is there such a huge placebo effect? Let us speculate on this pattern. Much of the relevant ideas have been put forward under the derogatory misnomer "non-specifics." We are going to rename two classes of "non-specifics" as "tactics" and "deep strategies." Among the tactics of good therapy are: paying attention, being an authority figure, building
rapport, and deploying a grab bag of tricks of the trade (e.g., saying "Let's pause here" rather than "Let's stop here"), requiring that the patient pay for services, building trust, encouraging the patient to open up, naming the problem, and much more.

The deep strategies are not mysteries. Good therapists almost always use them (cf. Frank, 1974), but they are seldomly named and infrequently studied. So locked into the disease model are we that we do not train our students to learn them. However, we believe that these deep strategies are for the most part techniques suggested by Positive Psychology. For example, one of the important deep strategies is the instilling of hope (Seligman, 1991, Snyder, Hardi, Michael, & Cheavens, 2000). We believe that these deep strategies can be the subject of large scale science, and we believe that new techniques will be invented which will maximize the strengths. But we are not going to discuss this one now, as it is often discussed elsewhere in the literature on placebo, on explanatory style and hopelessness, and on demoralization (Seligman, 1994).

Another strategy is the building of buffering strengths. We believe that it is a common strategy among almost all competent psychotherapists first to identify and then to help their patients build a variety of strengths, rather than just to deliver specific damage healing techniques. Among the strengths built in psychotherapy are courage, interpersonal skill, rationality, insight, optimism, authenticity, perseverance, realism, capacity for pleasure, future-mindedness, personal responsibility, and purpose. Assume for a moment that the building of such strengths has a larger therapeutic effect than the specific healing ingredients that have been discovered. If this is true, the relatively small specificity found when different active therapies and different drugs are compared and the massive placebo effects both follow.

Another illustrative deep strategy is "narration." We believe that telling the stories of our lives, making sense of what otherwise seems chaotic, distilling and discovering a trajectory in our lives, viewing our lives with a sense of agency rather than victimhood are all powerfully positive (Csikszentmihalyi, 1993; Pennebaker, 1990). We believe that all competent psychotherapy forces such narration, which buffers against mental disorder in just the same way hope does. Notice, however, that narration is not a primary subject of research on therapy process, that we do not have categories of narration, that we do not train our students to facilitate narration, and that we do not reimburse practitioners for it.

The consideration of PP in psychotherapy exposes a fundamental blind spot in outcome research: The search for EVTIs (empirically-validated therapies) has in its present form handcuffed us by focusing only on validating the specific techniques that repair damage and that map uniquely into DSM-4 categories. The parallel emphasis in Managed Care Organizations on delivering only brief treatments directed solely at healing damage may rob patients of the very best weapons in the arsenal of therapy--making our patients stronger human beings. By working in the medical model and looking solely for the salves to heal the wounds, we have misplaced much of our science and much of our training. By embracing the disease model of psychotherapy, we have lost our birthright as psychologists--a birthright that embraces both healing what is weak and nurturing what is strong.

Prevention

How can we prevent problems like depression or substance abuse or schizophrenia in young people who are genetically vulnerable or who live in worlds that nurture these problems? How can we prevent murderous schoolyard violence in children who have access to weapons, poor parental supervision, and a mean streak? What we have learned over fifty years is that the disease model does not move us closer to the prevention of these serious problems. Indeed, the major strides in prevention have largely come from a perspective focused on systematically building competency not correcting weakness (see Greenberg, Domitrovich, & Bumbarger, 1999, for a review of all documented effective prevention programs in youth).
We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow, and insight, to name several. Much of the task of prevention in this new century will be to create a science of strength whose mission will be to understand and learn how to foster these virtues in young people. Building the buffering wellsprings is likely to be the key element of prevention of the clinical disorders.

Our own work in prevention takes this approach and amplifies a skill that all individuals possess but usually deploy in the wrong place. The skill is called disputing (Beck, Rush, Shaw, & Emery, 1979), and its use is at the heart of "learned optimism." If a rival for your job accuses you falsely of failing and not deserving your position, you will dispute him. You will marshal all the evidence that you do your job very well. You will grind the accusations into dust. But if you accuse yourself falsely of not deserving your job—which is just the content of the automatic thoughts of pessimists—you will not dispute it. If it issues from inside, we tend to believe it. So in "learned optimism" training programs, we teach both children and adults to recognize their own catastrophic thinking and to become skilled disputers (Peterson, 2000; Seligman, 1991; Seligman, Reivich, Jaycox, & Gillham, 1996; Seligman, Schulman, DeRubeis & Hollon, 1999).

This training works, and once learned, it is self-reinforcing. We have shown that learning optimism prevents depression an anxiety in children and adults, roughly halving the incidence of these disorders over the next two years. We mention this work only in passing, however. It is intended to show that building a strength-optimism-and teaching people when to use it, rather than repairing damage, effectively prevents depression and anxiety. Similarly, we believe, that if we wish to prevent drug abuse among teenagers who grow up in a neighborhood that puts them at risk, that effective prevention is not remedial. Rather it consists in identifying and amplifying the strengths that these teens already have. A teenager who is future-minded, who is interpersonally skilled, who derives flow from sports, is at reduced risk for substance abuse. If we wish to prevent schizophrenia in a young person at genetic risk, we would propose that the repairing of damage is not going to work. Rather we suggest that a young person who learns effective interpersonal skills, who has a strong work ethic, and who has learned persistence under adversity is at lessened risk for schizophrenia.

This then is the general stance of PP toward prevention. It claims that there is a set of buffers against psychopathology: the positive human traits, the taxons of the Telos taxonomy. By identifying, amplifying, and concentrating on these strengths in people at risk, we will do effective prevention. Working exclusively on personal weakness and on the damaged brains, in contrast, has rendered science poorly equipped to do effective prevention. We need now to call for massive research on human strength and virtue. The taxonomy of human strengths and measuring the strengths reliably and validly will be the central scientific pillar of such prevention. We need to do the appropriate longitudinal studies and experiments to understand how these strengths grow (or are stunted) (Vaillant, 2000).

We need to develop and test interventions to build these strengths. We need to ask practitioners to recognize that much of the best work they already do in the consulting room is to amplify strengths rather than repair the weaknesses of their clients. We need to emphasize that psychologists working with families, schools, religious communities, and corporations, develop climates that foster these strengths. The major psychological theories now undergird a new science of strength and resilience. No longer do the dominant theories view the individual as a passive vessel "responding" to "stimuli." Rather, individuals are now seen as decision makers, with choices, preferences, and the possibility of becoming masterful, efficacious, or, in malignant circumstances, helpless and hopeless. Science and practice that relies on the PP approach may have the direct effect of preventing much of the major emotional disorders. It may also have two side effects: making the lives of our clients physically healthier, given
all we are learning about the effects of mental well-being on the body. It will also re-orient psychology back to its two neglected missions, making normal people stronger and more productive as well as making high human potential actual.

Finally, we want to emphasize that the practice of PP transcends the health care system as it presently exists. Intervention to enhance a client's life may take place within a health care context; for example, building courage to buffer against social phobia. The growth of the positive traits and of subjective well being, however, is also a matter of child development, of education, of work, and of play. Improving the lives of people across all the realms of life is psychology's birthright, and our time has come to reclaim it.

References


Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies. Is it true that "Everyone has won and all must have prizes"? Archives of General Psychiatry, 32, 995-1007.


Footnote

1. Information about Wellsprings can be obtained from ediener@s.psych.uiuc.edu.

Table 1. Tentative List of Strengths

 strengths of cognition
1. curiosity/interest
2. love of learning/knowledge
3. rationality/judgment
4. originality/ingenuity
5. personal intelligence/emotional intelligence/social intelligence

 strengths of emotion
6. appreciation of beauty and excellence/awe/wonder/gratitude
7. hope/optimism/future-mindedness/planfulness
8. love of life/zest

 strengths of will
9. courage/integrity
10. industry/perseverance

 relational and civic strengths
11. kindness/generosity/care/nurturance

http://www.ppc.sas.upenn.edu/posclinpsychchap.htm
12. responsibility/justice/tolerance
13. humor/playfulness
14. capacity to love and be loved
15. citizenship/duty/loyalty/teamwork
16. humane leadership

strengths of coherence
17. honesty/authenticity
18. integration/balance/temperance/integration
19. self-control/self-regulation
20. wisdom/prudence
21. spirituality/sense of purpose/faith/religiousness