

# Brief history of positive psychology psychology essay



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The advent of positive psychology as we know it today can be traced back to Martin E. P. Seligman's 1998 Presidential Address to the American Psychological Association (Seligman, 1999). Following a serendipitous holiday meeting between Seligman and Csikszentmihalyi in winter 1997 (Csikszentmihalyi, 2003), and an epiphanic moment when gardening with his daughter Nikki (Seligman & Csikszentmihalyi, 2000), Seligman realized that psychology had largely neglected the latter two of its three pre-World War II missions: curing mental illness, helping all people to lead more productive and fulfilling lives, and identifying and nurturing high talent. The advent of the Veterans Administration (in 1946) and the National Institute of Mental Health (in 1947) had largely rendered psychology a healing discipline based upon a disease model and illness ideology (Maddux, 2002; Maddux, Snyder, & Lopez, 2004). With this realization, Seligman resolved to use his APA presidency to initiate a shift in psychology's focus toward a more positive psychology (Seligman, 1999).

Seligman's presidential initiative was catalyzed by a series of meetings in Akumal, Mexico, of scholars who could inform the conceptualization and early development of positive psychology, and the establishment of the Positive Psychology Steering Committee (Mihaly Csikszentmihalyi, Ed Diener, Kathleen Hall Jamieson, Chris Peterson, and George Vaillant). From this followed the Positive Psychology Network, later to become the Positive Psychology Center at the University of Pennsylvania, the first Positive Psychology Summit in Washington, DC, and a special issue of the *American Psychologist* on positive psychology to mark the new millennium.

Further, in the 7 years since Seligman's presidential address, there have been numerous positive psychology books, journal special issues, and the establishment of regional positive psychology networks that span the globe (Seligman, 2005). Now, in 2006, we have the first dedicated positive psychology journal, *The Journal of Positive Psychology*. These are remarkable achievements for any psychology movement in such a short space of time. Many readers may well be wondering why, and below we offer some thoughts in response to this question.

As the leading advocate of positive psychology, Seligman has been exceptionally successful at catalyzing and uniting the efforts of the many distinguished scientists who have become some of the key players in the positive psychology movement. These include the Positive Psychology Steering Committee (Csikszentmihalyi, Diener, Jamieson, Peterson, and Vaillant) and the leaders of numerous positive psychology research centres, research pods, and grant holders (Seligman, 2005). Other notable figures include C. R. (Rick) Snyder, who edited the special issue of the *Journal of social and clinical psychology* (2000) and the influential *Handbook of positive psychology* (2002); Chris Peterson, who headed up the Values-in-Action project that led to the VIA classification of strengths and virtues (Peterson & Seligman, 2004); and the winners of the prestigious Templeton Positive Psychology Prizes: Barbara Fredrickson (2000) for her work on positive emotions; Jon Haidt (2001) for his work on the positive moral emotion of elevation; and Suzanne Segerstrom (2002) for her work on the beneficial effects of optimism on physical health. A further critical factor in the success of many of these initiatives was the financial support that made them

possible, provided by such donors as the Templeton Foundation, The Gallup Organization, the Mayerson Foundation, the Annenberg Foundation Trust at Sunnylands, and the Atlantic Philanthropies, among others. And given the research imbalance between psychopathology and disease, relative to human strengths and well-being, positive psychology also offered excellent opportunities for rapid scientific advances, simply because many topics had been largely ignored (Gable & Haidt, 2005).

Thus, the development of positive psychology was clearly shaped and energized by the considerable efforts of Seligman and the other major players in the field. Their deliberate sociology of science approach, recognizing and building on the structural forces that shape the discipline of psychology, cemented positive psychology's place through bringing in major research funding, providing considerable research leadership, engaging the wider public media, and attracting some of the brightest early career scientists through the provision of training institutes, research collaborations with senior scientists, and funding support for their work.

However, it is also eminently clear from a cursory examination of the research literature that positive psychology did not begin in 1997, or 1998, or 1999, or 2000 (McCullough & Snyder, 2000). In fact, positive psychology has always been with us, but as a holistic and integrated body of knowledge, it has passed unrecognized and uncelebrated, and one of the major achievements of the positive psychology movement to date has been to consolidate, lift up, and celebrate what we do know about what makes life worth living, as well as carefully delineating the areas where we need to do more.

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Research into positive psychology topics has gone on for decades, and might even be traced back to the origins of psychology itself, for example, in William James' writings on "healthy mindedness" (James, 1902). In broad terms, positive psychology has common interests with parts of humanistic psychology, and its emphasis on the fully functioning person (Rogers, 1961), and self-actualization and the study of healthy individuals (Maslow, 1968). Indeed, we note that more than 50 years ago, Maslow lamented psychology's preoccupation with disorder and dysfunction:

The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man's shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height. It is as if psychology has voluntarily restricted itself to only half its rightful jurisdiction, and that, the darker, meaner half (Maslow, 1954, p. 354).

Initially at least, positive psychology may not have paid sufficient tribute to its historical antecedents, leading to some criticisms (Taylor, 2001; Tennen & Affleck, 2003). However, there is now a growing recognition that positive psychology can learn useful lessons from earlier research and theorizing, and we hope that the animosity that has sometimes characterized previous exchanges will be replaced with increasing respect and collaboration (Joseph & Worsley, 2005), not least so that positive psychology can prosper through integration, rather than wither through isolation.

## WHAT IS POSITIVE PSYCHOLOGY?

In asking this question, one is faced with the inherent danger that 10 positive psychologists would provide 10 different answers. Should this be taken to suggest that nobody really knows, exactly, what positive psychology is? We would argue that this is actually far from the case, yet equally we have a very real sense that positive psychology might often be interpreted as being "all things to all people." Indeed, in the course of numerous presentations to hosts of different audiences, psychologist and non-psychologist, academics and practitioners, we have the consistent experiences of eyes lighting up and people saying "Ah, positive psychology, that's what we need." And when we ask what they understand by positive psychology, we receive different answers every time. In this sense, positive psychology is perceived of as a panacea for many modern ills. It is not. But, by providing a different interpretative lens, it offers a different worldview and thereby novel answers to some questions that have been around for a long time, and shines the light of scientific inquiry into previously dark and neglected corners.

Consider, for example, the following definitions of positive psychology, all taken from authoritative positive psychological sources:

The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic <https://assignbuster.com/brief-history-of-positive-psychology-psychology-essay/>

virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman & Csikszentmihalyi, 2000).

What is positive psychology? It is nothing more than the scientific study of ordinary human strengths and virtues. Positive psychology revisits "the average person," with an interest in finding out what works, what is right, and what is improving . . . positive psychology is simply psychology (Sheldon & King, 2001).

Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (Gable & Haidt, 2005).

Positive psychology is about scientifically informed perspectives on what makes life worth living. It focuses on aspects of the human condition that lead to happiness, fulfilment, and flourishing (The Journal of Positive Psychology, 2005).

There are certainly core themes and consistencies, but also differences in emphasis and interpretation. In thinking about how best to represent positive psychology, and how best to position its understanding in the first issue of The Journal of Positive Psychology, we believe it would be helpful to provide what we see as a definition of positive psychology that identifies and delineates the different things that it might mean to different people. We also specify what positive psychology is not, in the hope that we can lay to rest some of the ghosts of criticism that have haunted positive psychology (sometimes with justification, often with misunderstanding) since its <https://assignbuster.com/brief-history-of-positive-psychology-psychology-essay/>

inception. Further, as will become clear later in the article, this definition and understanding of positive psychology helps to inform and develop the potential future pathways and applications of positive psychology that we map out below (Linley et al. 2006).

## **PSYCHOLOGICAL WELL-BEING**

### **INTRODUCTION**

#### **Historic Introduction to Positive Psychological Functioning**

Throughout history, psychologists have offered different descriptions of positive psychological functioning, or well-being, in the context of the different branches of psychology, such as developmental or clinical psychology. From the perspective of developmental psychology, Erikson [1950] presented the concept of a “healthy personality” in the context of Freudian theory. Erikson perceives development of the personality as a process in which each personality factor is related with the others, in such a way that the personality as a whole depends on the correct development of each of its components. In his analysis of the growth process, this author talks about how the components of mental health develop over the following series of sequential stages: a sense of basic trust, a sense of autonomy, a sense of initiative, a sense of industry, a sense of ego identity, generativity, and integrity. During each of these stages a conflict takes place, and the person’s development will be more or less healthy, depending on how this conflict is resolved. According to Erikson’s vision, development of the ego is a continuous growth process, which progresses, throughout a person’s lifespan, towards a superior capacity.



This same perspective of continuous growth throughout the lifespan can be found in Bühler's theory [1935], which speaks of the so-called "curve of life". Bühler concluded that, in spite of individual differences, there is a regular sequence in which events, experiences and achievements appear in people's lives, and that improvement or deterioration in psychological well-being does not necessarily occur at the same rate as changes in physical well-being. From the perspective of clinical psychology, authors such as Maslow, Allport and Rogers have offered other descriptions of well-being.

In his well-known pyramid, Maslow [1958] includes 5 basic needs that a person must fulfill to become fully-functioning. A person begins by satisfying the most basic needs and after fulfilling the first one, then moves on to the next, on the level immediately above.

Firstly, the most basic needs for an organism are considered to be physiological ones. These are, undoubtedly, the most important in the pyramid, in that when a person loses everything in life, his strongest desire is to satisfy this type of need. The most important goal in a person without food, love or safety, will most certainly be to find food before anything else. When none of the needs are satisfied and the organism is dominated by physiological requirements, the other needs cease to exist or become less important.

In second place, when the physiological needs are satisfied the need for safety takes over. When a person is in this stage, safety becomes more important than anything else, even than the physiological needs that are already covered.

Maslow's third need concerns the requirement to belong to a group, and for affection and love, which comes into play when the previous two needs have been satisfied. The person is now interested in forming relationships with others and becoming part of a group, and will work hard to achieve this. The person is now more interested in doing this than in anything else and forgets the little importance he attributed to this when he was hungry.

Maslow's fourth need corresponds to a person's self-esteem. This author considers that everyone (with the exception of some mental illnesses) needs a positive opinion of himself, self-respect and self-esteem and also to be valued by others. These needs can be classified into two sub-groups: on the one hand, a desire for fortitude, achievements, independence and freedom and, on the other hand, a desire to earn a good reputation or prestige, defined as having gained the respect or esteem of others.

Finally, we come to the need for self-actualization, defined as a person realizing his full potential, which comes into play when all the other needs are satisfied. According to Maslow "what a man can be, he must be", and he calls this need, self-actualization. If a person has the talent to do something, he will be unsatisfied or unhappy if he cannot fully develop this part of himself, in other words, a musician must make music and a poet must write poems. This need refers to the desire for a person to develop his full potential, to seek personal growth and to become everything he is capable of being. Clearly, these desires vary greatly from one person to the next. Some people may feel self-fulfilled by becoming top sportsmen, while others will acquire a feeling of self-fulfillment by being good parents.

## **MULTIDIMENSIONAL MODEL OF PSYCHOLOGICAL WELL-BEING**

In relation to the concept of psychological well-being, Ryff [1989a] proposes a multidimensional model composed of 6 different dimensions: Self-acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life and Personal growth.

These 6 dimensions of psychological well-being can be defined as follows:

**Self-acceptance:** This is a key part of well-being and concerns the positive opinion a person has of himself. It does not refer to narcissistic self love or superficial self-esteem, but instead to a constructed self-regard that includes both positive and negative aspects [Ryff and Singer, 2003]. Other authors spoke about this previously, [Jung 1933; Von Franz, 1964] emphasizing that only a fully-individuated person can accept his own failures. The concept of ego integrity introduced by Erikson [1959], also refers to a person coming to terms with his own triumphs and failures in past life. This acceptance of self is constructed with an honest self-assessment; the person is aware of his personal failings and limitations, but has the love to accept and embrace himself as he is.

High scores in this factor are indicators of people with a positive attitude, who recognize and accept the multiple aspect of the self, including their good and bad qualities, and can look at the past with positive feelings [Ryff and Keyes, 1995].

Low scores in this factor appear in people who are largely unsatisfied with themselves; they are uncomfortable with what has happened in their past

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life, are concerned about some of their personal qualities and want to change [Ryff and Keyes, 1995].

Positive relationships with others: These include the fortitude, pleasures and human delights that come from close contact with others, from intimacy and love [Ryff and Singer, 2003]. Theories about the stages of adult development also emphasize close relationships with others (intimacy) and the guidance and care of others (generativity). The importance of having positive relationships with other people is repeatedly emphasized in definitions of psychological well-being [Ryff and Singer, 1996].

High scores appear in people who have warm, satisfactory and trusting relationships with others, who are concerned about the well-being of others and have the capacity to feel empathy, affect and intimacy and understand the give and take in human relationships [Ryff and Keyes, 1995].

Low scores indicate that a person has few close and trusting relationships with other people, finds it difficult to be warm, open and to feel concern for the wellbeing of others. They feel isolated and frustrated with social relationships. These people do not want an important commitment with others [Ryff and Keyes, 1995].

Autonomy: This refers to a person's ability to march to his own drum and to pursue personal convictions and beliefs, even if these go against accepted dogma or conventional wisdom. It also refers to the ability to be alone if necessary and to live autonomously [Ryff and Singer, 2003]. Also, in theories about self-actualization, the self-actualizers are described as functioning autonomously and as being resistant to enculturation. In studies into the <https://assignbuster.com/brief-history-of-positive-psychology-psychology-essay/>

concept of a fully functioning person, this person is someone with an internal frame of assessment, who is mainly uninterested in what others think of him, but will evaluate himself according to his own personal standards [Ryff and Singer, 1996].

High scores in this factor show people who are self-determined and independent, capable of resisting social pressure and of acting by regulating their behavior from an internal frame of assessment. These people self-evaluate according to personal standards [Ryff and Keyes, 1995].

Low scores indicate people who are concerned about the expectations of others, they depend on other peoples' judgments before making important decisions, and their thoughts and actions are influenced by social pressures [Ryff and Keyes, 1995].

Environmental mastery: This is another essential factor in well-being and concerns the challenge of a person mastering the environment around him. This ability requires the skills of creating and sustaining environments that are beneficial to a person [Ryff and Singer, 2003]. The ability of an individual to choose or to create environments appropriate for his mental state is defined as a characteristic of mental health. According to life-span developmental theories, for a person to adequately master his environment, he needs the ability to manage and to control complex surroundings, emphasizing from this perspective the need to move forwards in the world and to change it creatively with physical and mental activities [Ryff and Singer, 1996].

High scores in this factor are obtained by people with a sense of mastery and competence of their surroundings, who can make effective use of opportunities that arise and can choose or create contexts appropriate for their needs and personal values [Ryff and Keyes, 1995].

Low scores indicate a difficulty in managing daily affairs, or changing or improving their environment and making the most of opportunities that arise, and a lack of control about the world around them [Ryff and Keyes, 1995].

Purpose in life: This is a person's ability to find a meaning and a direction in his own experiences, and to propose and set goals in his life [Ryff and Singer, 2003]. The definition of maturity also clearly emphasizes an understanding of the purpose of life and the presence of a sense of direction and intentionality. A positively functioning person has goals, intentions and a sense of direction, and all of this helps to give a meaning to life [Ryff and Singer, 1996].

High scores in this factor appear in people who have goals in life and a sense of direction; they feel that both the past and the present of their lives has a meaning, they hold beliefs that give their lives a purpose and have goals and reasons to live [Ryff and Keyes, 1995].

Low scores appear in people who feel their life has no meaning and have no goals or sense of direction; they can't see any point in their past experiences [Ryff and Keyes, 1995].

Personal growth: This factor concerns a person's ability to realize his own potential and talent and to develop new resources. It also frequently involves encounters with adversity that require one to dig deeply to find one's inner strength [Ryff and Singer, 2003]. It is associated with being open to new experiences, which is a key characteristic of the fully functioning person. Life-span theories also explicitly emphasize the importance of continuing to grow and to tackle new tasks or challenges in the different stages of one's life [Ryff and Singer, 1996].

High scores indicate people who want to continue to develop. They regard themselves as growing and expanding, are open to new experiences, feel they are fulfilling their potential, they can see improvements in the self and in their behavior over time, and change towards ways that improve their self-knowledge and effectiveness [Ryff and Keyes, 1995].

Low scores appear in people with a sense of personal stagnation, with no improvement or growth over a period of time, they feel bored and lack interest in life. They feel incapable of developing new attitudes or behaviors [Ryff and Keyes, 1995].

This model was studied in a representative sample of 1108 adults over 25 years old. In the confirmatory analysis of the factors, it was found that the results supported the multidimensional model proposed, and was the model which best fitted the six factors combined together to form a factor of higher order, called psychological well-being [Ryff and Keyes, 1995]. In this same study, it was found that the factors self-acceptance and environmental

mastery were highly correlated, so it was proposed to combine these factors to obtain a model with 5 factors.

In any case, the authors concluded that well-being is more than simply feeling happy or satisfied with life; nor is it merely an absence of negative emotions or experiences which define the well-lived. Instead it entails having a rich perception of these experiences and successfully managing the challenges and difficulties that may arise [Ryff and Singer, 2003].

## **MEASURES OF PSYCHOLOGICAL WELL-BEING**

### **Bradburn Affect Balance Scale**

One of the first scales that could be used to measure psychological well-being, which later served as a reference to validate subsequent scales is the BABS (Bradburn Affect Balance Scale) [Bradburn, 1969].

This is a ten-item scale divided into two subscales, one that evaluates positive affect and the other that evaluates negative affect. Each of these subscales has 5 items. These items refer to pleasant or unpleasant experiences over the past few weeks which are intentionally treated with a degree of ambiguity [Bartlett and Coles, 1998].

The score is obtained by adding one point for every yes answer and summarizing separately the responses to the positive and negative subscales, respectively. After this, the difference between the scores is calculated and a constant is added to eliminate possible negative results.

The test-retest reliability was evaluated by Bradburn [1969], and in a sample of 200 people with an interval of 3 days the reliability calculated for positive

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affect, negative affect and the affect balance were 0.83, 0.81 and 0.76, respectively.

## **The Short Form 36**

The Short Form 36 (SF-36) was developed to measure the services provided by different health departments in the United States [Ware, Snow, Kosinski et al. 1993].

It is a self-administered scale comprised of 8 different subscales that contain Likert-type items. The 8 different concepts are each evaluated by their own scale:

Physical functioning.

Role limitations because of physical health problems.

Bodily pain.

Social functioning.

General mental health (psychological distress and psychological well-being).

Role limitations because of emotional problems.

Vitality (energy/fatigue).

General health perceptions.

Both the General mental health and the Vitality subscales have psychological implications. The authors of the SF-36 scale understand mental health (measured by the General mental health scale) as part of a construct of

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psychological well-being with a positive pole and another negative pole [Bartlett and Coles, 1998].

This scale has received some criticism, such as that from Hunt and McKenna [1993] who question the design of the scale, both in the selection of its items and also its objective. For example, Hunt asks how many British people could answer the question “Does your health limit you in your ability to do vigorous activities, such as sports, running, lifting heavy objects?” when most of them don’t even do this kind of activity. Hunt uses another example with the question “Does your health limit you in your ability to walk a mile?”. He considers this question is complicated with the factor of necessity. He explains that some people won’t walk a mile even if they are in good health, while others, from necessity, because they live in the outskirts or for other reasons, will walk the mile in spite of having poor health.

McHorney, Ware and Razcek [1993] provided evidence to support the validity of SF-36, showing that the mental health scale can discriminate between groups by using the mean scores. A group with minor medical conditions has a mean score of 83, a group with a serious medical condition would have a mean score of 78 and a group with a serious medical condition with psychiatric comorbidity would obtain a mean score of around 53.

### **Satisfaction with Life Scale (Swls)**

This is a self-administered scale with 5 items relating to level of satisfaction with life. The possible responses are 1 to 7, where 1 indicates that the person strongly disagrees with the statement and 7 that they strongly agree [Diener, Emmons, Sem et al. 1985].

The score is the total of the responses to these 5 items and can be used to classify the person into one of the following categories:

30-35: extremely satisfied, well above average.

25-29: very satisfied, above average.

20-24: quite satisfied, average for adult United States citizens.

15-19: slightly dissatisfied, a little less than average.

10-14: dissatisfied, clearly below the average.

5-9: extremely dissatisfied, far below the average.

The test-retest correlation was carried out with 2 months difference and gave a result of 0.82. The alpha coefficient of the scale is 0.87 [Diener, Emmons, Sem et al. 1985].

This is a scale to measure subjective well-being and in its original validation the authors calculate the correlation existing between SWLS and other scales to measure subjective wellbeing, including the Bradburn scale (BABS) described previously. The coefficient of correlation for Bradburn's positive affect subscale is 0.5 and that for the negative affect subscale is -0.37.

## **Psychological General Well-Being Index Short (PGWB-S)**

The PGWBI scale is a 22-item scale that evaluates self-perceived psychological wellbeing, each item is evaluated on a 6 point scale. The scale assesses 6 dimensions of quality of life relating to health: anxiety,

depression, positive well-being, self-control, general health and vitality [Grossi, Groth, Mosconi et al. 2006].

There is a considerable amount of information about the original scale since it was used widely in studies in the United States and worldwide, and has been translated and validated in several languages, for example to Spanish by Badia, Gutierrez, Wiklund et al. [1996].

The short version of the PGWBI aims to reduce the number of items but to maintain the validity and reliability of the scale. In its final version, the PGWB-S has only 6 items that reflect 5 of the 6 items assessed in the original version (except for general health) and reproduces 90% of the variation in the result of the PGWBI.

The high Cronbach alpha value (between 0.8 and 0.92) indicates a good reliability when compared with the original scale.

## **Psychological Well-Being Scales (PGWB)**

One of the most widely used scales to measure psychological well-being is Ryff's scale

[1989a]. This scale breaks down the construct into 6 different dimensions [Ryff, 1989b] that are analyzed separately, each with their own subscale.

The dimensions analyzed are: Self-acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life and Personal growth. Each of these subscales has 20 likert-type items in which the patient self-assesses

himself by choosing from the six possible responses, from strongly agree to strongly disagree.

This test has high test-retest reliability and a high internal consistency.

Moreover, its convergent and discriminate validity with other measures have also been studied.

The test-retest coefficients per subscale (with a retest of 6 weeks) were self-acceptance 0.85, relations with others 0.83, autonomy 0.88, environmental mastery 0.81, purpose in life 0.82 and personal growth 0.81.

The alpha coefficients for the subscales were: self-acceptance 0.93, relations with others 0.91, autonomy 0.86, environmental mastery 0.90, purpose in life 0.90 and personal growth 0.87.

Ryff's article gives an in-depth explanation of convergent validity [1989a]. Here, we indicate the convergent validity values for the different dimensions with Bradburn's Affect Balance Scale: self-acceptance 0.55, relations with others 0.30, autonomy 0.36, environmental mastery 0.62, purpose in life 0.42 and personal growth 0.25.

The fact that this covers 6 scales (120 items), combined with its good psychometric qualities have given rise to the development of shorter versions, which still maintain good fits and consistency. These versions include the one by Van Dierendonck [2004] which, with only 39 items, obtains a goodness of fit indicator (GFI) of 0.88 and Cronbach's alpha between 0.84 and 0.70 (depending on the subscale).

## **CONCLUSION**

Overall, Positive Psychology's goal, as by Seligman (2002), is to develop the individual strengths of our young people so they may realize their personal potential and fulfill the second goal, that of creating a thriving community of civically responsible and productive members. Psychological well-being has been reviewed immensely. Moreover, the take-home message is that positive emotions are worth cultivatin