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POSITIVE PSYCHOLOGY: IMPLICATIONS FOR MENTAL AND PHYSICAL HEALTH²

*Health is a state of complete physical,
mental, and social well-being, and not
merely the absence of disease and
infirmity.*

World Health Organization

*Psychology is not just the study of disease, weakness, and damage;
it also is the study of strength and virtue.*

Martin Seligman

Abstract

Positive psychology is a new research field of psychology that involves a great number of researchers and practitioners. It can be broadly defined as the scientific study of optimal, healthy and adaptive human functioning, as well as the study of positive aspects of human life. Its primary goal is to provide a scientifically based knowledge about positive features that make people's life worth living, to prevent the rise of psychopathological states, to develop and maintain a "positive health", and to improve quality of human life. It is stressed that the main focus of positive psychology is in some respect compatible with health psychology – a research area concerned primarily with the study of psychological processes in domains of physical health, illness and healthcare. The paper also emphasized that positive psychologists are in particular interested to study human strengths, virtues and positive experiences in relation to various health issues. The effort is made to document this research interest by focusing on the optimism as an individual difference variable that reflects the extent to which individuals hold generalized favorable expectancies for their future, and its positive influences on human health.

Keywords: Positive psychology, optimism, health, coping, well-being.

Positive psychology: An introduction

Positive psychology is a new and rapidly expanding research field within the wider discipline of psychology that involves a great number of researchers and

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practitioners in the United States and around the world. It can be broadly defined as the scientific study of optimal, healthy and adaptive human functioning, as well as the study of positive aspects of human life (Compton, 2005). In short, it refers to the scientific study of things that make people's daily lives worth living.

At the *subjective* level, positive psychology considers positive subjective experiences: well-being, contentment and life satisfaction (past); flow, joy and happiness (present); and constructive cognitions about the future – optimism, hope and faith (future). At the *individual* level, this field of research is concerned with positive personal traits such as wisdom, capacity for love and vocation, interpersonal skill, courage, perseverance, originality, high talent and forgiveness. At the *group* level, it is about the civil virtues and the institutions (positive institutions) that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance and work ethic (Seligman and Csikszentmihalyi, 2000; Seligman, 2002).

There are the various research frameworks for understanding and enhancing adaptive ways of functioning and the various topics that have been looked at through the frames of theories developed in this promising paradigm in psychology. They share the same *aim* of positive psychology: to provide a scientifically based knowledge about positive features that make people's life worth living, to prevent the pathologies that arise when life is barren and meaningless, to develop and maintain a "positive health", and to improve quality of human life.

The main focus of positive psychology is in some respect compatible with *health psychology* – a research area focused on the theoretical and empirical contributions that psychology could make to an identification of the psychological and behavioural factors contributing to physical illness and to an understanding of the ways in which health can be protected. It is concerned primarily with the study of psychological processes in physical health, illness and health care (e.d., Kaptein and Weinman, 2004; Marks, Murray, Evans and Estacio, 2011; Rodham, 2010).

Thus, similar to health psychologists, positive psychologists are also interested in how to use the knowledge of psychology to enhance health status beyond the curing of disease and toward greater wellness (Compton, 2005). Recognizing the importance of psychological processes in the experience of health and illness, they study the personality factors that are associated with health and the behavioural factors that have positive or negative impacts on human health (health-protective behaviour and health-impairing behaviour). In addition, they are also very concerned with the issues of developing and evaluating strategies for prevention of illness ("positive prevention"), health promotion and health maintenance – especially with reference to pain, chronic illness, stress, immune system, cancer, smoking cessation, weight loss and HIV/AIDS.

Human strengths and their relations to health issues

Scholars in the area of positive psychology have focused their research attention on the empirical study of human strengths and virtues (positive individual traits),

as well as on the study of positive aspects of human functioning and experience. Related to this, they have especially interested to examine effects of the people's psychological well-being on their health status and their responses to health threats.

In this endeavor, they have intended to identify the possible ways in which individual and subjective strengths, virtues and positive experiences such as optimism, hope, faith, wisdom, creativity, spirituality, humor, joy, courage, coping resources, benefit-finding in negative experiences, positive emotionality, need for meaning, and other positive psychological variables can positively affect human health – both in the process of prevention and developing a sense of good health, and in the healing process (Baumeister and Vohs, 2002; Campton, 2005; Seligman, 2002).

Emphasizing that the “disease model” has its limitations and that it is not able to move us closer to the prevention of various health problems and disorders, positive psychologists argue that there are human strengths acting as buffers against mental and some physical illnesses. The effective prevention consists of identifying, amplifying and concentrating on these personal strengths and virtues in people at risk. This is the general stance of positive psychology toward the issue of prevention. According to Seligman and Csikszentmihalyi (2000), “much of the task of prevention in this new century will be to create a science of human strengths whose mission will be to understand and learn how to foster these virtues in young people” (p.7).

Optimism and health: An example

Martin Seligman (2006, 2011), the founder of positive psychology and a major figure in the well-being movement, proposed a very influential perspective on depression with his “theory of learned helplessness”, arguing that when faced with seemingly inescapable stressors, some people learn to respond with helplessness and expect defeat. Later he also proposed the opposite response, called “*learned optimism*”. Learned optimism trains people to recognize their own self-destructive thinking and become disputers of this. In his empirical research he found that people who *believe* that the causes of setbacks in their lives are temporary, changeable and local do not become helpless. According to this theory, if we focus on the positive and the possible, we can *learn* to respond to stressors with optimism and hope, and thus we can change our mind and our life. Optimism can be learned through recognizing and then disputing pessimistic thoughts. This implies that people can learn to be more optimistic by paying attention to how they explain *events* in life to themselves. Thus, optimism can be seen as an *explanatory style*: a way in which people explain the *causes* of events for themselves (Peterson and Steen, 2002).

Optimism and pessimism are considered as the basic qualities of personality that have an important impact on the way people think about and perceive the events in their lives, feel when they encounter problems or difficulties, and act in these circumstances. Optimists and pessimists differ in how they approach problems

and challenges. Optimists expect good outcomes, even when things are hard. This yields a relatively positive mix of feelings. On the other hand, pessimists expect bad outcomes. This yields more negative feelings – anxiety, guilt, anger, sadness, even despair (Carver and Scheier, 1998; Carver, Scheier, and Segerstrom, 2010).

Relations between optimism and distress have been examined in a wide range of contexts, suggesting that optimism accompanies a number of adaptive psychological qualities. In *medical* context, these relations have been examined in diverse groups of people facing more or less serious health problems and health crises including: people caring for cancer patients and Alzheimer's patients, experiences of people dealing with abortion, coronary artery bypass surgery, attempts at in vitro fertilization, bone marrow transplantation, the diagnosis of cancer, adjustment to treatment for early-stage breast cancer, postpartum depression and the progression of AIDS (Carver and Scheier, 2002, 2003; Carver and Gaines, 1987; Greer et al., 1990; Seligman, 2011).

In sum, studies of individuals in various medical situations provided the indication that pessimists experience more distress after the event than did optimists and express a greater tendency toward negative feelings. Additionally, there are important differences in *coping* strategies. Optimists are prone to use more *problem-centered* coping – aimed at doing something about the stressor itself to blunt or minimize its negative impact (e.g., planning, seeking instrumental support) – to deal with stress and challenges than pessimists, especially under circumstances that were actually controllable. They also use a variety of emotion-focused coping techniques – aimed at soothing distress – including working to accept the reality of difficult situations and putting the situations in the best possible light (Carver, Scheier, and Segerstrom, 2010).

The findings have also shown that optimism was positively correlated with seeking *social support*, which positive effects on health have been documented in numerous studies (see Cohen and Syme, 1985). Related to this is finding that women who were more hopeful were better informed about risk factors for breast cancer, more willing to visit health professionals and more likely to perform self-examination for early signs of cancer (Irving, Snyder, and Crowson, 1998).

Optimistic beliefs may also be related to *longevity*. Thus, a study that followed over 2000 Mexican Americans for two years found that those who were more optimistic trended to live longer (Seligman, 2002a). Similar results were found in a study from the Mayo Clinic that looked at optimism scores obtained at admission and related them to survival rates forty years later. When comparing expected life spans, optimists had a 19 percent greater longevity when compared to the pessimists (Campton, 2005). As another example, among 900 elderly Dutch persons, those reporting a high level of optimism were less likely to die over the next ten years (Giltay, Geleijnse et al., 2004).

However, as some prominent researchers of optimism and its role in human health have noticed (e.g., Carver and Scheier, 2002), many fundamental questions in this area remain unanswered. For example, questions about the precise mechanisms

and processes by which optimistic beliefs influence subjective well-being, as well as those questions regarding *potential* pathways by which such beliefs may influence physical well-being. In addition, the evidence on biological outcomes is less consistent than it is for self-reports concerning health (Rasmussen et al., 2009). To date, also, very little systematic work has explored interventions to assist pessimistic persons to deal more effectively with adversity in their lives. However, a large and growing literature in this area of research indicates that relations between optimism and physical well-being clearly deserve further study (Carver, Scheier, and Segerstrom, 2010).

Conclusions

The paper opened with a definition of positive psychology and a brief overview of the basic themes and assumptions, as well as the main focuses and aims in this recent research area, which is in some respect compatible with the field of health psychology. It is emphasized that positive psychologists are in particular interested to study human strengths, virtues and positive experiences, which are central to human well-being, in relation to various health issues. We have tried here to document this interest by focusing on the optimism as an individual difference variable that reflect the extent to which individuals hold generalized favorable expectancies for their future, and its positive influences on human health.

A considerable number of recent studies that have examined the relations between optimism and various mental and physical problems produced evidence that an optimistic attitude or orientation to the future is related to both physical and psychological well-being. The research findings obtained in the context of various medical settings converge on the general conclusions that optimism is one of the very important psychological factors that may have the significant influence on human health and better subjective well-being in times of adversity or difficulty. Optimistic beliefs are related to protection from diseases (depression, anxiety, cardiovascular disease, cancer, infections illness, etc.), to better health outcomes including less psychological distress in individuals with cancer and faster recovery from surgery, and even to greater longevity and having more years in good health (i.e., lesser morbidity and mortality).

References

1. Baumeister, R. F. , and Vahs, K. D. (2002). The pursuit of meaning fullness in life. U: C. R. Snyder and S. J. Lopez (Eds.), *Handbook of positive psychology* (608-619). New York: Oxford University Press.
2. Carver, C. S. , and Gaines, J. G. (1987). Optimism, pessimism, and postpartum depression. *Cognitive Therapy and Research*, 11, 449-462.

3. Carver, C. S. , and Scheier, M. F. (1998). *On the self-regulation of behaviour*. New York: Cambridge University Press.
4. Carver, C. S., and Scheier, M. F. (2002). Optimism. U: C. R. Snyder and S. J. Lopez (Eds.), *Handbook of positive psychology* (231-244). New York: Oxford University Press.
5. Carver, C. S., and Scheier, M. F. (2003). Three human strengths. U: L. G. Aspinwall and U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (87-102). Washington, DC: American Psychological Association.
6. Carver, C. S., Scheier, M. F., and Segerstrom, S. C. (2010). Optimism. *Clinical Psychology Review*, *30*, 879-889.
7. Cohen, S., and Syme, S. L. (1985). *Social support and health*. Orlando, FL: Academic Press.
8. Campton, W. C. (2005). *An introduction to positive psychology*. Belmont, CA: Thompson Wadsworth.
9. Giltay, E. J., Geleijnse, J. M. , Zitman, F. G. Hoekstra, T., and Schouten, E. G. (2004). Dispositional optimism and all-cause and cardiovascular mortality in a prospective cohort of elderly Dutch men and women. *Archives of General Psychiatry*, *61*, 1126-1135.
10. Greer, S., Morris, T., Pettingale, K. W. , and Haybittle, J. L. (1990). Psychological response to breast cancer and 15-year outcome. *Lancet*, *i*, 49-50.
11. Irwing, L. M., Snyder, C. R., and Crowson, J. J., Jr. (1998). Hope and coping with cancer by college women. *Journal of Personality*, *66* (2), 195-214.
12. Kaptein, A., and Weinman, J. (Eds) (2004). *Health Psychology*. Oxford: Blackwell.
13. Marks, D. F., Murray, M. , Evans, B., and Estacio, E. V. (2011). *Health psychology: Theory, research and practice*. London: Sage.
14. Peterson, C., and Steen, T. A. (2002). Optimistic explanatory style. U: C. R. Snyder and S. J. Lopez (Eds.), *Handbook of positive psychology* (244-257). New York: Oxford University Press.
15. Rasmussen, H. N. , Scheier, M. F., and Greenhouse, J. B. (2009). Optimism and physical health: A meta-analytic review. *Annals of Behavioral Medicine*, *37*, 239-256.
16. Rodham, K. (2010). *Health psychology*. London: Palgrave Macmillan.
17. Seligman, M., and Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*, 5-14.
18. Seligman, M.E.P. (2002). Positive psychology, positive prevention, and positive therapy. U: C. R. Snyder and S. J. Lopez (Eds.), *Handbook of positive Psychology* (3-9). New York: Oxford University Press.
19. Seligman, M. E. P. (2002a). *Authentic happiness*. New York: Free Press.
20. Seligman, M. E. P. (2006). *Learned optimism: How to challenge your mind and your life*. New York: Vintage Books.
21. Seligman, M. E. P. (2011). *Flourish: A new understanding of happiness and well-being – and how to achieve them*. London: Nicholas Brealey Publishing.

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POZITIVNA PSIHOLOGIJA: IMPLIKACIJE ZA MENTALNO I FIZIČKO ZDRAVLJE

Apstrakt

Pozitivna psihologija je nova istraživačka oblast psihologije koja uključuje veliki broj istraživača i praktičara. Ona se može široko definisati kao naučno proučavanje optimalnog, zdravog i adaptivnog ljudskog funkcionisanja, kao i proučavanje pozitivnih aspekata ljudskog života. Njen primarni cilj je da pruži naučno utemeljeno znanje o pozitivnim odlikama koje čine ljudski život vrednim življenja, da spreči nastanak psihopatoloških stanja, da izgradi i očuva „pozitivno zdravlje“, i da unapredi kvalitet ljudskog života. Ističe se da je glavni fokus pozitivne psihologije u izvesnom pogledu saglasan sa zdravstvenom psihologijom – istraživačkom oblašću koja se primarno bavi psihološkim procesima u oblastima psihičkog zdravlja, bolesti i zdravstvene nege. U radu se takođe naglašava da se pozitivni psiholozi posebno interesuju za poučavanje ljudskih snaga, vrlina i pozitivnih iskustava u vezi sa raznim pitanjima zdravlja. Učinjen je napor da se ovo istraživačko interesovanje dokumentuje fokusiranjem na optimizam kao varijablu individualne razlike koja odražava opseg u kojem pojedinci imaju uopšteno povoljna očekivanja od svoje budućnosti i na njegove pozitivne uticaje na ljudsko zdravlje.

Ključne reči: Pozitivna psihologija, optimizam, zdravlje, prevladavanje, dobrobit

